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The relationship between the history of infectious diseases and the incidence Stunting in toddlers aged 0-59 months: A literature review

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Abstract

Background: Stunting is a chronic nutritional problem among toddlers and remains a major public health concern. A history of infectious diseases is considered an important factor contributing to stunting.

Purpose: This study aimed to review the association between infectious disease history and stunting in toddlers through a literature review.

Method: A total of 25 national and international research articles were analyzed, most of which used case-control and cross-sectional designs.

Results: The findings show that the majority of studies reported a significant association between infectious diseases particularly diarrhea, Acute Respiratory Infections (ARI), and intestinal parasitic infections and stunting ($p < 0.05$), with a 2–7 times higher risk. Longer duration and recurrent infections increase the risk of stunting by impairing nutrient absorption. However, several studies reported no significant association due to differences in respondent characteristics and confounding factors.

Conclusion: Overall, stunting is a multifactorial condition requiring comprehensive prevention strategies.

Keywords: Diarrhea; Infectious Diseases; Acute Respiratory Infection; Stunting; Toddlers.

INTRODUCTION

The problem of malnutrition, especially stunting, is still a major public health challenge in Indonesia. Based on the 2022 Indonesian Nutrition Status Survey, the prevalence of stunting shows a downward trend from 30.8% (2018) to 21.6% (2022), but this figure is still above the World Health Organization (WHO) target of <20%.¹² Stunting remains the government's main focus because it has a long-term impact on the quality of human resources, including increased susceptibility to infectious diseases and decreased cognitive ability of children (Ministry of Health of the Republic of Indonesia, 2018).

Stunting is an indicator of growth failure due to chronic malnutrition which is characterized by a Z-score value of height by age (TB/U) < -2 standard deviation based on WHO standards. This condition generally begins during pregnancy due to inadequate maternal nutritional intake and continues in the early

period of the child's life (Wulandari, Rahayu, & Darmawansyah, 2019). The incidence of stunting is influenced by multifactorial factors, both direct factors such as nutritional intake and recurrent infectious diseases, as well as indirect factors related to the environment and clean and healthy living behaviors, including Water, Sanitation, and Hygiene (WASH) aspects (Hasanah, Handayani, & Wilti, 2021).

UNICEF emphasizes that infectious diseases are one of the main causes of stunting. Infections such as diarrhea, acute respiratory tract infections (ARI), and intestinal parasitic infections can interfere with metabolism and nutrient absorption, thereby inhibiting children's linear growth (Subroto, Novikasari, & Setiawati, 2021). Various studies have shown that toddlers with a history of recurrent infectious diseases have a higher risk of stunting due to decreased intake and impaired absorption of nutrients (Pulungan,

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2024). A significant relationship between a history of infectious diseases and incidence of stunting in toddlers (Linawati, 2022).

RESEARCH METHOD

This study employed a literature review method, a research approach that involves collecting and analyzing various previously published scientific studies. The goal is to answer specific research questions through a structured and systematic process, starting with a literature search, selecting relevant articles, assessing the quality of sources, and drawing conclusions based on available scientific evidence. The data source for this study was literature obtained online, consisting of scientific research results from various sources. Data collection was conducted through internet searches on Google Scholar and Science Direct, using the keywords "Toddlers," "Stunting Incidence," and "History of Infectious Diseases."

The population of this study was all research articles discussing the relationship between a history

of infectious diseases and stunting in toddlers published between 2020 and 2025. The sampling technique was a systematic screening process using a predetermined search strategy, including the search term "there is a relationship between a history of infectious diseases and stunting in toddlers" in the title or summary. The fixed variable used was stunting, and the independent variable was history of infectious diseases.

Twenty-five articles were obtained, meeting the inclusion and exclusion criteria. Inclusion criteria include: (1) original research articles in English or Indonesian; (2) observational (cross-sectional, case-control, or cohort) or experimental research designs; (3) research subjects are children aged 0–59 months; (4) data on infectious diseases and stunting status are available; and (5) full-text articles are available. Exclusion criteria include: (1) review articles, editorials, or letters to the editor; (2) case reports or case series.

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RESEARCH RESULTS

Table 1. Characteristics of the Included Studies

(Author, Year, Country)	Purpose	Method	Final Results
(Sutriyawan et al., 2020) (Indonesia)	To determine the relationship between immunization status and history of infectious diseases with the incidence of stunting.	Analytical study with a case-control design. The population in this study were toddlers in the working area of the Citarip Community Health Center in Bandung City. The number of case samples was 45 respondents and the number of control samples was 90 respondents.	Variables associated with stunting are history of infectious disease ($p = 0.000$), OR = 7.073 (3.174-15.758), and variables not associated are immunization status ($p = 0.056$).
(Kusdalinah et al., 2022) (Indonesia)	To determine the characteristics of respondents and the relationship between macro and micro nutrient intake and stunting in elementary school (SD) children.	cross-sectional with cluster sampling. The sample consisted of 82 elementary school children who were stunted in the Teluk Segara District, Bengkulu City. Data collection was carried out by interview and SQ-FFQ. Data processed in computerized. Data analysis using correlation test.	The incidence of infection in stunted toddlers is related to the intake of micronutrients needed to maintain immunity body.
(Hina et al., 2021) (Indonesia)	To determine the relationship between nutritional intake, history of infectious diseases, and history of exclusive breastfeeding with the incidence of stunting.	A retrospective case-control study was conducted. Sampling was performed using simple random sampling, with the study sample consisting of families with 292 toddlers (146 cases and 146 controls).	The Chi-square results showed that there was a real relationship between the history of infectious diseases ($p=0.00$) and the incidence of stunting. the odds ratio value also showed the history of infectious diseases; 3.74% was a risk factor occurrence of stunting.

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(Khoiriyah et al., 2021) (Indonesia)	To identify factors associated with stunting in toddlers aged 24-59 months.	Quantitative method with a cross-sectional design, a population of 506 toddlers with a sample of 83 people. The sampling technique used simple random sampling. The instruments used were questionnaires and 24-hour food recall sheets. Data analysis was performed using the chi-square test.	Statistical analysis shows a significant relationship between energy intake (p-value 0.001), exclusive breastfeeding (p-value 0.001), complementary feeding (p-value 0.039), hygiene and sanitation practices (p-value 0.017), and family economic status (p-value 0.027) with the incidence of stunting in toddlers.
(Eldrian et al., 2022) (Indonesia)	To analyze relationship between frequency and duration diarrhea with occurrence stunting in toddlers age 24-36 months.	A cross sectional design. This research was conducted in the Cipadung Puskesmas Working Area, Bandung City in January-March 2022. The case population in this study was mothers who had toddlers aged 24-59 months. The total sample was 108 respondents. The sampling technique used is simple random sampling. The instrument used is a questionnaire.	The results showed that significantly related variables were a history of diarrhea (p=0.018, POR=2.8), a history of ARI (p=0.005, POR=3.4), and a history of worms (p=0.009, POR=3.2).
(Olin et al., 2022). (Timur Leste)	To analyze the factors that condition the incidence of infection of intestinal worms in children toddlers with nutritional problems stunting.	Quantitative research with Cross-Sectional Study. Observations between risk factors hygiene individual and environmental sanitation have an effect on the Infection of intestinal Worms in children under five with the Problem of Nutritional Stunting. This research was conducted in March–September 2021.	Diarrheal infections, frequency, and duration of illness are more common in stunted children than non-stunted children (p<0.05).
(Ristiani et al., 2023) (Indonesia)	To now the factors that related to the incidence of stunting in toddlers.	This was an analytical observational study using a cross-sectional research design. The population and sample consisted of 60 mothers with toddlers, using	The results showed a relationship between the mother's level of education and the incidence of stunting in toddlers (P = 0.009),

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		total sampling technique. The instruments used were questionnaires and statistical analysis using the chi-square test.	a history of exclusive breastfeeding and the incidence of stunting in toddlers ($P = 0.004$), knowledge with stunting in toddlers ($P = 0.012$), and history of infectious disease with stunting in toddlers ($P = 0.001$).
(Dewi et al., 2024) (Indonesia)	To determine the relationship between exposure to cigarette smoke, dietary patterns, and medical history factors with the incidence of stunting	Quantitative research method. with a cross-sectional approach.	The chi-square test results show a significant relationship with a p-value of $0.000 < 0.05$. This means that there is a relationship between exposure to cigarette smoke and the incidence of stunting. A p-value of $0.000 < 0.05$ means that there is a relationship between dietary patterns and the incidence of stunting. The chi-square test results show a significant relationship with a p-value of $0.005 < 0.05$, so H_0 is rejected, meaning that there is a relationship between medical history and stunting.
(Sutia et al., 2022). (Indonesia)	To determine the relationship between a history of infectious diseases and the incidence of stunting in toddlers aged 24-36 months.	Observational analysis using a case-control study design. The sampling technique used in this study was simple random sampling for the case group and purposive sampling for the control group. There were 48 cases and 48 controls in the sample. The relationship and risk between variables were tested using the Chi-square test.	There is a significant association between a history of infectious diseases and the incidence of stunting in children aged 24-36 months, with a p-value of 0.001 and an OR value of 4.200 (1.760-10.020) (p-value < 0.05). Children aged 24-36 months with a history of frequent infectious diseases are 4.2 times more likely to suffer from stunting

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			than children aged 24-36 months with a history of infrequent infectious diseases.
(Landi et al., 2024) (Indonesia)	To analyze the relationship between parenting patterns and stunting in toddlers.	This was an analytical epidemiological study using quantitative methods and a case-control design. The sample size for this study was 170 toddlers selected using cluster random sampling.	The chi-square test resulted in a p-value of 0.001, indicating that there is a significant relationship between exclusive breastfeeding and the incidence of stunting in toddlers.
(Tadesse et al., 2020) (Ethiopia)	To investigate the intervention priorities for the prevention of stunting among children 6–59 months old.	A community-based individual matched case-control study was conducted from January to April 2017 including 107 cases and 214 controls. Controls were selected and matched with cases using the matching variable of child's age. Data were collected by open data kit (ODK) software using a structured questionnaire.	The wealth index 52 (48.6%) of the cases and 108 (50.5%) controls were categorized as poor. The mean height-for-age z-score (HAZ) for the cases and controls was -2.79 ± 0.67 and -0.55 ± 0.92 , respectively. One-sixth (16.8%) of the cases and 29 (13.6%) of the controls were given prelacteal feeding. A majority 82 (86.9%) of the cases and 137 (69.1%) of the controls had undernourished mothers/care-givers. Slightly less than one-third 35 (32.7%) of cases and one-fourth 53 (24.8%) of controls were affected by repeated episodes of diarrhea. Mother's body mass index (BMI) (conditional adjusted odds ratio [cAOR]) = 2.64; 95% CI: 1.28, 5.43), giving food priority to father (cAOR = 2.42; 95% CI: 1.23, 4.75), lack of exclusive breastfeeding for at least 6 months (cAOR =

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			2.44; 95% CI: 1.15, 5.17), no intake of meat by child (cAOR = 2.35; 95% CI: 1.21, 4.58) and child having repeated diarrheal episodes (cAOR = 2.0; 95% CI: 1.07, 3.86) were factors associated with childhood stunting.
(Sahitarani et al., 2020) (Indonesia)	To analyze the relationship between stunting and the frequency and duration of infectious diseases in children aged 24-59 months.	Cross-sectional research design. The variables in this study included stunting in children as the independent variable, and the frequency and duration of infectious diseases as the dependent variables. The research subjects consisted of 185 children selected using the Probability Proportional to Size (PPS) method.	Thirty percent of children suffer from stunting, with 21% having a history of acute respiratory infections, 31% having a history of diarrhea, and 12% having a history of pneumonia in the last three months. No significant relationship was found between stunting and the frequency of diarrhea, ARI, and pneumonia. There was no significant relationship between stunting and the duration of diarrhea, ARI, and pneumonia.
(Adiesta et al., 2025) (Indonesia)	To analyze the relationship between history of infectious diseases and immunization status with the incidence of stunting in toddlers aged 24–59 months	This was a quantitative study using an observational analytic method with a cross-sectional design. A total of 68 stunted toddlers were included using purposive sampling. Data collected covered age, sex, nutritional status, history of acute respiratory infections (ARI), diarrhea, and immunization status.	Most stunted toddlers were aged 24–35 months (41.2%), female (51.5%), short stature (83.8%), had a history of ARI (58.8%), no history of diarrhea (83.8%), and incomplete immunization (54.6%). Statistical analysis showed no significant association between history of ARI (p= 0.174), diarrhea (p= 0.124), or immunization status (p= 0.096) and stunting incidence.

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(Setianingsih et al., 2024) (Indonesia)	To determine the relationship between history of infectious diseases, history of exclusive breastfeeding, and clean and healthy living behaviors (PHBS) on the incidence of stunting in toddlers.	This study used a descriptive method with a cross-sectional research design. The population in this study were all mothers of toddlers aged 24–59 months. The sample in this study was 96 people based on Lameshow calculations using accidental sampling techniques. The instrument used was a questionnaire that had been tested for validity and reliability. Data analysis used the Chy Square Test.	The majority of toddlers, namely 58.3%, did not experience stunting, 72.9% had no history of infectious diseases, 54.2% had no history of exclusive breastfeeding, and 52.1% were moderately healthy. The results of the bivariate analysis showed a history of infectious diseases with a p-value of 0.030, a history of exclusive breastfeeding with a p-value of 0.005, and PHBS with a p-value of 0.000. Based on the results of the study, it can be concluded that there is a relationship between a history of infectious diseases, a history of exclusive breastfeeding, and clean and healthy living behaviors (PHBS) and the incidence of stunting in toddlers.
(Arini et al., 2020) (Indonesia)	To analyzes the relationship between the incidence of stunting and the frequency/duration of diarrhea and ARI in children under five years.	The stratified random sampling method was used to obtain data from 152 children.	The results showed that children under the age of five, experience higher stunting duration and longer frequency of diarrhea. The Rho Spearmen Test showed differences in the incidence of stunting with the frequency of diarrhea $P = 0.005$ ($P < \alpha = 0.05$), $P = 0.003$ ($P < \alpha = 0.05$), with ARI of $P = 0.001$ ($P < \alpha = 0.05$).

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DISCUSSION

Based on a review of 25 research articles that discussed the relationship between the history of infectious diseases and the incidence of stunting in toddlers, most studies showed that there was a meaningful relationship between the history of infectious diseases and the incidence of stunting. The most commonly studied types of infectious diseases are diarrhea and Acute Respiratory Tract Infections (ARI), either alone or in combination with other factors such as immunization status, nutritional intake, sanitation, and parenting.

Most studies used case control and cross sectional designs, with the number of respondents varying between 30 and 565 toddlers. The results of the study showed that toddlers who had a history of infectious diseases, especially diarrhea and ISPA, had a higher risk of stunting than toddlers without a history of infection. The p-value in most studies showed a significant association ($p < 0.05$), with odds ratio values ranging from 2 to 7 times greater risk of stunting.

Several studies show that the frequency and duration of infectious diseases play an important role in the incidence of stunting. Duration of diarrhea is significantly associated with stunting, although the frequency of diarrhea does not always show a meaningful relationship (Khoiriyah, Pertiwi, & Prastia, 2021; Arini, Nursalam, Mahmudah, & Faradilah, 2020). Recurrent diarrhea and ISPA increase the risk of stunting by about twofold, respectively (Tadesse, Mekonnen, & Adane, 2020).

However, several studies have not found a significant association between a history of infectious diseases and the incidence of stunting, such as those by (Sahitarani, Paramashanti, & Sulistiyawati, 2020; Abidin, & Haniarti, 2021; Adiesta, Said, Lantara, Jafar, & Dwiyanto, 2025). These differences in results are thought to be influenced by variations in respondent characteristics, infectious disease measurement methods, observation duration, and the presence of other confounding factors such as nutritional status, environmental sanitation, and breastfeeding practices (Pach, Ward, & Eisen, 2024; Pulungan, 2024; Said & Kurniawan, 2020).

The causes of stunting are generally divided into direct and indirect factors. Direct factors include poor nutritional intake, especially energy and protein, as

well as infectious diseases such as diarrhea and ARI. Indirect factors consist of non-exclusive breastfeeding, incomplete immunization, low socioeconomic status, suboptimal parenting, and unhealthy environmental conditions. Children with low intake of energy, protein, calcium, phosphorus, and micronutrients are more at risk of stunting, and deficiencies in micronutrients such as vitamin A, iron, zinc, and copper also increase susceptibility to infection (Subroto, Novikasari, & Setiawati, 2021).

Increased duration of diarrhea, fever, and ISPA are closely related to a decrease in nutritional status, especially the BB/U index. Diarrhea can be caused by infection, malabsorption, allergies, poisoning, or deficiency, and in toddlers is generally triggered by enteropathogenic *Escherichia coli* (EPEC). The occurrence of diarrhea, especially those that are repeated and last for a long time in toddlers, can cause long-term effects in the form of height growth deficits (stunting). Pathophysiologically, diarrhea causes impaired absorption of nutrients due to damage to the intestinal mucosa, increased fluid and electrolyte loss, and decreased appetite. In addition, recurrent intestinal infections can cause environmental enteric dysfunction (EED), which is a chronic inflammatory condition in the small intestine that inhibits the absorption of nutrients and triggers a systemic inflammatory response. This state interferes with the child's linear growth process so that it has an impact on lower height in the long term, even after the diarrhea episode ends. Zinc supplementation is necessary to speed recovery, reduce the duration and severity of diarrhea, and prevent recurrence in the next 2–3 months, thus playing a role in lowering the risk of stunting.¹⁶

However, diarrhea is a metabolic infectious disease with a short-term impact, while stunting is a chronic malnutrition condition due to long-lasting and recurrent malnutrition. Thus, although diarrhea can affect growth, stunting is more influenced by long-term factors that are cumulative, rather than just one episode of acute disease (Sumartini, 2022). Intestinal parasitic infections such as worms also play a major role in the incidence of stunting. Worms cause chronic blood loss, impaired absorption of nutrients, and decreased appetite. The study of Eldrian et al. supports that worms increase the risk of stunting by

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more than threefold. This shows that until now, parasitic diseases are still a significant nutritional and public health problem, especially in areas with poor sanitation (Subroto et al., 2021; Sahitarani et al., 2020).

An unhygienic environment is also a determining factor in the high incidence of infection in children under five. Poor sanitation, lack of access to clean water, and unhealthy living behaviors increase exposure to pathogens that cause gastrointestinal and respiratory infections. Several studies show that poor sanitation contributes greatly to the incidence of stunting through the route of infection (Hasanah et al., 2021). Therefore, sanitation interventions based on the concept of WASH (Water, Sanitation, and Hygiene) are one of the main pillars in stunting prevention. 4.14 Water plays an important role in the spread of disease as well as a basic human need. Water that does not meet health standards can trigger various diseases such as diarrhea and typhoid. Therefore, families need to have a safe source of water to support health, especially for toddlers so that their growth and development is optimal (Ramdaniati & Nastiti, 2019). In addition, the absence of healthy latrines can increase the risk of infectious diseases that interfere with nutrient absorption, thus impacting the growth and development of toddlers (Tadesse et al., 2020).

In addition, maternal parenting and health behavior are also determinants of infection and stunting. Children who do not receive exclusive breast milk are more susceptible to diarrhea and ISPA because they do not receive the immunological protection contained in breast milk. Incomplete basic immunizations also increase the risk of serious infections that can interfere with the growth process. exclusive breastfeeding, and immunization have a significant relationship with stunting incidence (Hina & Picauly, 2021).

In addition, the WHO asserts that recurrent infections in the first two years of life can reduce the linear growth of children by up to 0.7 cm per episode of severe infection. The impact of infection during this period is long-term and often irreversible, affecting cognitive development, academic achievement, and productivity in adulthood. Overall, the literature review shows that stunting is a multifactorial problem with a close relationship between nutrition, infections, the

environment, health behaviors, and socioeconomic conditions. Infection is a key factor that links malnutrition and linear growth disorders. Therefore, efforts to prevent stunting must be carried out comprehensively, not only through nutritional interventions, but also through infectious disease control, improved sanitation and access to clean water, education on clean and healthy living behaviors, complete immunization coverage, exclusive breastfeeding, micronutrient supplementation, and improved quality of basic health services. This comprehensive approach is expected to be able to accelerate the reduction of stunting rates effectively and sustainably (Arini et al., 2020; Hasanah et al., 2021; Pulungan, 2024; Said, & Kurniawan, 2020).

CONCLUSION

Based on a review of 25 studies, a history of infectious diseases in toddlers, especially diarrhea, acute respiratory tract infections (ARI), and worms, was found to be significantly related to the incidence of stunting, especially in children with a longer frequency and duration of infection. In addition to infection, other factors such as immunization status, nutritional intake, exclusive breastfeeding, parenting, sanitation, access to clean water, and socioeconomic conditions also affect the risk of stunting. Overall, stunting is a multifactorial problem that requires comprehensive prevention efforts through nutritional interventions, infection control, improvement of sanitation and clean water, promotion of clean and healthy living behaviors, complete immunization, exclusive breastfeeding, and improvement of the quality of basic health services.

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