



## Assessment of Malnutrition using the Composite Index of Anthropometric Failure (CIAF)

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### INTRODUCTION

The Indonesian government's goal is to reduce disability by 14% by 2024. But let's be honest, the number of disabilities and other lack of healthy eating is still high in Indonesia. In South-east Asia, Indonesia's rate of disabled people is second only to Cambodia. In light of the results of the 2018 Basic Health Survey, the prevalence of disability in Indonesia decreased by 6.4% over five years, from 37.2% (2013) to 30.8% (2018). For other dietary issues, 17.7% were underweight and 10.2% were wasted. This sick health problem occurs equally in different regions. In West Java, 31.1% are disturbed, 13.2% are underweight, and 8.4% are wasted. This difficult problem can affect children's well-being, make them more vulnerable to disease and pollution, and hinder their psychological and physical development, can reduce the efficiency of the labour market and contribute to widening inequalities and aging.

### DESCRIPTION

Efforts to address nutrition problems in Indonesia began in the mid-1980s through city-level education, including child well-being in coordinated measurements and coordinated postal administration. This commitment is reinforced by 2021 Official Policy #72 on Improving Velocity in Mitigation. This work is aligned with one of the goals of the Rational Progress Goals (SDGs) to 2030, specifically to reduce the prevalence of disability and wasting among children under five by 2025. To eradicate all forms of disease, including Short supply is a global problem. Her 1 in 3 young people under the age of 5 experience the ill effects of disability, wasting, obesity, and sometimes a mixture of both types of ill health. In Asia, 49.9% of young people under the age of 5 experience developmental disappointments (disability, waste, and being overweight). In the general population, symptoms of malnutrition in young

people can be distinguished based on anthropometric estimates. This technique is used to assess the size, extent, and structure of the human body. Anthropometric measurements can be used to assess an adolescent's overall health, healthy well-being, and examples of development and progress. The World Welfare Association (WHO) report represents a major set of WHO guidelines for child development, including weight for age, height/height for age, weight for height/height, her BMI for age contains the usual record of In Indonesia, research on the nutritional status of children is specified in the Welfare Policy of the Republic of Indonesia Priest No. 2 2020 on Principles of Anthropometry of Children. There are four common records. Weight for age, weight for age level/length, weight for level/length (for children aged 0-60 months), and her BMI for age (adolescents aged 0-60 months and children aged 0-60 months). A weight-by-age record reveals common nutritional problems and shows a child's on-going health status [1-4].

### CONCLUSION

This list is used to investigate underweight or severely underweight children. Age file level/length indicates on-going ill health. This file can distinguish between children who have been hungry for quite some time or who have chronic illnesses, classified as short (disabled) or extremely short (severely disabled). This health problem is associated with high need, unfavourable lifestyle, dietary habits, inability to provide elite breastfeeding, dietary variations associated with early breastfeeding, and poor fitness sampling. It is also associated with compelling illnesses such as diarrhoea, Acute Respiratory Illness (ARI), and tuberculosis. The high prevalence of irresistible disease is combined with inadequate natural sterilization and lack of cleanliness testing. It is classified as malnourished (wasteful), severely malnourished (severely malnourished), and a gambling child.

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## CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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