



Power Relations in Stunting Recovery Practices in Makassar City

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Abstract. Indonesia is experiencing a malnutrition crisis characterized by a triple burden, namely undernutrition, excess nutrition, and micronutrient deficiencies. The phenomenon of triple burden nutrition in the part of nutritional deficiencies is then called the stunting phenomenon. Stunting is a condition of failure to thrive in toddlers due to chronic malnutrition, repeated infections, and inadequate psychosocial stimulation. In Indonesia, the prevalence of stunting is still a significant health problem. Based on data from the 2018 Basic Health Research (Riskesdas), the national prevalence of stunting reached 30.8%, which means that almost one in three children in Indonesia experience stunting. Nationally, there is a graph of a decline in stunting in Indonesia. Stunting has decreased from 24.4% to 21.6% by 2022. This shows that stunting is an urgent problem that needs to be addressed seriously by all related parties. This study aims to analyze power relations in stunting recovery practices in Makassar City. This research method uses a qualitative case study approach to explore power relations in recovery practices at Makassar City Health Centers. The results of the study indicate a clear hierarchy of power in which the government and health workers dominate decision-making regarding stunting interventions. Although Posyandu cadres act as a liaison between the community and health workers, they are often in a subordinate position with limited authority to adapt interventions to local conditions. The community, especially affected families, tend to be passive and feel uninvolved in the decision-making process, even though they are the ones who understand the child's condition most directly. This study concludes that this asymmetrical power relationship affects the effectiveness of the stunting recovery program, where low community participation and the limited role of posyandu cadres hinder the adaptation of interventions that are more appropriate to local needs. Therefore, a more participatory and inclusive approach, as well as community empowerment, are needed to increase the success of the stunting recovery program in Makassar City.

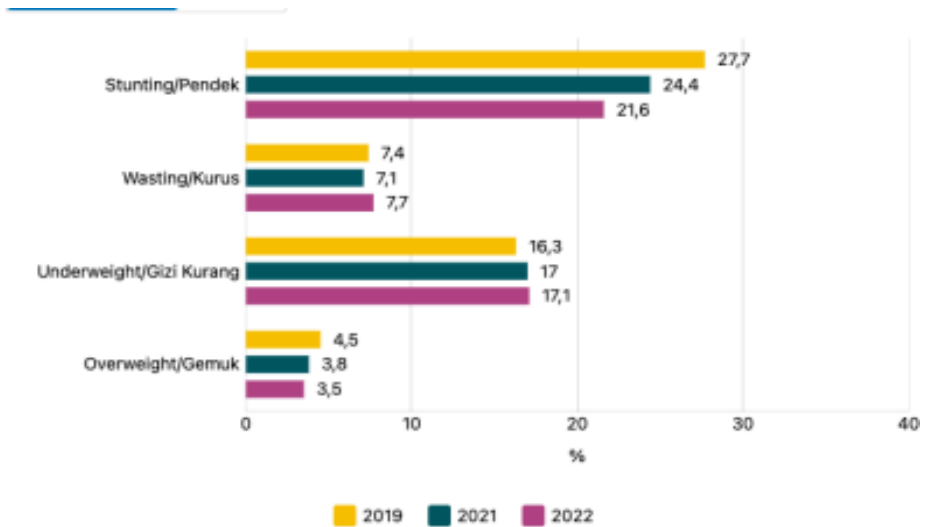
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1 Introduction

Indonesia is experiencing a malnutrition crisis which is characterized by triple burden, namely nutritional deficiencies, excess nutrients, and micronutrient deficiencies. Even according to the results of the Indonesian Nutrition Status Survey (SSGI) of the Ministry of Health shows that there are four nutritional problems for toddlers in Indonesia. Among them stunting, wasting, underweight, And overweight (Annur, 2023). The impact of the crisis Malnutrition is very widespread and can affect various aspects of physical and health mentally, both in the short and long term. Malnutrition It is estimated to cause 45% of child deaths worldwide. In children, malnutrition can cause a decrease in immunological function that makes they are susceptible to opportunistic infections and other childhood infections. In a country bIn development, women with poor nutrition are at high risk of giving birth to babies with blow birth weight (LBW). LBW babies face health consequences jshort and long term figures, such as growth failure increases the risk of morbidity and premature death.

Figure 1. Trends in Child Malnutrition in Indonesia



Figure 2. Toddler Nutrition Problems 2019-2022

The high number of cases of malnutrition in Indonesia and the nutritional problems experienced by Indonesia's child population in the 2019-2022 period shows that it is still at a low level of public awareness regarding nutrition. Nutrition and health problems in the realm of social life in Indonesia, it tends to be very complex. There are various determinant factors outside the health dimension that play a role in creating the malnutrition crisis conditions, namely limited access to quality health services, cleanliness, sanitation, poverty, low knowledge, gender and social inequality, no infrastructure feasible, high frequency of natural disasters, and the environment.

Phenomenon triple burden nutrition in the later nutritional deficiency section This so-called stunting phenomenon then becomes a social problem is the concern of the government in every country, including the Government Republic of Indonesia. The government has a very important role in efforts to restore stunting rates at the national level. Various policies have been implemented to overcome this problem, starting from nutrition programs for pregnant women and children, to increasing access to quality health services. Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, recurrent infections and inadequate psychosocial stimulation. According to the World Health Organization (WHO), stunting is defined as height for age that is more than two standard deviations below the median WHO child growth standard. The low level of knowledge of the Indonesian people regarding stunting has had impacts. One of the impacts is that stunting is considered not a medical disease but rather a social problem. This happens due to several factors, namely: First, stunting often does not look like an urgent health problem because the symptoms are not always immediately visible. For

example, stunting is not an acute disease that causes dramatic symptoms, but a growth disorder that occurs slowly and continuously, so it is often ignored. Second, stunting develops over a long period of time, usually starting during the fetal period until the age of two years. Because the effects are not immediately visible and occur slowly, the problem often goes unnoticed until the child shows signs of impaired growth, such as short stature or delayed cognitive development. This makes stunting not seem like a health emergency, compared to a disease that shows acute symptoms. Third, short stature or children who look small may be considered normal or just part of genetic factors, not due to malnutrition or health problems. In other words, stunting can be ignored because it is considered a characteristic of certain families or populations, without realizing that the main cause is chronic malnutrition.

The three factors that cause the impact are that stunting is not a health problem but is a social problem that requires special strategies in solving it. In Indonesia, the prevalence of stunting is still a significant concern. When referring to the following two data: First, based on 2018 Basic Health Research (Riskesdas) data, the national prevalence of stunting reached 30.8%, which means that almost one in three children in Indonesia is stunted. This shows that stunting is an urgent problem that must be handled seriously by all relevant parties. Second, based on the information provided by Annur (Katadata, 2023) that Stunting or short body size is one of the nutritional problems is of concern to the government and the public because its prevalence is still sufficient high, reaching 21.6% in 2022. Even though the prevalence of stunting has decreased from the previous year, the stunting prevalence target specified in the Plan National Medium Term Development (RPJMN) 2020-2024 is 14% (Regulation of the President of the Republic of Indonesia, 2020). This indicates that stunting in Indonesia still considered chronic. From these two data, there has been a decrease in prevalence around 9% from 2018 to 2022 but even so as it is which Annur said was that the figure was still quite high because exceeds the threshold set by the RPJMN of 14%.

Efforts to reduce the prevalence of stunting require prevention efforts. One of the keys to successful prevention of stunting is health behavior own community (Ministry of Health of the Republic of Indonesia, 2018). According to the Health Promotion Model theory, a person's behavior is influenced by their characteristics and experiences. Temporary That, Lawrence Green's theory states three factors that have an influence with health behavior, namely predisposing, supporting and contributing factors push. Behavioral predispositions are factors that include knowledge, beliefs, attitudes, values and confidence (Asmuji & Faridah, 2018). Knowledge interpreted as a result of the sensing process that makes a person know. It can be said that knowledge is an important part influencing someone's actions or behavior (Hasmi, 2016).

Research conducted by Uliyanti et al (2017) states that The most influential factor in the incidence of stunting among toddlers in Ketapang is a factor in the mother's knowledge about nutrition. In line with this research, Research conducted by Waliulu (2018) states that efforts preventive measures in society such as education will have a positive impact on more knowledge to parents and hopefully can be done with optimal and sustainable.

This research focused on Community Health Centers in Makassar City, as a study case in analyzing the dynamics of power relations that occur in the process reproduction of knowledge for stunting prevention. Makassar City was chosen because two reasons: First, it has various kinds of preventive programs in the sector pincreased knowledge. In its efforts to eradicate stunting in Makassar City, it has carried out various program and policy initiatives. The policy issued by the Makassar City Government is the publication of pthe mayor's order regarding the acceleration of stunting reduction and providing legal certainty that can be used as a reference for OPD Regulations Mayor of Makassar Number: 96 of 2023 concerning Accelerated Convergence Prevention and Reduction of Stunting. With the existence of the Perwali then be the basis for triggering various programs related to the reduction of stunting such as: pguidance in reducing stunting, training counseling on feeding infants and children (IYCF), conducting training bfor TPK cadres regarding assistance for families with toddlers, pregnant women, breastfeeding mothers and brides-to-be, DAHSAT (Healthy Kitchen Overcome Stunting), Stunting raids, and optimizing KB Village as a forum pfamily-based community empowerment. Second, become a region relevant for exploring deeper understanding regarding knowledge-power relations in the context of stunting recovery due to pThe distribution of stunting (table 1.2) released by the Ministry of Home Affairs on the website Aksi.bangda.kemendagri.go.id shows that there has been a decrease in the percentage of stunting cases in Makassar City in the 2022-2023 time period.

Table 1. Distribution of Stunting in Makassar City

Tahun	Jumlah Balita	Stunting		Persentase Kasus Stunting
		Pendek	Sangat Pendek	
2022	74,037	3,292	693	5.4
2023	81,952	2,529	805	4.1

Source: <https://aksi.bangda.kemendagri.go.id/>

The reduction in stunting rates in the 2022-2023 range is in line with pMakassar City's economic growth in the 2022-2023 range. In 2022, Makassar City's economy will grow by 5.40%, surpassing the growth rate for South Sulawesi province (5.09%) and national growth (5.31%).

Table 2. Economic Growth

Tahun	Pertumbuhan Ekonomi	IPM
2022	5,40%	83,12
2023	5,31%	84,85

Source: Makassar in Figures 2023 and 2024

This series of facts prompted the researcher to answer the question pResearch: What are the power relations in stunting recovery practices in the city Makassar?

2 Literature Review

2.1 Michel Foucault's Power-Knowledge Theory

The concept of power proposed by Michel Foucault is not a function of a class based on the level of economic control or ideological manipulation as Marx stated and is also not obtained thanks to charisma as stated by Weber. Power according to Foucault is not a structured institution, not power that is owned, but power is a term used to describe complex strategic situations in society.

Foucault views power not as political power as we generally know today, where power belongs to a group or group of minorities who have power over a group that is the majority. Foucault does not define power as something that can subjugate something to something else, but rather power moves and is spread everywhere and without the object of power being aware of it. In Foucault's concept, power is not something that is related to who is in power and who is being controlled.

The power referred to by Foucault is something that spreads and is not realized how it operates, or can be said to be a form of hegemony over human thoughts and awareness of something that happened at a certain time or can be called a regime of discourse. Knowledge is something related to human consciousness and thoughts. Knowledge as a power is a form of this discourse regime. Unconsciously, humans are controlled by knowledge that they learn or obtain themselves.

The power in question comes from within every human being, influencing human instincts and thoughts, indirectly stated by Foucault himself as having a more powerful power compared to power which is in the nature or form of censorship, exclusion, blocking and oppression because this power produces influence at the level of desire - at the level of knowledge, so that it will influence the human subconscious. On the other

hand, power will become very fragile and difficult to control if its function is only to suppress. Knowledge absorbed by desire will give rise to a form of response to that knowledge. When a person's reason or thoughts are dominated by knowledge about health, other thoughts will emerge regarding how to avoid unhealthy conditions, or how to get back to being healthy. This chain of power will run automatically and without any significant pressure from other parties, but will become a real form of power through human desires and thoughts.

Foucault uses the term "power/knowledge" to describe this reciprocal relationship. Knowledge is not only created by power, but also used to maintain power. Foucault introduced the concept of disciplinary power in his work *Discipline and Punish* (1975). He argues that since the 18th century, Western society has developed a new form of power that he calls "disciplinarity." Disciplinary power is a form of power that regulates an individual's body and behavior through subtle and persistent control, rather than through direct violence or coercion.

3 Research Methodology

This research uses a qualitative design with a case study approach. This choice is made based on the consideration that the researcher wants to understand this phenomenon in more depth. Generally, case studies are used when addresses questions such as "how" and "why" (Yin, 2009). This research berfocuses on power relations, by attempting to describe how the phenomenon occurs stunting becomes an arena for the intersection of power and knowledge. These efforts are identified as a social structure that can only be achieved through direct interaction with informants to gain insight into ongoing phenomena (Merriam, 1998).

3.1 Informant Determination Technique

This research uses a technique known as purposive informant selective or judgement method (Etikan et al, 2015) for informant selection. Para pThe researcher uses qualitative reasoning, by confirming that the informant Researchers must be individuals who have in-depth knowledge of the issue being discussed. To begin selecting informants, it is important to establish criteria that align with the researcher's capacity and ability to collect relevant information during the data collection process (Merriam, 2002). Informant for this research classified based on involvement, willingness, and their openness. In general, we included parents whose children experiencing stunting, Makassar City Health Service officials, health workers in pMakassar City health officials, and posyandu cadres.

3.2 Data Collection Techniques

Data collection was carried out through semi-structured interviews with use open questions. This method is considered appropriate because the researcher wants it capture

the informant's personal opinion without causing feelings of pressure express their views. Additionally, the format is semi-structured allows researchers the flexibility to investigate freely, thus avoiding tension during the interview process (Adams, 2015).

3.3 Data Analysis Techniques

Research data was analyzed using data reduction, data presentation, withdrawal conclusion, and verification presented by Miles and Huberman (1994). Researchers reduce the data by grouping it according to themes outlined in the interview guide. Once categorized, the data then presented in the form of interview excerpts that illustrate the facts each research problem. Next, conclusions are drawn based on the facts found in the field, and adapted to existing concepts and theories previously explained.

4 Results

4.1 Dynamics of Power Relations Between the Government and Health Workers

The government has a dominant role in designing and directing pstunting intervention program and health workers must be the implementers follow the procedures and policies set by the government. This is as it is interviews with health service officials.

"We are following guidance from the center to focus on the First 1,000 Days Kelif. Apart from that, we are strengthening coordination with community health centers and posyandu, especially in ensuring the nutrition of children and pregnant women enough."

(Interview September 15, 2024)

"They are an extension of us. We set policies, and... those who implement. However, in the field they know better specific conditions."

(Interview September 15, 2024)

However, in practice, health workers also have internal authority interpret this policy according to field conditions, so that they have phas a significant impact on the success of the program at the community level.

4.2 Posyandu Cadres as Power Relations Liaisons

Posyandu cadres play an important role as liaison between communities and health workers. They have more flexible power relations, because they come from local communities, but are also trained by health workers. Even though the cadres

have a close relationship with the community, their authority are often limited by directives from health workers and the government, so they sometimes feel pressured in carrying out their duties.

"We help monitor children's nutrition, provide counseling, and report to the health center. But sometimes we just follow directions, even if we are I feel like conditions on the ground could be different."

(Interview September 10, 2024)

"Sometimes we provide input, but the decision is still taken by the puskesmas or the health department."

(Interview September 10, 2024)

4.3 Power Relations in the Family and Society

Parents and families whose children experience stunting are often at risk psubordinate position in the intervention process. Interviews show that they are feel less involved in decision making regarding recovery programs stunting, even though they are the ones who best understand the child's condition directly. Society generally accepts interventions as "help" from the government, but sometimes feel reluctant to criticize or provide input because there is a power hierarchy that makes them feel they have no authority to bersted.

"I was told by the cadres to give extra food and pay attention gizi. We receive help, but sometimes we don't know why our child is still there don't grow taller."

(Interview September 10, 2024)

"Not much. We usually follow what is recommended. The important thing is the child we're healthy."

(Interview September 10, 2024)

5 Discussion

5.1 Power Relations Between Government and Health Workers

In the context of stunting recovery in Makassar City, the government—in particular through the Department of Health—playing a central role as policy makers and holds supreme authority. The government establishes policies, procedures and guidelines implemented by health workers in the field. Programs like The "First 1,000 Days of Life" and various nutritional interventions are high on the agenda which is socialized by the government to the community through health facilities such as community health centers and posyandu.

This power relationship shows a clear hierarchy, where health workers have the responsibility to implement directives from the government, however with limitations in making independent decisions. Health workers, even though they are directly involved in handling stunting, they often have to follow predetermined policies, even when conditions on the ground may need adjustment.

However, health workers also have power in context implementation. They play an important role in interpreting policies from government based on local needs. As found in the interview with health workers, some of them stated that although the policy from the center is clear, they sometimes have to improvise to adapt interventions to local community conditions, for example in terms of providing more personalized education or adjusting your diet accordingly to materials available in the area.

The implications of this power relationship indicate the existence of a strong power structure between the government and health workers, where the government is the maker policy has control over major directives, while health workers do more flexible implementation powers but still limited by regulations.

5.2 Posyandu Cadres: Position Between Government, Health Workers and Community

Posyandu cadres play a unique role in the structure of power relations. As "bridge" between the government, health workers, and society, they have direct connection to the local community and often the face of government programs at the local level. Posyandu cadres are members trained people, but they do not have formal authority such as manpower health, so that their position in power relations tends to be more subordinate.

However, posyandu cadres are often the closest parties with society and best understand its social and cultural dynamics influence the acceptance of stunting recovery programs. Posyandu cadres are capable play an important role in identifying problems in the field, such as community reluctance to accept intervention, limited access to dreams, or obstacles in parenting patterns. However, the findings of this study shows that although they have rich local knowledge, decisions remain dominated by health workers and the government.

In interviews with posyandu cadres, several of them revealed that they often felt less involved in decision making regarding intervention strategies, although they are the most understand real conditions in society. This confirms the power relations

asymmetrical where posyandu cadres must follow directions from health workers without having full authority to change or adjust the program accordingly with local needs.

5.3 Community Position in Power Relations

The community, especially families who have children with stunting conditions, are in the lowest position in the structure of power relations. In this context, The public is more a recipient of policies than an active actor in decision making. Many parents and families feel that they must follow government and health workers' directions without understanding depth or ability to influence related decisions their child's health.

Some parents interviewed in this study felt that stunting programs often come as "intervention from outside", and they don't understand why their child should take part in the program or how they can actively participate in recovery. When they are not deeply involved in the decision-making or education process regarding stunting, people often consider this program as "aid" that must be accepted, not as part of a shared responsibility within the family to restore their child's health.

There are also socio-cultural dynamics that influence relationships this power is realized. In some communities, parents are reluctant to question or provide feedback on government programs out of respect or even fear of government authority. This deepens the gap in power relations between the actors involved.

5.4 Gender-Based Power Relations in Stunting Recovery

One of the important findings from this research is the existence of power relations Gender-based studies in families involved in stunting recovery programs. In many cases, the mother is the one most responsible for health and child nutrition, although major decisions in the family are often taken by the father or older family members. This creates a power dynamic complex where the mother as the child's primary caregiver is often in a position subordinates, both within the household and in interactions with the workforce health and government. Several mothers interviewed stated that even though they directly take care of the child's needs, they feel inadequate listened to by husband or other family members when trying to change patterns food or child health care. On the other hand, they also feel that health and posyandu cadres often provide instructions without involvement they are active in the education or consultation process.

5.5 Implications of Power Relations on the Effectiveness of the Stunting Program

Power relations that exist in stunting recovery practices in Makassar City have a significant impact on the effectiveness of the program. Inequality power between the government, health workers, posyandu cadres, and the community potentially inhibits active participation and overall acceptance of the program by society.

When the community—especially families affected by stunting—don't feel like they have control or meaningful involvement in the recovery program, there is it is possible that they are less committed to the success of the program. Besides that, when posyandu cadres and health workers are not given space to adapting interventions to local conditions, programs become less flexible and may not fully address the needs in the field.

Therefore, one of the main recommendations of this research is strengthen community participation and increase the role of posyandu cadres in pdecision making process. A more participatory and inclusive approach could be help overcome unequal power relations and increase success pstunting recovery program in Makassar City.

6 Conclusion

Power relations in stunting recovery practices in Makassar City shows the strong dominance of the government and internal health workers designing and implementing intervention programs. However, on the other hand, family and The community also has an important role, especially in the successful implementation of local level. There needs to be an effort to empower communities and families so that they are more actively involved in the decision-making and implementation process pstunting program, so that the program implemented is more adaptive and sustainable.

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