



Determinant Factors: Literature Review Study on Stunting Incidence in Toddlers

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Abstract

Stunting is a child health problem that become a global health problem and needs handling immediately. The stunting incidence of children under the age of 5 years is multi-factor, such as sociodemographic factors, behavioral factors, child factors, and environmental factors. This study aimed to analyzed stunting

determinants factors of children under 5 years of age. The study design was a literature review used a systematic review by collecting research articles on the stunting determinant factors of children under 5 years of age. The research articles were as many as 20 articles, with a span of 2016-2021. The results of the article's analysis showed that stunting determinant factors that influence stunting incidence of children under 5 years of age consist of sociodemographic factors, behavioral factors, child factors, and environmental factors.

Keywords: determinant, stunting, toddler

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Introduction

The current priority health problem is childhood stunting or short stature in childhood as a result of malnutrition or growth failure in the past and is used as a long-term indicator for undernutrition in children. (Ministry of Health RI, 2016). Stunting is a global problem in the field of nutrition which ranks first (Hermiyati, 2020). WHO and UNICEF stated that the prevalence of stunting in children under the age of 5 years in 2019 was 21.3%. (World Bank, 2020).

The trend of stunting in children aged 0-23 months in the very short category compared to the short category. This category has increased from 11.4% in 2018 to 17.1% in 2019 (Kemenkes RI, 2020). Likewise for children aged 0-59 months, the trend of stunting in the very short category increased from 11.5% in 2018 to 13.8% in 2019, although in 2018 the proportion of stunting in children aged 0-59 months more in the short category, namely 19.5%. This shows that the incidence of stunting in children aged 0-59 months needs attention because the percentage of events increases in the very short category (Kemenkes RI, 2019).

time Toddler is an important period in the growth and development of children. Loss of this moment cannot be repaired at a later age. The most important factor is the provision of proper and balanced nutrition. Improper nutrition is at risk of causing nutritional problems in infants such as stunting (Ramayulis, 2018).

Stunting is condition of failure to thrive in children under five as a result of chronic malnutrition so that the child is too short for his age. Malnutrition occurs since the baby is in the womb and in the early days after the baby is born, but the stunting condition only appears after the baby is 2 years old (Muslih dkk, 2018). Stunting has an impact on the survival of children. The impact of stunting consists of short-term impacts, namely an increase in mortality and morbidity in the field of development in the form of a decrease in cognitive, motor and language development. Stunting also has an impact on the economy, namely an increase in health costs. Stunting also causes long-term health impacts, namely short stature, increased risk of obesity and decreased reproductive health. The long-term impact in the field of development is a decrease in learning achievement and learning capacity, while in the economic field, namely a decrease in ability and work capacity. (Kurniati & Sunarti, 2020).

Stunting is caused by multidimensional factors consisting of factors from the mother such as poor parenting practices, including a lack of maternal knowledge about health and nutrition before, during pregnancy and after the mother gives birth. (Ramayulis, Iwaningsih, & Rochani, 2018). Knowledge level good mother _ expected nutritional status toddlers are good too. Mother who has knowledge good nutrition _ will notice need nutrition needed _ the toddler so that could grow and develop optimally (Adriani and Wirjatmadi (Adriani & Wirjatmadi, 2016). Incidence of stunting is also caused by factors from baby like intake nutrition that is not adequate in infants and infections (World Health Organization, 2014).

Repair nutrition for resolve stunting problem only effective if conducted before baby 2 (two) years old because after age the so repair nutrition no will too effective for Chase lag growth child (Sudargo dkk, 2018). Government efforts in resolve stunting problem with launch the Giving



Program Food Additional (PMT). Food Addition toddler is supplementation nutrition in the form of food addition in form biscuits with formulation special and fortified with the vitamins and minerals provided to baby and child toddler 6-59 months old with skinny category. For babies and children 6-24 months old, food addition this used together Food Companion of Breast Milk (MP-ASI) (Kemenkes RI, 2011).

Incidence of stunting can prevented through behavior health which includes factor predisposing, factor enablers and factors amplifier. According to the behavioral theory proposed by Green (1980) behavior health determined by three factor that is factor predisposing, factor enablers and factors pusher. Predisposing factors consist from knowledge, attitudes, beliefs, beliefs, values and so on. Behavior someone about health determined by knowledge (Notoatmodjo, 2010). Purpose of this review literature is analyze factor reason incidence of stunting in children under 5 years old

Methods

The design of this research is a literature review. The selected articles are correlational research articles. The respondents are children under the age of 5 years. Articles were selected based on inclusion criteria: children with stunting, aged under 5 years, in pdf format and can be downloaded, publication year 2016-2021. The results measured were analysis of the determinants that influence the incidence of stunting in children under 5 years of age.

The literature review uses a systematic review by collecting articles that match the theme namely stunting in children under 5 years old by means of search engines through the Garuda portal, Google Scholar, Pubmed, NCBI, Hinduwi, BMC Public Health. The keywords used are stunting factor, children under 5 years old, stunting factor for children. The research articles obtained were 20 articles with filtering process as below

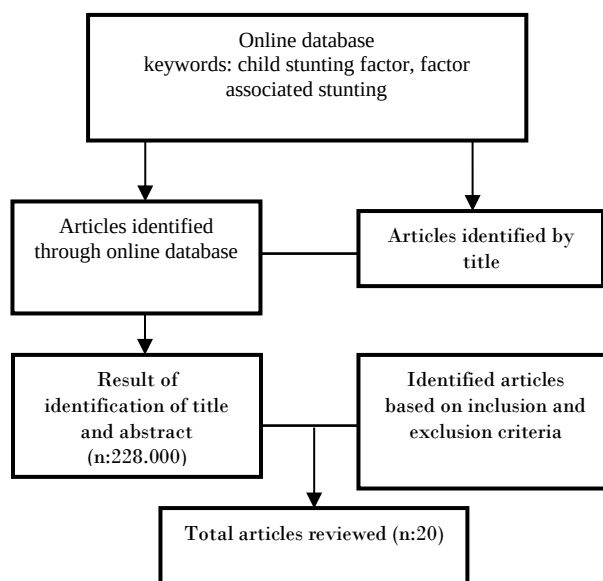


Figure 1. Article Filtering Chart



Results and Discussion

The results of the filtering of articles were then carried out by extracting data by grouping the data according to variables and then synthesizing the data, by analyzing the factors that influence the incidence of stunting. The identity of the article is presented in table 1 below:

Table 1. Synthesis of Articles

No	Researcher, Title	Researched Variables	Research methods	Research result
1	Komalasari (2020) Factors that Cause Stunting in Toddlers	Independent variables: LBW, non-exclusive breastfeeding status, poor nutritional status during pregnancy, basic education. Dependent variable: Incidence of stunting in toddlers	Quantitative with analytical design and case control approach Sample: stunting toddlers for the case group as many as 28 toddlers and the control group as many as 56 toddlers. Data analysis: Frequency distribution and chi square	There is no relationship between LBW and stunting. There is a relationship between exclusive breastfeeding, maternal nutritional status, education and the incidence of stunting.
2	Indra Dewi (2019) Factors Affecting Stunting Incidence in Toddlers 24-60 Months in the Work Area of Lakudo Health Center, Central Buton Regency	Independent variables: Diet, hygiene hygiene and utilization of health services. Dependent variable: Incidence of stunting in toddlers 24-60 months	Analytical with cross sectional approach Sample: Toddlers as many as 80 respondents Data analysis: Frequency distribution and chi square	There is no relationship between cleanliness and hygiene with the incidence of stunting in toddlers. There is a relationship between eating patterns and utilization of health services with the incidence of stunting in children under five.
3	Nurisriani Najamuddin (2020) Factors Affecting Stunting Incidence in Toddlers Age 12-59 months in the Campalagian Health Center Working Area	Independent variables: LBW, Exclusive Breastfeeding and MPASI The dependent variable: the incidence of stunting in children aged 12-59 months	Analytical observation with case control approach Sample: Toddlers aged 12-59 months as many as 86 respondents Data analysis: Frequency distribution and chi square	There is an effect of LBW on the incidence of stunting in toddlers aged 12-59 months There is no effect of exclusive breastfeeding and complementary feeding on the incidence of stunting in toddlers aged 12-59 months



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No	Researcher, Title	Researched Variables	Research methods	Research result
4	Rochana Tsaratifah (2020) Factors Associated with Stunting Incidents in Baduta in Ampel Village, Surabaya City	Independent variables: Knowledge level, frequency of coming to posyandu, family characteristics (number of family members, household income level, mother's education level) and respondent characteristics (gender, birth weight, birth weight, history of exclusive breastfeeding) Dependent variable: Incidents of stunting in baduta	Analytical observation with cross sectional approach Sample: Baduta as many as 19 respondents Data analysis: Frequency distribution and chi square	There is a relationship between the level of education and the frequency of coming to the posyandu with the incidence of stunting in children under two. There was no relationship between family characteristics (number of family members, household income level, mother's education level) and respondent characteristics (gender, birth weight, birth weight, history of exclusive breastfeeding) with stunting.
5	Elsa Nur Aini (2018) Factors Affecting Stunting in Toddlers aged 24-59 Months at Cepu Public Health Center, Blora Regency	Independent variables: Energy adequacy level, protein adequacy level, mother's knowledge, mother's education level, mother's occupation, family income, LBW and exclusive breastfeeding.	Analytical observation with case control approach Sample: Toddlers aged 24-59 months were 72 consisting of 36 for the case group and 36 for the control group Data analysis: Frequency distribution and chi square	There is an effect of the level of energy sufficiency, mother's knowledge and family income, on the incidence of stunting in toddlers There was no effect of protein adequacy level, LBW, exclusive breastfeeding, mother's education and mother's occupation, on the incidence of stunting in toddlers aged 24-59 months.
7	Asweros Umbu Zogara (2020) Factors Associated with Stunting Incidence in Toddlers	Independent variables: Parental factors (father's education, father's occupation, father's education, mother's	Analytical with cross sectional approach Sample:	Parental factors consist of father's education and mother's education, number of family members, mother's



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No	Researcher, Title	Researched Variables	Research methods	Research result
		education, number of family members, mother's knowledge)	Toddlers aged 0-59 months were 176 respondents.	knowledge related to stunting in toddlers.
		Nutritional factors (protein intake and carbohydrate intake)	Data analysis: Frequency distribution and chi square.	Father's occupation and mother's work are not related to stunting in children under five.
		Dependent variable: Incidence of stunting in toddlers		Nutrient intake, namely protein and fat intake, is associated with the incidence of stunting in toddlers. Carbohydrate intake is not associated with stunting in toddlers.
8	Eko Setiawan (2018) Factors Associated with Stunting Incidence in Children aged 24-59 Months in the Andalas Health Center Work Area, Padang Timur District, Padang City in 2018	Independent variables: Education level, knowledge level, income level, number of household members, age, gender, history of infectious disease, birth weight, exclusive breastfeeding status, complete basic immunization status, nutritional characteristics (energy intake level, protein intake level)	Observational analytic study with cross sectional design. Sample: 74 children aged 24-59 months in the Andalas Public Health Center, Padang Timur District, Padang City. Data analysis: Frequency distribution, chi square and multiple logistic regression.	There is a significant relationship between the level of energy intake, history of duration of infectious disease, birth weight, maternal education level and family income level with the incidence of stunting. Mother's education level has the most dominant relationship with the incidence of stunting.
		The dependent variable: the incidence of stunting in children aged 24-59 months		
9	Vanny Marisa Kullu (2018) Factors Associated with Stunting Incidence in Toddlers Age 24-59 Months in Wawatu Village, North Moramo District, South	Independent variables: education level, knowledge level and upbringing Bound variable: stunting	Analytical observational with cross sectional Sample: There are 80 children aged 24-29 months in Wawatu Village. Data analysis: chi square	There is a relationship between maternal parenting, a history of infectious disease with the incidence of stunting in children aged 24-59 months.



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No	Researcher, Title	Researched Variables	Research methods	Research result
	Konawe Regency, 2017			There is no relationship between psychosocial stimulation and the incidence of stunting in toddlers aged 24-59 months.
10	Sri Mugianti (2018) Factors causing stunting in children aged 25-60 months in Sukorejo District, Blitar City	Independent variables: sex, birth weight, infectious disease, breastfeeding, immunization status, father's education level, mother's education level, father's occupation, mother's occupation, family economic status, energy intake, protein intake Bonded variable: stunting in children aged 25-60 months	Descriptive study Sample: 30 children aged 25-60 months stunted. Data analysis: Univariate: frequency, percentage	Of the 31 stunted children, 64.5% were male, 100% birth weight > 2500 g, 80.6% had an infection, 67.7% received exclusive breastfeeding, 100% complete immunization, 61.3% father's secondary education, 48.4% of mothers have low education, 100% of working fathers, 71% of mothers do not work, 100% of the family's economy is sufficient, 93.5% of low energy intake and 54.8% of low protein intake.
11	Tuhinur Rahman Chowdhury (2020) Factors associated with stunting and wasting in children under 2 years in Bangladesh	Free variable: Characteristics (number of household members, age of children, gender, area of residence, division, mother's education, father's education, wealth index, type of toilet facilities, salt iodization test results) Dependent variable: Stunting and wasting conditions	Survey Researcher Sample: 55,200 households from 64 districts Data analysis: Frequency distribution, chi square and logistic regression	Factors that affect stunting in children under 2 years of age are mother's education, father's education, gender and wealth index.
12	Nidhi Wali, Kingsley E. Agho, Andre MN Renzaho (2020)	Independent variables: Sociodemography:	Survey Sample:	Community factor (country, type of residence) is associated with the incidence of



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No	Researcher, Title	Researched Variables	Research methods	Research result
	Factors Associated with Stunting among Children under 5 Years in Five South Asian Countries (2014–2018): Analysis of Demographic Health Surveys	Country, type of residence, employment status, education level, maternal age at delivery, maternal age, maternal marital status, maternal height, maternal BMI, combined birth rank and birth interval, father's occupation, power over income, power over decision-making, authority women in health care, welfare index, source of drinking water, type of toilet, combination of type and place of delivery, birth attendant, antenatal visits.	564,518 children aged 0–59 months from the most recent Demographic and Health Survey (2014–2018) combined from five countries in South Asia Data analysis: Logistic regression	stunting in children under 5 years. Sociodemographic factors (mother's height, combination of birth order and birth spacing) were associated with the incidence of stunting. The media factor (watching television) is related to the incidence of stunting.
		Media factor (reading newspaper, listening to radio, watching tv)		
		Child factors (food diversity score, BMI, breastfeeding, duration of breastfeeding, vitamin A, child's age, sex of child, vaccines, experienced diarrhea before recently, had fever in the last 2 weeks)		
13	Blessing Akombi (2017) Stunting and severe stunting among children under-5 years in Nigeria: A multilevel analysis	Dependent variable; Stunting incident Independent variables: Community-level factors (type of residence, geopolitical zone) Socio-demographic factors (mother's employment status, mother's education, father's occupation,	Survey Sample: 24,529 children aged 0–59 months from the 2013 Nigerian Demographic and Health Survey Data analysis:	Community-level factors (type of residence and geopolitical zone) influence the incidence of stunting. Socio-demographic factors (wealth index, mother's work status,



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No	Researcher, Title	Researched Variables	Research methods	Research result
		father's education, marital status, wealth index)	Descriptive and logistic regression	mother's education, father's occupation, father's education, mother's literacy) affect the incidence of stunting.
		Environmental factors (source of drinking water, time of examination after delivery, breastfeeding, duration of breastfeeding)	Sample: 24,441 children aged 0-59 months. Data analysis: Descriptive and logistic regression	Environmental factors (source of drinking water) affect the incidence of stunting.
		Child factors (birth order, previous birth interval, gender, perception of baby size, child's age, child recently had diarrhea, child had fever in the last 2 weeks)		The media factor (listening to the radio) has an effect on the incidence of stunting.
		Dependent variable: stunting incident		Maternal factors (mother's age, maternal age at delivery, type of delivery assistance, combined place and delivery method, antenatal visits, postnatal check-up time) affect the incidence of stunting.
				Child factors (age, gender) affect the incidence of stunting.
				Multivariate analysis showed that the the most consistent significant risk for stunting and severe stunting in children 0–23 months and 0–59 months are: the sex of the child (male), the size of the mother's birth (small and average), the household wealth index (house



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				poorest and poorest households), duration of breastfeeding (more than 12 months), geopolitical zones (Northeast, Northwest, Central North) and children who reported having diarrhea in the 2 weeks preceding the survey
14	Zhihui Li, Rockli Kim, Sebastian Vollmer; SV Subramanian (2020) Factors Associated With Child Stunting, Wasting, and Underweight in 35 Low- and Middle-Income Countries	Free variables: Dietary diversity, initiation of breastfeeding, vitamin A supplementation, use of iodized salt, infectious disease in the last 2 weeks, oral rehydration therapy, suspected pneumonia, complete vaccination, indoor pollution, household wealth, education of mother and father, body mass index, maternal autonomy for antenatal care, traditional birth attendants during childbirth, family planning, maternal age of marriage Bound variable: Stunting, wasting and underweight	Analytical with cross sectional Sample: children aged 12-59 months 299,353 Data analysis: Bivariate: chi square Multivariate: logistic regression	Short maternal height, low maternal education, poor household wealth, maternal body mass index are associated with stunting and wasting in children.
15	Sehrish Fatima (2020) Stunting and associated factors in children of less than five years: A hospital-based study	Free variables: Gender, area of residence, type of family, mother's education level, father's education level, monthly income The dependent variable: the incidence of stunting	Analytical with cross sectional Sample: 200 children under 5 years old. Data analysis: Univariate: frequency, percentage	Child sex, family system, mother's literacy level, unvaccinated status and bottle feeding were associated with stunting.



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No	Researcher, Title	Researched Variables	Research methods	Research result
			bivariate: chi square	
16	Shimelis Girma (2018) Maternal Common Mental Disorder as Predictors of Stunting among Children Aged 6-59 Months in Western Ethiopia: A Case-Control Study	Free variables: Mother's mental disorder, gender, place of residence, birth order, mother's age, mother's education level, mother's marital status, welfare level, food status, solid waste disposal site, liquid waste disposal site, mother's hand washing practice, delivery place, ANC, history of diarrhea, history of fever, immunization status, IMD, perleateal food, colostrum, duration of EBF, bottle feeding, feeding method, mother's knowledge.	Analytical with case control study Sample: 234 children aged 24-59 months. Data analysis: Univariate: mean, median, frequency and percentage. Bivariate: correlative Multivariate: regression	Mother's mental disorder, gender, place of residence, birth order, mother's age, mother's education level, mother's marital status, welfare level, food status, solid waste disposal site, liquid waste disposal site, mother's hand washing practice, bottle feeding and level Mother's knowledge is related to the incidence of stunting.
		Tied variable: stunting incidence		
17	Anthony Wemakor (2016) Association between maternal depression and child stunting in Northern Ghana: a cross-sectional study	Free variables: Age, education level, marital status, ethnicity, religion, welfare level, age, gender, birth weight, The dependent variable: the incidence of stunting	Analytical study with cross sectional Sample: mothers and children aged 0-59 months as many as 384. Data analysis: Univariate: mean, frequency, percentage Bivariate: chi square Multivariate: logistic regression	Maternal age, marital status, birth weight are associated with stunting.
18	Pascale Vonaesch (2017)	Free variables: Gender, age, weight-height, water source,	Analytical study with cross sectional	Common factors related to the incidence of



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No	Researcher, Title	Researched Variables	Research methods	Research result
	Factors associated with stunting in healthy children aged 5 years and less living in Bangui (RCA)	eating utensils, place of residence of mother and family, mother's basic education level, and asymptomatic carriers of pathogens	Sample: children aged 0-59 months as many as 414 children. Data analysis: chi square, mann whitney	stunting include gender, age and weight-height.
		The dependent variable: the incidence of stunting		
19	Muhammed AKAl-Mansoob (2018) The Relationship between Stunting and Some Demographic and Socioeconomic Factors among Yemeni Children and Adolescents	Independent variables: Gender, region, school status, stunting status, age, poverty status, income level Dependent variable: Stunting incident	Analytical study with cross sectional Sample: children aged 5-19 years Data analysis: Frequency distribution, chi square	Gender, region, poverty status and income level are related to the incidence of stunting in children and adolescents
20	Samuel Habibana (2019) Risk Factors Of Stunting Among Children Under 5 Years Of Age In The Eastern And Western Provinces Of Rwanda: Analysis Of Demographic And Health Survey 2014/2015	Free variables: Region, mother's age, mother's gender, child's gender, breastfeeding after 3 days of birth, education level, religion, toilet use, toilet type, number of family members, welfare level Bound variable: Stunting incident	Analytical with cross sectional design Sample: children under the age of 5 years as many as 961 children.	Mother's education level, occupation, welfare, sex of child, and supplementary feeding, ANC and use of toilet are related to stunting incidence.

1. Sociodemographic Factors

Sociodemographic factors that influence the incidence of stunting include education level, occupation and wealth index. The level of education of parents, especially mothers, has an effect on the incidence of stunting in toddlers. Mothers with higher education are easier to receive information and process information into knowledge, so that it can be used in providing child care that is in accordance with the stage of growth and development of children, especially in meeting nutritional needs. Even in research (Setiawan, 2018) It is stated that the mother's education level is the most dominant factor in the incidence of stunting in children under 5 years of age. This corresponds to (Priyoto, 2014) which states that education is needed to obtain



information, for example things that support health so that it can improve the quality of life. The higher a person's education, the easier it is to receive information so that the more knowledge he has, on the contrary, less education will hinder the development of a person's attitude towards the values introduced. Work is an activity that produces a reward in the form of money and can be used to meet the needs of a person or family's life. A person's occupation determines the income received. Income is closely related to healthy behavior such as preventing stunting in children under the age of 5 years, such as conducting antenatal visits during pregnancy, consuming nutritious food during pregnancy, providing exclusive breastfeeding, complementary feeding according to the nutritional needs of children. This is in accordance with the opinion (Priyoto, 2014) which states that a person's level of income from work is closely related to the use of health services and prevention efforts. A person may not maintain the quality of health because of limited funds. The usual pattern of relationships, the higher a person's income, the higher the prevention and utilization of health services.

The wealth index or family welfare level affects the family's ability to meet the food needs of family members. Families with a low wealth index (poor) are only able to meet basic needs and pay less attention to the nutritional content of their family members' nutritional intake. This corresponds to (Hermiyati, 2020) which states that the economic status of the family affects the ability to fulfill family nutrition and the ability to obtain health services. Children in families with low economic levels are more at risk of stunting because the ability to fulfill low nutrition can increase the risk of malnutrition.

2. Behavioral Factors

Behavioral factors that influence the incidence of stunting include knowledge, frequency of visits to posyandu, intake of nutrients, parenting patterns, utilization of health services, and use of media. The behavioral factor of the mother that affects the incidence of stunting is the mother's knowledge. Study (Aini EN, 2018), (Asweros, 2020), (Girma S., 2018) states that knowledge of the incidence of stunting. Good knowledge about nutrition can be used by parents, especially mothers, in preparing nutrition during pregnancy, nutrition during breastfeeding, and nutritional intake of children so as to prevent stunting in children under 5 years of age. It is in accordance with Green (Notoatmodjo, 2010) which states that behavior is influenced by three factors, namely: predisposing factors, enabling factors, and reinforcing factors. Knowledge is one of the predisposing factors that give a person's reason for doing behavior.

The behavior of parents, especially mothers, in utilizing health services to obtain information about nutrition during pregnancy, postpartum and breastfeeding, as well as child nutrition, pregnancy check-ups can prevent stunting in children. Parents who have poor health behavior can affect the incidence of stunting in children under 5 years of age. This corresponds to (Kurniati & Sunarti, 2020) states that parents have a role as child caretakers and family nutrition settings. Fulfillment of poor nutrition for toddlers can be influenced by positive knowledge and attitude factors, which can be due to guidance from puskesmas and health workers. Malnutrition for a long time from the fetus in the womb to the beginning of the child's life (first 1000 days of life)



3. Child Factors

Child factors include the type of birth weight, exclusive breastfeeding and a history of infectious diseases. Infectious diseases suffered by children are related to the incidence of stunting. Infectious diseases that many children suffer from include diarrhea and pneumonia, children who suffer from pneumonia will experience nutritional disorders because nutritional intake in children is used for the healing process and restoring body condition and not for growth and development so that children experience nutritional problems such as stunting, according to (Triwibowo & Pusphandani, 2015) Diseases can directly cause malnutrition or nutritional problems. Children who get enough food but often get sick in the end can suffer from nutritional disorders. (Aini, 2018) mentions that sick children cause a lot of nutrients in the body to be reduced because they are used to defend themselves against disease. Toddlers in the healing period need nutrients to restore nutritional deficiencies and restore body condition and original nutritional status. If the process of restoring nutritional status is not successful, then the child will get sick again or get sick easily.

LBW in infants can inhibit the growth and cognitive development of children, and are susceptible to disease so that it can cause stunting. This corresponds to (Alifiarki, 2020) which states that LBW is an important predictor of gestational age less than 37 weeks with a body weight of less than 2,500 grams. The impact of LBW is closely related to fetal mortality. This situation can inhibit cognitive growth and development, susceptibility to chronic disease later in life.

4. Environmental Factors

Environmental factors that influence the incidence of stunting are waste disposal sites, and sources of drinking water. Dirty environmental sanitation causes infectious diseases in children such as diarrhea. Children who often suffer from diarrheal diseases can worsen their nutritional status, because children's nutritional intake is used to improve body condition after suffering from diarrhea, and is not used for growth and development. This if it takes place in repeated conditions and in the long term can cause stunting in children.

Children who live in conditions of poor sanitation will cause problems with diseases and infections in the gastrointestinal tract (environmental enteric dysfunction). One of the diseases that arise due to poor sanitation is diarrhea. Diarrhea has a role in the incidence of stunting. Those who experience stunting have frequent episodes of events. Diarrhea is associated with high levels of pathogenic bacteria in the gastrointestinal tract. The composition of the gastrointestinal microbiota during diarrhea changes to a higher composition of pathogenic bacteria than the probiotics in the digestive tract. Infectious diseases in toddlers can be caused by exposure to pollution such as cigarettes and motorized vehicle fumes (Hermiyati, 2020).



Conclusion and Recommendation

Based on the results of the literature review discussion, it can be concluded that the incidence of stunting in children under 5 years of age is influenced by determinant factors which are summarized in 4 (four) factors, namely sociodemographic factors, behavioral factors, child factors and environmental factors. Cross-sectoral collaboration efforts on stunting problems are needed from the government, social groups, academics, the environment and the media.

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