

Disruption of Stunting Social Capital in South Sulawesi, Indonesia (Case Study on 1000FDL Families in Bone and Enrekang Districts)

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Abstract

Background: Ideally, the social capital of the village community becomes the strength to accelerate the village development process, experiencing disruption, resulting in the incidence of stunting in children.

Aims: This study aims to explore the root causes of the fragility of stunting social capital and find the right social strategy in dealing with stunting through the use of social capital of rural communities.

Method: This research uses qualitative research method with case study techniques.

Results: The determinants of social capital disruption for the 1000FDL family are family disorientation in fostering family members, the widespread use of technology that has resulted in more social distancing among family members, belief in the myths of maintaining pregnancy and children, and the development of family pragmatic behaviour in fulfilling life's needs.

Conclusion: Based on the findings of this study, it is recommended that a program for handling stunting through community empowerment is focused on extracting the social capital of rural communities. Another recommendation is that there is a need for verification research to test the significance of the deterministic factors of social capital disruption that cause stunting.

Keywords: Children, Social Capital; Stunting; 1000FDL.

Introduction

Indonesia is facing nutritional problems that have a serious impact on the quality of Human Resources (HR). One of the nutritional problems that are of major concern is the high stunting. Stunting is a chronic malnutrition problem caused by insufficient nutritional intake for a

long time as a result of feeding that is not by the required nutritional needs. The basic cause of stunting is due to a lack of attention during the 1000 First Days of Life (FDL).

The period of the first 1,000 days of life is 270 days during the mother's pregnancy, up to 730 days in the first life of the baby born. This period is sensitive and very important, so it is called the golden period. This is because the impact that can arise when children's needs are not met will be permanent and cannot be corrected. The impact is not only on physical growth but also on cognitive and mental development⁽¹⁾.

The long-term impact of stunting is the shortness of children in a generation. In girls, the impact will be seen when adults or pregnant. Women who are stunted

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are at a higher risk of experiencing retardation or growth retardation in their fetus (IntraUterine Growth Retardation/IUGR) and giving birth to babies with low birth weight (LBW)⁽²⁾. The psychologically short body also affects a child's self-esteem in their social life, especially during adolescence. The result of stunting is not only short but also affects the development of brain cells so that cognitive abilities and intelligence decrease^{(3);(4)}.

The definition of stunting in this study is nutritional status based on the index of body length or height according to age⁽⁵⁾. Physically, toddlers look shorter than toddlers their age. In another definition, stunting is a linear growth that fails to reach its genetic potential, as a result of a poor diet and disease⁽⁶⁾. So, stunting can be seen when toddlers are measured for length or height, then compared with the standard, the results are below normal.

The prevalence of stunting in children in Indonesia is still far from the WHO standard at the 20% level as the limit for non-public health problems. Nationally, the stunting rate for children in Indonesia is 30.8%⁽⁷⁾. As many as 20 provinces have prevalence rates above the national rate. South Sulawesi province is one of the three provinces with the highest stunting prevalence rate, namely 35.7%, above Southeast Sulawesi (28.7%), North Sulawesi (25%) and Southeast Sulawesi (32.3%).

From field fact-finding and analysis of secondary data reported by the District/City Health Office in South Sulawesi, it was found that stunting is determined by sociological problems such as lack of maternal knowledge, changes in family relationship patterns in caring for children, belief in myths, loss of attention from the neighbourhood environment. Pregnant women, lack community participation, and low access to health services. These causes arise as a result of social changes in society that have contributed to changing the order and the way people behave. The aggregate determinant concept in sociology is categorized as the concept of social capital.

The correlation between social capital and the incidence of stunting can be seen from the act of stealing age as an act of circumventing the regulation regarding the age of marriage that must be over 20 years for women and 25 years for men. Thus, the incidence of early marriage in South Sulawesi is quite high which has the potential to result in early pregnancy which is more

at risk of death for mothers and children⁽⁸⁾. Maternal childbirth under 20 years of age contributes to high rates of neonatal, infant and under-five mortality⁽⁹⁾.

The incidence of early marriage is influenced by several factors, including the socio-cultural norms that apply in society, economic status, and education level. Cultural and social norms, including those related to beliefs, influence the age of marriage for women⁽¹⁰⁾,⁽¹¹⁾. Economic status also affects the incidence of early marriage, especially in rural areas. Poor families choose to marry off their children at an early age to improve economic stability⁽¹²⁾. Another factor that can influence early marriage is the level of education. Children born to mothers who marry early have a lower chance of life and are more likely to have nutritional problems for their children such as stunting, wasting, and malnutrition⁽¹³⁾.

Another aspect of social capital that has implications for the incidence of stunting is the maintenance of an understanding of the myths about food and parenting patterns. The practice of choosing food for consumption for children depends on the dominant public belief that is influenced by perceptions based on cultural-spirituality, as well as parenting patterns are often coloured by metaphysical thinking by placing nature as the best field for children to train themselves from the start.

The lack of parental attention to children has been accelerated by the modernization of family life which has resulted in disorientation in the family which is more concerned with economic functions compared to other family functions. Modernization of family life also has an impact on the growth of practicality of individuals in the family which leads to instant decision-making patterns.

Decision-making is a form of social action that is guided by society's interpretation of the value or meaning contained in the food. This understanding is the same as Max Weber's thinking about social action which is facilitated by certain meanings.

The Weberian view influences people's awareness in choosing food. There are quite a lot of foods that contain nutrition but are interpreted contrary to the value of life by the community so that it has implications for rejection, such as eating taboo crab and squid for pregnant women because it means that the child is conceived can be black and scaly.

The social capital disruption above affects the ability of the 1000FDL family to maintain pregnancy and child care so that it has the potential to give birth to a stunting child.

Method

This research uses qualitative method with case study techniques. This method was chosen as a consequence of the paradigmatic view of research that uses the constructivism paradigm.

Sources of data in this study consist of primary data and secondary data. Data collection techniques used observation, in-depth interviews, FGD in which the researcher was the main research instrument. Qualitative data analysis used in the field analysis method by exploring in-depth the contents of the questions given by the informants. The stages of data analysis are divided into three processes; 1) data reduction, 2) data categorization, and 3) data interpretation. Presentation of data by exploring in-depth the patterns of relationships between data.

Result

Determinants of Disruption of Family Social Capital

From the study of research, cases found facts that disrupt social capital, including:

- The family of 1000FDL generally consists of parents who work actively in economic sectors, so that attention to pregnancy and child care is relatively lacking.
- There is a tendency for 1000FDL families to hand over care for babies under two years old and babies under five years old to domestic helpers.
- 1000FDL families are more concerned with economic aspects than coaching other aspects of life.
- For some 1000FDL families, the physical growth of two-year-old babies is considered healthier, so they are stuck with industrial food consumption behaviour.
- Knowledge and understanding of mothers in pregnancy care, safe delivery, and exclusive breastfeeding have relatively little implications for the mother's response, which in many cases results in the birth of a child with a stunted status.

- Generally, 1000FDL families still use prenatal care and child care practices that reflect traditional or cultural understandings such as allowing children to interact freely with nature so that the child's physical structure becomes stronger, eating certain foods during pregnancy, drinking water that has been spelt out before undergoing a spell. the process of birth, smoked toddlers accompanied by growth spells, and prohibitions or taboos for children that smelled supernatural.
- Family members are so busy using cellphones that direct social interaction is almost no longer done
- 1000FDL family life shows that there is a change in lifestyle to a more hedonistic direction due to the indoctrination of lifestyle from technology media.
- For most families, family resilience is defined as the extent to which the family can immediately meet practical needs without having to think about a future which it considers a mystery.

Disruption of Family Social Capital as Social Mediation for Stunting

The findings of the relationship between social disruption and stunting are as follows:

- The role of the neighbourhood environment in the care of pregnant women has disappeared, so that family experiencing pregnancy struggle independently. In many cases, the independent struggle of mothers results in giving birth to children with LBW conditions as a risk factor for stunting.
- Husbands consider pregnancy, childbirth and child care as the responsibility of housewives.
- The participation of the village government in preparing convenience facilities for 1000FDL families is still relatively low. Generally, village governments prioritize physical development programs over stunting reduction programs.
- The family kinship that used to be a source of strength in overcoming common problems has deteriorated so that families in one clan no longer care for and help each other.
- Local values that contain common good are no longer an inspiration for families in carrying out daily life practices as a result of the very fast absorption of modernity values.

- Trust as the main value of the family building in the process of social interaction is degraded following the development of individualistic attitudes among the 1000FDL family members.

Affirmative Social Capital Exploration

The research findings that describe the use of affirmative social capital are as follows:

- Affirmative social capital is categorized in the form of networks, beliefs, and norms
- The use of social networks in potential villages is carried out in the form of stakeholder involvement in dealing with stunting. The form of stakeholder involvement is carried out in an organized manner by forming a stakeholder forum.
- Fostering a sense of trust among citizens aimed at dealing with stunting is done through efforts to raise awareness together about the importance of stunting for the future of children and the future of the development of a nation's Human Resources. This effort must be driven by community leaders in the village through role models that can be emulated socially by all villagers.
- The institutionalization of preventing stunting for children has become the new norm through mutual consensus between the social organizations of the village community and the village government legitimized by the district/city government.
- The movement of this affirmative social capital category is internalized through a community empowerment program that aims to enable every 1000FDL family to practice according to health principles.

Discussion

Disruption of social capital such as networks, beliefs, and norms has resulted in the incidence of stunting in children. Ideally, this social capital is the main source of strength in conducting family development so that the family structure experiences family resilience that can carry out its functions completely. Disruptive social capital has turned into a source of threat of stunting and malnutrition for children.

Disruption in the sense of disturbance to social values and order has the risk of degrading civilization. Civil society as a civilized society cannot exist without close social ties and the existence of values (cultural, social,

moral) as social capital. In the context and conditions of technological development and fast-paced socio-economic changes, it seems that the great disruption is inevitable. As long as science and technology are still developing, so long as disruption will occur.

There are four determinants of social capital disruption in 1000FDL families that lead to stunting for children, namely family disorientation, exposure to technology, belief in myths, and family pragmatic behaviour in fulfilling life's needs.

The posture of the family is currently experiencing changes in both structure and function. These changes are preceded by changes in family orientation, from an orientation that is complex to fulfil needs to simplification of needs only on economic needs.

This orientation causes family members to position themselves as economic beings so that all their potential is directed at work as a priority by ignoring other orientations such as education, religion, socio-cultural, health, and recreation. The family is considered successful and established when the family can accumulate symbols of welfare such as ownership of luxury items and a hedonistic lifestyle.

The influence of technology on family life is significant in the context of the incidence of stunting in children. This symptom is very visible in the process of social interaction between family members. A direct typology of social interaction in which expressions, feelings, and emotions are exchanged and contain cultural meanings are replaced by technology-mediated interactions.

As a result, the individualistic attitude of the members gradually thrives on replacing the collectivity attitude as a basic characteristic of family institutions. Technological determinism uproots people from their human roots to become mechanical and instrumental humans in which practical goals are the only actions that are considered rational. Humans have lost their nature.

According to Fukuyama, to restructure society socially, attention needs to be directed to two human capacities, namely awareness of human nature and human tendencies to organize themselves. The first factor is the source of values, while the second is the operational area for social capital⁽¹⁴⁾. So, no matter how sophisticated the technology and the innovations that appear, human nature must remain the foundation for the organization of social life.

The desire to restore human nature as a compass in organizing social life can be intervened through the internalization of locality values, considering that the family in this study strongly believes in myths as the basis of truth. This means that an irrational typology of the family can be extracted positively through the integration of mythological beliefs with the truth of science.

Positive (affirmative) social capital extraction towards a stunting-free family through effective management of the three basic components of social capital, namely networks, trust, and norms. The network is formed because they come from the same area, the same political or religious beliefs, genealogical relationships, and others⁽¹⁵⁾. Community networks are strongest and thickest at the goal level and continue to be weak when looking at the regional, national and international levels⁽¹⁶⁾.

This theoretical view means that the grouping of 1000FDL mothers in the village has two similarities that have the potential to create cooperation, namely the same goal, namely preventing stunting in children and geographic similarity at the village level.

Apart from networking, public trust as social capital has a very important role in dealing with child stunting. Weakened social ties due to social interaction habits mediated by information communication technology result in low trust among residents or family members.

Fostering trust as a basic value of living together can be built and preserved through socio-cultural activities in the form of social and religious and cultural rituals. The integration of the issue of stunting in the socio-cultural activities of the village community is considered very appropriate to instil strong belief values for individuals to place stunting as the gateway to human development or in other words the starting point of the life of the golden generation.

Trust is an attitude of mutual trust in the community to unite with one another and to contribute to increasing social capital⁽¹⁷⁾, ⁽¹⁸⁾. Trust can facilitate the community to work together and help in avoiding the incidence of stunting for children. The integration of the issue of stunting with socio-cultural activities will affect the process of institutionalizing or forming community norms.

The norms that are formed then become collective rules which are usually unwritten but understood by each member of society and determine the expected behaviour patterns in the context of social relations⁽¹⁹⁾. When stunting is transformed into a new norm for rural communities, efforts to prevent and handle stunting for children can be carried out accelerated and convincingly.

Conclusion

The determinants of social capital disruption for the 1000FDL family are family disorientation in fostering family members, the widespread use of technology which results in more social distancing among family members, belief in the myths of maintaining pregnancy and children, and the development of family pragmatic behaviour in fulfilling life's needs. The social capital disruption of the 1000FDL family has health-social implications for children born in a stunted state. Empowerment of 1000FDL families through family assistance and tiered advocacy of public services in the village can affirm social capital as a means of preventing and overcoming stunting for children.

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References

1. Sulistyoningasih H. Gizi untuk Kesehatan Ibu dan Anak. Yogyakarta: Graha Ilmu; 2011.
2. Lammi-Keefe CJ, Couch SC, Kirwan JP. Handbook of Nutrition and Pregnancy. USA: Springer; 2008.
3. Allen LH, Gillespie SR. What Works? A Review of The Efficacy and Effectiveness of Nutrition Interventions. Geneva: Asian Development Bank; 2001.
4. Crookston BT, Penny ME, Alder SC, Dickerson TT, Merrill RM, Stanford JB, et al. Children who Recover from Early Stunting and Children who are Not Stunted Demonstrate Similar Levels of Cognition. *J Nutr.* 2010;140(11):1996–2001.
5. World Health Organization. Physical Status: The use of and Interpretation of Anthropometry, Report of a WHO Expert Committee. Geneva: World Health Organization; 1995.

6. ACC/SCN & International Food Policy Research Institute (IFPRI). 4th Report on The World Nutrition Situation: Nutrition Throughout The Life Cycle. Geneva: United Nations, Administrative Committee on Coordination, Subcommittee on ...; 2000.
7. Kemenkes R I. Hasil Utama Riset Kesehatan Dasar (Riskesdas) 2018. Jakarta: Kementerian kesehatan Republik Indonesia Badan Penelitian dan Pengembangan Kesehatan; 2018.
8. Afifah T. Perkawinan Dini dan Dampak Status Gizi pada Anak (Analisis Data Riskesdas 2010). *Gizi Indones*. 2011;34(2).
9. Gray N, Azzopardi P, Kennedy E, Willersdorf E, Creati M. Improving Adolescent Reproductive Health in Asia and The Pacific: do we Have The Data? A review of DHS and MICS Surveys in Nine Countries. *Asia Pacific J Public Heal*. 2013;25(2):134–44.
10. Parsons J, Edmeades J, Kes A, Petroni S, Sexton M, Wodon Q. Economic Impacts of Child RMarriage: A Review of The Literature. *Rev Faith Int Aff*. 2015;13(3):12–22.
11. Qibtiyah M. Faktor yang Mempengaruhi Perkawinan Muda Perempuan. *Biometrika dan Kependud*. 2015;3(1).
12. Verma R, Sinha T, Khanna T. Asia Child Marriage Initiative: Summary of Research in Bangladesh, India and Nepal. *Int J Cent Res Women*. 2013;35–46.
13. Prakash R, Singh A, Pathak PK, Parasuraman S. Early Marriage, Poor Reproductive Health Status of Mother and Child Well-Being in India. *BMJ Sex Reprod Heal*. 2011;37(3):136–45.
14. Fukuyama F. *The Great Disruption: Human Nature and The Reconstitution of Social Order*. Vol. 354, London, Profile, xii. London: Profile Books; 1999.
15. Robison LJ, Siles ME, Jin S. Social Capital and The Distribution of Household Income in The United States: 1980, 1990, and 2000. *J Socio Econ*. 2011;40(5):538–47.
16. Field J. *Modal sosial*. Yogyakarta; 2010.
17. Putnam RD. The Strange Disappearance of Civic America. *Policy A J Public Policy Ideas*. 1996;12(1):3.
18. Fukuyama F. Social Capital, Civil Society and Development. *Third World Q*. 2001;22(1):7–20.
19. Hasbullah J. *Social Capital: Menuju Keunggulan Budaya Manusia Indonesia*. MR-United Press; 2006.