

# THE DIALECTIC STRENGTH IN SOCIAL CONSTRUCTION OF URBAN COMMUNITY FOR PREVENTING STUNTING DURING THE COVID-19 PANDEMIC

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## ABSTRACT

### Keywords:

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*In Palembang, Indonesia, toddlers who suffer from stunting, a condition marked by a failure to develop, are the subject of this study. This study analyses and assesses the function of urban social construction in avoiding infant stunting during the first 1,000 days of life using a qualitative approach and Berger and Luckmann's theory of social construction. According to the study's findings, this social construction is influenced by socioeconomic elements like education, the surrounding community, and cleanliness, as well as the reality of pregnancy, delivery, and raising children. This study stresses the importance of dialectics in this social construction by demonstrating how clashes and interactions between social systems and people have an impact on efforts to prevent stunting. This work is groundbreaking because it recognises dialectics as a fundamental component of social construction that affects stunting prevalence and prevention. The dialectic offers fresh perspectives for preventing stunting in urban areas like Palembang and highlights the social factors that affect preventative efforts.*

## INTRODUCTION

Stunting, which is defined as poor growth and development in children under the age of five as a result of chronic undernutrition, has the sad distinction of having the fifth highest frequency in the world in Indonesia (Badan Penelitian dan Pengembangan Kesehatan, 2013). Badan Penelitian dan Pengembangan Kesehatan (2013) estimates that 9 million Indonesian children under the age of five, or 37% of the population, are stunted. The situation requires a thorough examination of the underlying causes and potential solutions.

The conventional conception of stunting views it predominantly as an issue of nutrition (Widyaningsih, Mulyaningsih, Rahmawati, & Adhitya, 2022). However, this perspective may be limiting because it disregards the complexity of the issue (Palutturi, Syam, Asnawi, & Hamzah, 2020). Stunting encompasses multiple socioeconomic factors outside of the realm of nutrition (Adriany & Tesar, 2023). It affects people from all social strata, including middle-class and impoverished families (Ratnawati & Prameswari, 2022). This frequent occurrence indicates that there are multiple contributing variables to the issue, none of which are specifically related to diet (Zaluchu, 2022).

Several variables, such as parental parenting styles (Bella et al., 2022; Berawi et al., 2023), have been linked to stunting. During their formative years, the quantity of interaction and stimulation children receive has a direct impact on their physical and mental development. Access to high-quality healthcare services (Atamou, Rahmadiyah, Hassan, & Setiawan, 2023), such as Antenatal Care (ANC) and Postnatal Care (PNC), is also essential for preventing malnutrition. Lack of prenatal and postnatal care may contribute to malnutrition and stunted development. Inadequate sanitation facilities and limited access to nourishing food and clean water also contribute to the prevalence of stunting (Anismuslim, Pramoedyo, Andarini, & Sudarto, 2023). These factors emphasise the need for a comprehensive strategy that simultaneously addresses nutrition, education, access to health services, and sanitation in order to effectively combat stunting.

In response to the growing concern regarding stunting, the Indonesian government has implemented a number of nutrition-specific and nutrition-sensitive programmes (Muliadi et al., 2023; Wenang et al., 2022). Nevertheless, despite these efforts, stunting has not been significantly reduced. This is notably evident in regions such as South Sumatra, where the stunting rate remains higher than the national average despite being an urban region with relatively improved access to health services (Dinkes Provinsi Sumsel, 2019; Kemenkes, 2018).

The persistently high prevalence of stunting highlights the need for a nuanced understanding of the problem, one that takes into account the complex social factors at play. The proposed study will examine the social construction of urban communities in relation to stunting prevention during a child's first one thousand days. This is based on the premise that social constructions of health and nutrition, which are influenced by societal values, beliefs, and practises, have a substantial impact on the prevalence of stunting.

This study aims to investigate the social constructions surrounding stunting prevention by examining individual perceptions, beliefs, and behaviours through observation and interviews. This study's primary research question is "How does the social construction of urban communities contribute to efforts to prevent stunting among toddlers in Palembang City during their first 1000 days of life?"

Prior research on social construction and stunting must be reviewed and expanded to lend this study academic rigour and ensure its applicability. This study is anticipated to contribute to the comprehension and prevention of stunting in Palembang City and other urban communities by integrating prior research findings. The acquired knowledge will contribute in invaluable ways.

From a dialectical vantage point, the proposed study is aimed at illuminating the contradictions between the current understanding of stunting and its lived reality. By concentrating on social construction, it will challenge the conventional nutrition-focused discourse and broaden the understanding of stunting as a multifaceted problem. Moreover, it deciphers the dynamic interaction between individual behaviours, societal values, and health outcomes. This dialectical approach is not only enhance the theoretical comprehension of stunting, but also provide insights for designing comprehensive and context-appropriate interventions.

## **LITERATURE REVIEW**

Prior research is crucial to the development of ideas and the justification for conducting this study. Previous studies on stunting have investigated the factors and causes of stunting (Asriadi, Nurnainah, Amal, Rauf, & Amir, 2023; Bella et al., 2022; Fentiana, Achadi, Besral, Kamiza, & Sudiarti, 2022; Hasibuan, Djer, Andarie, & Pulungan, 2023; Mayfitriana, Suwargiani, & Setiawan, 2022; Safaah, Yunitasari, Efendi, Sunanita, & Suhartono, 2022; Widyaningsih et al., 2022). By synthesising and analysing this research, it is possible to conclude that the numerous contributors to stunting in Indonesia can be grouped into three primary categories: maternal, child, and environmental.

Some of the studies discussed stunting as a nutritional problem (Fahmida, Pramesthi, Kusuma, Wurjandaru, & Izwardy, 2022; Hayati & Alza, 2022; Lukman, Anwar, Riyadi, Harjomidjojo, & Martianto, 2022). This study demonstrates the significance of comprehending the social construction of rural and urban communities in relation to stunting and malnutrition. Diet plays a major influence in the incidence of stunting and severe stunting among toddlers. Improving the quality of nutrition can be accomplished by increasing nutrition knowledge through the provision of counselling via various media.

In the context of this study, this research concentrates on stunting prevention from a social constructivist perspective in accordance with the theory of Berger and Luckmann (1998). Within this framework, this study investigates how individuals in urban environments construct their reality in terms of stunting prevention during the first one thousand days of a child's existence.

According to Berger and Luckmann (1998), social construction entails three interconnected types of reality: objective reality, symbolic reality, and subjective reality. In this context, externalisation, objectification, and internalisation processes occur. Individuals manifest themselves in the world through externalisation, which is then transformed into an objective reality through the process of objectification. Other members of society then internalise this reality, creating their subjective reality.

This research makes an original contribution to our understanding of stunting by investigating the formation and operation of social constructs in urban communities. It is anticipated that this contributes to the government's efforts to reduce the prevalence of stunting in Palembang by expanding knowledge of health sociology.

## **METHOD**

This investigation was a qualitative, descriptive study aimed at revealing the social construction of urban communities in Palembang, Indonesia, regarding stunting prevention during a child's first 1000 days of life. Due to the alarming prevalence of stunting in the region, it was decided to conduct the research in Palembang City. According to 2018 data from the Basic Health Research, the prevalence of stunting was 31.7%, exceeding the national average of 30% by a wide margin. In addition, the South Sumatra Provincial Health Office reported a 14.4% stunting rate among infants in 2019; these findings bolstered this concern (Dinkes Provinsi Sumsel, 2019).

For a variety of factors, the qualitative descriptive method was particularly applicable to this study (Creswell, 2016). First, it provided a platform for an in-depth examination and nuanced comprehension of the phenomenon under study – stunting and its prevention. Second, it made it easier to interpret complex social phenomena and cultural practises. Thirdly, it enabled the illustration of individual experiences, societal norms, health behaviours, and policies from the perspective of the participants, bridging the divide between academic research and lived realities.

Methodological phenomenology was utilised within the qualitative descriptive research paradigm (Sundler, Lindberg, Nilsson, & Palmér, 2019). Phenomenology, with its emphasis on individual perceptions and lived experiences, was ideally suited to examine the complex realities surrounding stunting prevention in an urban context. Through phenomenological inquiry, it was possible to investigate the underlying beliefs, values, and practises that influenced health-related behaviours and outcomes. In-depth interviews and observations, along with secondary data, were utilised to compile the data. The interviews provided first-hand knowledge of personal experiences and perceptions, whereas the observations provided the opportunity to comprehend the context and environment in which these experiences occurred. Secondary data, in the form of health reports and demographic data, served as complementary and contextualising information to the primary data.

The unit of analysis was the urban community, and informants were purposefully selected based on a set of criteria. Informants were recruited from urban residents who had been married for at least ten years and had at least one-year-old children. Moreover, they must have resided in

Palembang for at least five years. The inclusion of healthcare workers from Palembang City as informants ensured that professional insights were incorporated into the health practises and behaviours of the community.

The implementation of data triangulation techniques ensured the research's validity, a cornerstone of rigorous qualitative study (Sugiyono, 2014). By utilising multiple data sources, triangulation provided a comprehensive and well-rounded perspective on the phenomenon under investigation. By corroborating findings across multiple data sources, it provided a more complete understanding of the issue, enhanced the credibility of the research, and reduced bias. Triangulation was accomplished utilising a variety of techniques, including comparing participant accounts with observational data and contrasting primary data with secondary sources.

This exhaustive and detailed approach to data collection and analysis intended to produce a nuanced comprehension of the social construction surrounding stunting prevention in urban communities. The insights generated not only enriched the theoretical understanding of stunting, but also provided practical suggestions for devising culturally appropriate and effective interventions. Consequently, it was anticipated that this research would make a substantial contribution to both academic discourse and public health practise.

## **RESULTS AND DISCUSSION**

The exploration into the social construction of urban communities towards preventing stunting in the first 1000 days of toddlers' lives necessitated a comprehensive assessment of various social, environmental, and economic conditions. The understanding that these domains play a pivotal role in child growth and development shaped the analysis and interpretation of the collected data. This section offers a detailed elucidation of these different factors and discusses their implications.

### **Socio-Economic Conditions of Urban Communities**

#### ***Education***

The education level of the parents emerged as a salient factor impacting the understanding of child growth and development. The diversity of data collected through interviews and observations reflected the variations in parents' educational backgrounds, ranging from high school to master's degree levels. The channels through which information about stunting was accessed also differed according to the education level. Parents with high school education primarily relied on their families and medical personnel for information. In contrast, those with a bachelor's to master's degree often supplemented this information with additional sources such as social media, joining community

groups that discuss health and childcare. This reflects the potential role of education in expanding access to knowledge and promoting information-seeking behaviors.

### ***Social Environment***

The social environment, particularly parental involvement, played an influential role in children's growth and development. Comparative analysis between children who received care from both parents and those cared for by a single parent indicated physical and psychological disparities. The children of one-parent families exhibited smaller bodies, as per the growth charts issued by the World Health Organization (WHO). This was despite the efforts of single parents to provide the best possible nutrition. This indicates the potential influence of the social environment and the importance of the parental role in preventing stunting.

### ***Environmental Sanitation***

Urban communities often struggle with waste management, with disposable diaper waste being particularly problematic. The prevalent use of disposable diapers, owing to their convenience, underlined the need to address sanitation issues and consider their potential impact on child health. The situation contrasts with the ideals outlined in the 5 pillars of Community-Based Total Sanitation, highlighting an area that requires immediate attention.

### ***Economic Condition***

The economic condition significantly influenced the community's ability to prevent stunting. This encompasses aspects such as employment status and household expenditure prioritization. Field results showed diverse spending patterns, with some families prioritizing food needs for their children, while others with lower economic status were forced to allocate funds to other household needs. This emphasizes the influence of economic conditions on health behaviors and outcomes.

## **The Reality of Urban Community in Preventing Stunting**

### ***Period in the Womb***

The interview and observation results indicated the importance of nutrition during pregnancy and ante-natal care in preventing stunting during the first 1000 days. Informants revealed their desire for a healthy pregnancy and healthy children, with many ensuring optimal nutrition through fruits, vegetables, proteins, and multivitamins. The importance of regular check-ups with health workers was also emphasized for early detection of potential maternal and fetal health problems.

### ***Period of 180 Days (0-6 months)***

The first six months of an infant's existence are crucial to his or her development. During this time period, early initiation of breastfeeding (IMD) and exclusive breastfeeding frequently encountered

barriers due to maternal and infant health, lack of maternal knowledge, and absence of family support. This demonstrated the importance of targeted interventions during this critical period.

### ***Period of 540 Days (6-24 months)***

Following the initial six months, the next 540 days (6-24 months) are equally crucial, marking the introduction of solid foods or complementary foods (MP-ASI). Based on the informant's information, they understood the importance of MP-ASI in meeting nutritional needs. However, there were variations in the feeding menus provided to infants, ranging from instant porridge to home-made four-star menus.

### ***Complete Basic Immunization***

The urban community recognized the importance of immunization in enhancing a child's immunity against diseases. Therefore, they ensured their toddlers received complete basic immunizations, administered at various places from health centers to renowned hospitals.

### **Social Construction of Urban Communities in Preventing Stunting**

According to Berger and Luckmann (1998) The prevention of stunting in urban communities can be understood as a social process, continuously shaped through actions and interactions. Berger and Luckman's theory of social construction, emphasizing the dialectic processes of externalization, objectification, and internalization, offers a suitable framework to understand this phenomenon.

Externalization involved actions originating from within the community. In the context of stunting prevention, experiences from previous pregnancies, childbirth, and childcare were externalized to guide future actions. The continuous practice of these actions led to the objectification stage, transforming these actions into an objective reality. Lastly, the internalization stage involved assimilating external information into individual understanding and practice. The sources of this information varied, ranging from family and medical personnel to social media platforms discussing pregnancy, childbirth, and childcare.

However, the dialectic process differed among individuals due to variations in educators, experiences, preferences, and social environments. This variability underscored the importance of considering individual and contextual factors when understanding and addressing the social construction of stunting prevention in urban communities.

## **CONCLUSION**

The present research provided a multifaceted exploration into the social construction of urban communities regarding the prevention of stunting in the first 1000 days of toddler life. Through an

intensive analysis of socio-economic conditions, educational backgrounds, social environments, environmental sanitation, economic conditions, and the realities of urban community practices, the study illuminated a range of influencing factors in stunting prevention. The application of Berger and Luckmann's social construction theory, encapsulating the processes of externalization, objectification, and internalization, offered a holistic framework to understand the community's action and knowledge concerning stunting prevention.

This research contributes to the scholarly discourse on the social determinants of stunting by emphasising the role of social construction in health outcomes. It validates the use of social construction theory in health research and paves the way for further interdisciplinary research that combines sociology, public health, and developmental psychology. In addition, it emphasises the need to consider socioeconomic, educational, and environmental conditions in urban communities when addressing complex health issues such as stunting.

From a practical standpoint, the findings highlight the significance of interventions that increase community awareness of stunting, prenatal and postnatal care, the importance of sanitation, and effective waste management. Efforts aimed at educating not only parents, but also the larger community, about health can be extremely beneficial. In addition, policymakers must consider these findings when developing inclusive, community-focused health programmes and policies.

The research was conducted in the context of urban communities in Palembang City, which may limit its generalizability to rural communities or communities in other geographic locations. The reliance on interviews and observations could also potentially lead to response bias or subjectivity in data interpretation. In addition, the research did not consider potential genetic factors associated with stunting.

Given these limitations, future research could investigate similar topics in various contexts, such as rural or culturally diverse communities. It would be valuable to include a larger sample size, incorporating more diverse socioeconomic and demographic groups. Comparative studies between urban and rural communities can also offer additional insights. Moreover, the integration of genetic studies with sociological research on stunting could provide a more comprehensive picture. It would also be worthwhile to assess the effectiveness of various community-centric interventions on stunting prevalence and prevention over time.

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