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SOCIAL CAPITAL AND GENDERED AGENCY IN THE EMERGENCE OF STUNTING RESILIENCE IN BELAWAN BAHARI

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Abstract *Stunting in coastal communities represents a complex social and ecological problem shaped by structural poverty, environmental vulnerability, and unequal access to resources. This study examines how household food practices, social capital, and women's agency shape community coping strategies in addressing stunting in Belawan Bahari, Medan. Using a qualitative case study design, the research involved 20 purposively selected informants, including mothers of children affected by stunting, community members, and health-related actors. Data were collected through participant observation, in-depth interviews, focus group discussions, and document analysis. The data were analyzed using the six-phase thematic analysis framework of Braun and Clarke, involving data familiarization, initial coding, theme generation, theme review, theme definition and naming, and report production. Inductive coding of empirical findings was combined with deductive interpretation informed by the study's conceptual framework. The findings reveal that household food practices are shaped by unstable livelihoods, limited dietary diversity, and recurring ecological pressures. Women play central roles in caregiving and nutritional management, although their decision-making authority over household resources remains constrained. Social capital operates as an informal adaptive resource through food sharing, childcare support, and community health networks, but its capacity to address persistent vulnerabilities remains limited without sustained institutional support. This study contributes to socio-anthropological perspectives by demonstrating how household survival strategies, women's agency, and community networks interact in shaping responses to stunting under conditions of structural and ecological vulnerability.*

Keyword:

Stunting, gendered agency, social capital, community resilience, coastal communities

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1. Introduction

Stunting is not merely a matter of clinical nutrition in coastal areas of Indonesia such as Belawan Bahari but is a complex manifestation of ecological inequity and structural poverty. In these disadvantaged coastal areas, children's nutritional deficiencies are strongly associated

with recurrent tidal inundation, poor sanitation and limited access to potable water. National stunting prevention programs typically focus on biomedical approaches and numerical measures of growth, possibly ignoring the influence of socio-economic and cultural characteristics of coastal communities on household food practices, caregiving practices, and nutritional outcomes of children. To understand stunting in these contexts, we need a methodology that goes beyond individual nutritional determinants and looks at the broader structural, environmental and socio-cultural conditions that shape families' daily lives.

The research was factually more significant, as it used the administrative data from Belawan Bahari. The number of children under five recorded as stunted in Belawan Bahari decreased from 22 cases in 2022 to 8 cases in 2023 and 3 cases in 2024 (Dinas Kesehatan Kota Medan, 2024). So, the number of cases recorded is reducing; however, the number of cases of stunting in the area indicates that the broader socio-economic, cultural and environmental conditions that shape children's nutritional vulnerability ought to remain understood. These numbers provide an important local context for recognizing the interplay of household consumption patterns, structural poverty, environmental limits and community-based coping strategies in addressing stunting in marginalized coastal communities.

Previous studies indicate that maternal education, household food security and dietary diversity have a significant relation with nutritional outcomes of children. Maternal education may influence child nutrition through mother's knowledge of ideal feeding practices, ability to select nutritious foods and knowledge of children's nutritional requirements. An observational study among 1,498 Indonesian mothers with children 6–23 months found that mothers with higher education, knowledge on stunting and previous exposure to nutrition information were inclined to have children with greater dietary diversity and minimum acceptable diet. Similarly, an analysis of 4,101 Indonesian children aged 2.0–4.9 years indicated that children of mothers who had never attended formal education seemed at greater risk to remain stunted and underweight (Rachmi et al., 2016). Household food security also includes the economic ability of families to gain access to sufficient, diverse and nutritious foods.

In an urban Indonesian study, also found a significant relationship between household food insecurity and child stunting, demonstrating how limited access to food could compromise children's nutritional condition. In addition, (Headey et al., 2018) using data from 130,432 children in 49 countries found that animal-source foods including dairy, meat or fish, and eggs were associated with lower odds of stunting, although the relatively high cost of these foods limited consumption in low-income settings. These findings are particularly pertinent to Belawan Bahari as this study showed that households with unstable and restricted income mostly relied on rice, fish and eggs whereas meat, fruits and vegetables were less available. Children's ingestion of cheap street foods also reflects the role of economic restrictions and food preferences in daily dietary behaviour. However, previous research has primarily focused on nutritional determinants at the individual and household level, with less attention to the interface between environmental vulnerability, informal economies and community-based coping mechanisms in shaping food access and nutritional decisions in marginalised coastal communities.

Beyond household food insecurity and caregiving practices, there is increasing evidence that water, sanitation, and hygiene (WASH) conditions are critical determinants of child nutritional outcomes. In Indonesia, poverty, environmental vulnerability, and limited public infrastructure regularly intersect with inadequate access to safe water, sanitation facilities, and waste management systems in coastal and fishery settlements. These conditions increase children's vulnerability to infectious diseases, particularly diarrheal illnesses, which may

contribute to impaired growth and lower nutrient absorption. As a result, to avoid stunting in marginalized coastal communities requires integrated approaches that address not only food availability and caregiving practices, but also environmental health, infrastructure governance, and equitable access to essential services (Allvitro et al., 2023; Syahputri et al., 2023; World Bank Group, 2026).

An understanding of how household factors shape a child's nutritional outcomes also involves a concern of gender relations. Mothers carry a substantial portion of the responsibility in many households, as it deals with childcare, food preparation, feeding practices, and other decisions concerning the daily needs for health for children. However, fulfilling these responsibilities does not indicate that women have equal access to the social and financial resources required to support adequate nutrition. Maternal caregiving abilities were found to be influenced by child, maternal, paternal, and household factors, with household conditions emerging as the major factor, as indicated to a study conducted in Surabaya with 600 mothers of children aged 6-23 months. The study also found that maternal caregiving abilities were significantly connected to strategies aimed at avoiding childhood stunting. Similarly, (Nurokhmah et al., 2025) discovered that women with higher levels of empowerment were more likely to use complementary feeding practices, such as dietary diversity, meal frequency, and minimum allowable diets, using nationally representative Indonesian data. These findings suggest that women's responsibilities for their children's nutritional well-being must be interpreted on the basis of their access to resources, socioeconomic position, and opportunity to participate in household decision-making.

Women's involvement in household decision-making is also related to children's nutrition. Hartarto et al. (2025) found, using data from the Indonesia Family Life Survey, that mothers with more intrahousehold bargaining power tend to have children with better anthropometric outcomes and a lower prevalence of stunting, particularly when household decisions involved consultation with other family members. This perspective is relevant to examining the daily experiences of women in economically marginalized communities, where mothers are forced to negotiate food availability, household expenditures, children's preferences, and access to health services in the context of limited access to resources. This study explores how women in Belawan Bahari manage their children's food consumption, use Posyandu as aid and assistance, and, in case when household resources are insufficient, rely on kinship-based food sharing and local societal support. These practices illustrate that women are active participants in coping with household food insecurity and sustaining children's care, as well as serving as recipients of nutritional interventions. Nevertheless, their capacity to maintain adequate nutrition habits is limited by unstable household incomes, inadequate food access, and uneven community and institutional support.

2. Method

With the aim of assessing the sociocultural dynamics and structural vulnerabilities associated with stunting in coastal communities, this study employed a qualitative research approach with a case study design. With an objective to give an in-depth and contextual understanding of food consumption at home, community coping mechanisms, and social bonds within a specific socioeconomic and environmental setting, a case study design was utilised (Creswell & Creswell, 2023). The research was conducted with a focus on Neighbourhoods (Lingkungan) 7, 8, and 9 in Kelurahan Belawan Bahari, Medan, North Sumatra. These areas were selected due to their exposure to socioeconomic vulnerability, dependence on informal labour, and ongoing tidal flooding (rob), all of which have a bearing on household living conditions and

access to essential resources. .Purposive sampling was used to select 20 participants for the study based on their involvement in childcare, household nutrition, and community-based support activities, as well as their relevance to the research objectives. Participants comprised five mothers with children affected by stunting, three other mothers of children under five, two Posyandu cadres, two members of the Family Welfare Movement (PKK), two healthcare personnel from the local community health center (Puskesmas), two kelurahan government staff, two community leaders, and two local residents. The eight mothers were selected based on their involvement in local health services, child-feeding practices, and food preparation. Other participants were included to provide complementary perspectives on social support networks, food-sharing practices, community health strategies, and local institutional involvement in stunting prevention. With monthly household incomes generally below one million Indonesian rupiah, most participating households depended on unstable informal work, such as daily labor, street vending, fishing, and waste collection. Mothers were selected based on their involvement with local health services, child-feeding practices, and food preparation. Therefore, to provide complementary perspectives on social support networks, food-sharing practices, and community health strategies, other participants were included. With presumed monthly incomes often below one million Indonesian rupiah, most of participating households depended on unstable informal work, such as daily employment, street vending, fishing, and garbage collection. .

In-depth interviews, participant observation, and document analysis were conducted to collect data. In-depth interviews were conducted, especially with mothers, to acquire information on household food consumption behaviours, childcare responsibilities, economic constraints, and strategies for accessing nutritional resources. Additional interviews with community members and local health personnel provided insight into community-based support systems, Posyandu activities, and food-sharing practices. Everyday household food consumption, child-feeding practices, interactions during Participant observation focused on Posyandu activities, everyday social interactions, and reciprocal food-sharing practices among community members. Field observations and data collection were conducted between June and November 2025, corresponding to the six-month research period, through three field visits. Each visit involved direct observation of community activities, social interactions, and relevant household and environmental conditions. The researcher adopted a passive participant role to document everyday practices and sociocultural dynamics in the research locations. Field notes and photographic documentation were used to record observations and provide contextual support for the interview findings. During the fieldwork period, the researcher resided in the study area or held scheduled visits. Field notes were written to document observed activities, interactions, and contextual information. Community health statistics and household economic records were considered in the document analysis. The information obtained through interviews and observations was reviewed and analysed in context according to these multiple sources of evidence.

Three supporting techniques were conducted to collect data: document analysis, participant observation, and in-depth interviews. In-depth interviews were conducted in part with mothers to find out about household food consumption patterns, childcare responsibilities, economic constraints, and strategies for accessing nutritional resources. Insights into community-based support systems, Posyandu activities, and food-sharing practices were provided by additional information from community members and local health personnel. Everyday household food consumption, child-feeding practices, interactions during Posyandu activities, and reciprocal food-sharing among community members remained the key focus of participant observation. Community health statistics and household economic records were

included in the document analysis. The credibility of the findings improved through methodological triangulation as part of researchers' capacity to compare and put into context information obtained through interviews and observations using these multiple sources of evidence. Through three complementary techniques: participant observation, in-depth interviews, and document analysis, data were collected. To explore household food consumption practices, childcare responsibilities, economic constraints, and strategies to access nutritional resources, in-depth interviews were primarily conducted with women. Moreover information about food-sharing practices, Posyandu activities, and community-based support systems comes from from local medical personnel and community members. Everyday household food consumption, child-feeding practices and interactions during Posyandu activities, and reciprocal food-sharing among community members are the key focus of participant observation. Community health statistics and home economic records were included in the document analysis. Through methodological triangulation, these variety of evidence enable the researchers to compare and explain the information collected through observations and interviews, improving the findings' reliance. Through three complementary techniques: participant observation, in-depth interviews, and document analysis, data were collected. In-depth interviews were conducted primarily with mothers to explore household food consumption practices, childcare responsibilities, economic constraints, and strategies for accessing nutritional resources. Additional information about food-sharing practices, Posyandu activities, and community-based support systems came from local medical personnel and community members. Everyday household food consumption, child-feeding practices, interactions during Posyandu activities, and reciprocal food-sharing among community members were the main topics of participant observation. Community health statistics and household economic records were included in the document analysis. Through methodological triangulation, these multiple kinds of evidence enabled the researchers to compare and analyse the data collected through observations and interviews, enhancing the findings' reliability.

3. Result and Discussion

This section's results and analysis provide a detailed examination at the socioeconomic, cultural, environmental, and gender-related factors shaping the coastal community of Belawan Bahari's vulnerability to stunting. This study examines to examine the way structural economic precariousness, recurring ecological threats, household eating practices, and community-based coping mechanisms interplay, rather than solely assessing stunting as a medical condition. The discussion focuses on the process with which overlooked households navigate nutritional vulnerabilities within broader structural constraints, based on empirical data collected during the 2025 fieldwork. The findings are organised into thematic subsections and supported by the interview transcripts, field observations, empirical tables, and relevant scholarly literature. The following conceptual framework will elaborate on the enhancing perspectives on habitus and social capital, moral economy, and women's agency used as the framework on the analysis.

3.1 Conceptual and Theoretical Framework

Therefore, to examine how structural inequalities, household economic practices, and gender relations shape responses to children's nutritional vulnerability in Belawan Bahari, this study integrates three complementary socio-anthropological perspectives. Naila Kabeer's framework of women's empowerment and agency, James C. Scott's moral economy, and Pierre Bourdieu's concepts of habitus and social capital are part of the framework. These perspectives are used to understand stunting as a condition that is a part of everyday social relations,

economic constraints, and unequal access to resources, not merely an outcome of inadequate nutritional intake. A different but interconnected dimension of household vulnerability and community coping mechanisms is addressed by each perspective.

First, Bourdieu's concepts of habitus and social capital provide a framework for understanding how everyday practices and social relationships are shaped by structural conditions. Bourdieu & Nice (1977) conceptualizes habitus as a system of durable and transposable dispositions through which individuals perceive, interpret, and respond to their social environments. These dispositions are socially acquired through accumulated experiences and material conditions of existence. In this study, the concept is relevant for examining how prolonged economic insecurity and limited access to resources shape household food preferences, consumption routines, and everyday strategies for managing nutritional needs. These practices are therefore understood not simply as individual choices but as socially conditioned responses developed within particular economic and cultural circumstances. Furthermore, Bourdieu (2002) concept of social capital explains how resources can be accessed through durable networks of relationships, including kinship ties, neighborhood connections, and community associations. While recognizing that the availability and benefits of these networks may be unevenly distributed, this perspective provides an analytical basis for examining how informal support networks facilitate access to food, childcare assistance, and community-based health services. As Wacquant (2016) further explains, habitus should not be understood as an entirely fixed system of dispositions, but as a dynamic formation that must be analyzed in relation to changing social conditions and experiences.

Second, Scott (1976) concept of the moral economy of the peasant offers a perspective for understanding how economically vulnerable households organize their decisions around subsistence security and the avoidance of risks that threaten their basic livelihood. The moral economy perspective emphasizes that economic decisions cannot be understood solely through calculations of profit or individual preference, since they are also shaped by concerns about livelihood security, social obligations, and the need to maintain minimum subsistence requirements. In the context of this study, the perspective is relevant for examining how households prioritize immediate food needs, allocate limited financial resources, and make consumption decisions under conditions of unstable income. It also provides a basis for interpreting mutual assistance and reciprocal practices in relation to shared concerns about household survival. Thus, food choices and community solidarity are examined not only as economic or social activities but also in relation to the broader conditions that shape household security and vulnerability.

Third, an analytical perspective for examining gender relations through the connected dimensions of resources, agency, and achievements can be offered by Kabeer (1999) framework of women's empowerment. The material, human, and social conditions that enable communities to pursue their goals are referred to as resources. Achievements reflect the outcomes from these processes, while agency is the capacity to define goals, make decisions, negotiate, and then take action. Understanding women's roles in childcare, food preparation, household nutritional management, and access to health services is particularly relevant to this framework. It also shows the risk of gaps between the actual control of household resources and decision-making that women carry and their caregiving responsibilities. This perspective identifies mothers as social actors who deal with household constraints, take advantage of available resources, and pursue children's nutritional well-being within existing gender relations, as contrasted to treating them merely as passive mothers or recipients of nutritional care.

These three ideas provide an integrated framework to address structural factors, household

survival strategies, and women's agency in nutritional vulnerability. Kabeer provides methods to look into how women exercise agency within unequal resource and decision-making arrangements; Scott provides insight on how subsistence concerns and livelihood insecurity influence a household's priorities; and Bourdieu helps explain how social and economic inequalities shape everyday dispositions and access to social resources. Using their integration, this study is able to analyze stunting vulnerability as a socially systemic phenomenon in which gender relations, household eating practices, and community support networks interact within a wider context of environmental and economic constraints.

3.2 Structural Vulnerability and Ecological Injustice

The community in Belawan Bahari faces interconnected structural and ecological pressures that directly influence stunting prevalence. Among the participating households, unstable informal employment and monthly incomes below Rp1,000,000 were commonly reported. Structural deprivation was also reflected in the allocation of locally available marine resources. One informant from a fishing household explained:

> "Fresh fish is sold, while fish that is no longer fresh or is of lower quality is consumed at home by the wife and children" (interview, 2025).

This account demonstrates that physical proximity to marine resources did not necessarily guarantee household access to high-quality protein. Economic pressures compelled families to sell their most marketable catch while retaining lower-quality fish for domestic consumption. These socio-economic conditions are exacerbated by an unsupportive physical environment characterized by recurring tidal floods (rob), inadequate drainage systems, and contaminated water sources, as summarized in Table 1.

Table 1. Water Source, Drainage, and Sanitation Conditions in Belawan Bahari

Neighborhood	Water Source	Drainage Condition	Primary Sanitation Issue
7	Paid shared bore water	Limited	Poor ventilation, dense housing
8	Partially purchased water	Moderate	Waste accumulation
9	Swamp water, tidal floods	Non-functioning	Stagnant water, poor sanitation

Source: Field research data, PD 2025; adapted from household interviews, observations, and community condition analysis.

The data in Table 1 reveal variations in environmental conditions across Neighborhoods 7, 8, and 9, indicating that households experience different forms of water-access and sanitation-related vulnerabilities. Limited drainage and densely populated housing with poor ventilation represent the surrounding environment, while residents in neighborhood 7 depend on shared borehole water that must be purchased. In neighborhood 8, households rely on purchased water, which is accompanied by moderate drainage and waste accumulation. The neighborhood 9, where residents rely on swamp water, frequently face tidal flooding (rob), and confront inadequate drainage systems that yield to stagnant water and poor sanitation, presents more severe environmental constraints. These differences demonstrate persons in specific areas of

Belawan Bahari are not always automatically vulnerable to the environment. The neighborhood 9's conditions illustrate how inadequate infrastructure and continual flooding trigger environmental risks, while residents 7 and 8's reliance on purchased water illustrates how access to essential household needs is also determined by economic capacity. These aspects provide an essential structure for understanding how structural poverty and unequal access to basic infrastructure may elevate household vulnerability to health risks, particularly among children.

These conditions are in accordance with further studies looking at the relationship between child health outcomes and environmental vulnerability (Gibson et al., 2021; Kinyoki et al., 2020). At least one reported case of a child experiencing recurrent skin problems was observed by using field observations and interviews in the household of informant Zura. Although the available data do not establish the prevalence of water-related diseases among children in the study area, this case highlights the health risks faced by children living in environments with inadequate sanitation, stagnant water, and recurring tidal flooding. These conditions can be understood from Bourdieu's perspective in relation to habitus, which is shaped by persistent structural inequalities. In this context, everyday practices and household responses are established within the constraints of limited economic and environmental resources (Bourdieu, 2014). Consequently, the ways of how households manage their living conditions should not be interpreted as individual choices but as socially conditioned responses to persistent structural vulnerability. Furthermore, the findings show that Belawan Bahari's resilience is constrained by limited household resources and lack of institutional support. Rather than relying solely on the formal infrastructure, vulnerable households depend on existing social relationships to address immediate needs. Table 1 illustrates this pattern, particularly in the neighbourhood 9, where families engage in reciprocal assistance in meal provision and rely on close relatives for food. Such practices demonstrate the informal support mechanisms that the kinship networks deliver to households as they face obstacles to fulfilling their daily food requirements. These reciprocal practices may represent understood in relation to social obligations and subsistence security from the perspective of Scott (1976) moral economy, whereby mutual assistance helps households manage economic uncertainty and maintain access to basic necessities. However, although kinship-based support provides an essential temporary buffer, its ability to assure long-term household food security is limited. This highlights a broader structural problem: community solidarity can help compensate for lack of institutional support, but it cannot replace the need for trusted public services and equitable access to essential resources.

The persistent prevalence of stunting in coastal communities highlights a broader structural problem in which environmental vulnerability intersects with socioeconomic inequality and inadequate access to essential public services. Stunting in Indonesia’s urban-rural coastal areas, such as Belawan Bahari, is therefore not merely a clinical manifestation of nutritional deficiency but also reflects the broader consequences of ecological injustice and structural poverty. In these marginalized communities, intergenerational health vulnerabilities are closely associated with the interplay between recurrent tidal flooding (rob), inadequate sanitation, limited access to clean water, and precarious household livelihoods.

In Belawan Bahari, structural vulnerability is manifested in the interconnected limitations experienced by households in securing livelihoods, accessing nutritious food, maintaining healthy living environments, and obtaining essential health services. The field findings show that most participating households depend on unstable informal employment, including fish selling, street vending, waste collection, and daily labor, with monthly incomes generally below one million Indonesian rupiah. These economic conditions shape everyday food consumption practices, which predominantly prioritize affordable staple foods such as rice, fish, and eggs,

while access to meat, fruits, and vegetables remains limited. Environmental conditions further compound these constraints. As illustrated in Table 1, households across Neighborhoods 7, 8, and 9 face different but interconnected problems involving paid water access, inadequate drainage, waste accumulation, tidal flooding, and poor sanitation. Vulnerability is also evident in unequal access to community health services. Although Posyandu activities and nutritional assistance are available, participation and access vary among households due to transportation costs, psychosocial stigma, and geographical isolation associated with tidal flooding. The experience of Dira, who did not participate in Posyandu activities and received only residual assistance, illustrates how the availability of services does not necessarily translate into equal access to support. These findings demonstrate that structural vulnerability in Belawan Bahari is reproduced through the interaction of economic insecurity, environmental deprivation, and institutional barriers that shape families' everyday opportunities to maintain children's nutritional well-being.

The interconnected conditions observed in Belawan Bahari illustrate that environmental vulnerability cannot be separated from the unequal distribution of economic and institutional resources. Households facing unstable livelihoods and inadequate infrastructure have fewer resources to respond to environmental hazards and sustain adequate living conditions. This finding is consistent with Romanello et al. (2023), who highlight how climate-related health risks disproportionately affect vulnerable populations with limited adaptive resources and inadequate infrastructure. Similarly, Marmot (2020) emphasizes that health inequalities are shaped by the unequal distribution of power, resources, and living conditions rather than by individual behavioral choices alone. Viewed through this perspective, the nutritional vulnerability of children in Belawan Bahari cannot be adequately understood by examining household food choices or parental awareness in isolation. It must also be understood in relation to the structural conditions that constrain families' access to nutritious food, safe water, adequate sanitation, and accessible health services. Consequently, addressing stunting in coastal communities requires interventions that integrate nutritional support with improvements in basic infrastructure, environmental management, social protection, and equitable access to public health services.

3.3 Gender Inequality and Caregiving Practices

The disproportionate assignment of childcare and domestic responsibilities to women is rooted in socially constructed gender norms and historically established divisions of household labor rather than biological differences alone. In many patriarchal settings, men are socially positioned as primary breadwinners and household heads, while women are expected to assume responsibility for domestic activities, child-rearing, food preparation, and everyday caregiving. These gendered expectations are reproduced through social norms and institutional arrangements that normalize women's primary responsibility for unpaid care work, often without providing them with equivalent access to economic resources and decision-making authority (Deshpande & Kabeer, 2024; Ferrant et al., 2014). This pattern is also reflected in the Indonesian context, where Vaezghasemi et al. (2020) demonstrate how male dominance in household power relations intersects with parental responsibilities and children's nutritional practices. In the context of child nutrition, Engle et al. (1999)) emphasize that caregiving practices, including breastfeeding, complementary feeding, food preparation, hygiene, and healthcare-seeking for sick children, are closely associated with the resources available to caregivers. These resources include education, knowledge, time, autonomy, social support, and household economic capacity. Similarly, Santoso et al. (2019) highlight the importance of women's access to resources, control over household allocation, and decision-making

opportunities in understanding the pathways linking women's empowerment and child nutrition. Consequently, although women frequently occupy a central position in maintaining children's nutritional well-being, their capacity to fulfill these responsibilities is shaped not only by individual knowledge and caregiving practices but also by their access to economic resources, available time, autonomy, and social support.

Within this gendered division of labor, women in Belawan Bahari play a central role in child-rearing and household nutritional management, yet their decision-making authority over family resources remains constrained. Empirical findings indicate an imbalance in household power relations, whereby mothers bear primary responsibility for preparing food, caring for children, and managing their nutritional needs, but do not always have full control over household finances. This situation reflects the distinction between caregiving responsibilities and women's actual capacity to make decisions about the resources required to fulfill them. Such conditions are consistent with Kabeer (1999) perspective on women's empowerment, particularly the relationship between access to resources and the ability to exercise agency in household decision-making. Furthermore, social perceptions surrounding stunting may influence mothers' engagement with community health services. The experience of Dira illustrates this issue: although Posyandu services are available in the community, she did not participate in these activities and received only residual assistance. The research findings associate her non-participation with stigma surrounding stunting and a limited perception of the benefits of Posyandu services (see Table 2). This case suggests that the availability of health services does not necessarily ensure their acceptance or utilization, as mothers' decisions are also shaped by their social experiences and perceptions of community-based health interventions.

The intersection of limited economic power, unequal decision-making authority, and social perceptions surrounding stunting creates complex barriers to effective nutritional interventions. Maternal responsibility for child nutrition is therefore shaped not only by individual choices but also by gendered expectations that position women as primary caregivers while constraining their access to the resources and authority needed to fulfill these responsibilities. Understanding caregiving practices consequently requires attention to the ways economic dependence, social norms, and community perceptions influence women's capacity to respond to children's nutritional needs. These dynamics are further illustrated through the dimensions of household roles, decision-making authority, and caregiving responsibilities presented in Table 2.

Table 2. Gender Roles and Decision-Making Access in Belawan Bahari

Household Role	Female	Male
Child nutrition management	Child nutrition management	Child nutrition management
Primarily responsible for food preparation, child feeding, and daily nutritional care.	Primarily responsible for food preparation, child feeding, and daily nutritional care.	Primarily responsible for food preparation, child feeding, and daily nutritional care.
Involved in caregiving and nutritional decisions as needed.	Involved in caregiving and nutritional decisions as needed.	Involved in caregiving and nutritional decisions as needed.
Household income management	Household income management	Household income management

Source: Field research data, PD 2025; adapted from household interviews, observations, and community condition analysis.

The gendered division of labor presented in Table 2 reveals an imbalance between women's caregiving responsibilities and their authority over household resources. In Belawan Bahari, women are primarily responsible for preparing food, managing children's nutritional needs, and participating in routine healthcare activities, while their control over household finances and major decisions concerning children's health remains constrained. This arrangement reflects a gendered distribution of responsibilities in which women bear the everyday burden of maintaining family well-being without having equivalent authority over the economic resources required to fulfill these responsibilities. From Kabeer (1999) perspective, this condition illustrates the structural constraints on women's agency, particularly the unequal relationship between access to resources and the capacity to exercise meaningful choices. Although the available field data do not provide detailed accounts of specific negotiations between mothers and their husbands, they demonstrate that women's caregiving responsibilities are not accompanied by equivalent decision-making authority. Thus, the relationship between gendered labor arrangements and household power should be understood through the unequal distribution of responsibilities, resources, and decision-making opportunities rather than through assumptions about specific mechanisms of male control. .

Beyond their household responsibilities, women's contributions in Belawan Bahari extend to broader economic and community activities. Their involvement can be understood through three interconnected dimensions: productive roles, which relate to household livelihood activities; reproductive roles, which encompass childcare and nutritional management; and community roles, which involve participation in informal social support networks. These dimensions illustrate that women's contributions extend beyond domestic responsibilities and are closely connected to household survival and community well-being. The empirical manifestations of these roles are summarized in Table 3.

Table 3. Women's Productive, Reproductive, and Community Roles in Belawan Bahari

Dimensions of women's roles	Empirical manifestations in Belawan Bahari	Contributions to household and community resilience
Productive roles	Participation in informal livelihood activities, where undertaken by female household members.	Contributing to household income and basic economic needs.
Reproductive roles	Preparing meals, feeding children, providing childcare, and managing children's nutritional needs.	Maintaining household well-being and supporting children's nutritional care.
Community roles	Food sharing through kinship networks and mutual assistance involving neighbors.	Providing informal support and helping households cope with economic difficulties.

Source: Field research data, PD 2025; adapted from household interviews, participant observations, and community support findings.

As illustrated in Table 3, women's contributions in Belawan Bahari extend across productive, reproductive, and community domains. These roles are interconnected rather than operating independently. Women's participation in informal economic activities contributes to household survival, while their reproductive responsibilities ensure the daily provision of food and care for children. At the community level, food-sharing practices through kinship networks and mutual assistance involving neighbors provide additional support for households experiencing economic difficulties. These practices illustrate how community-based social relationships contribute to household resilience amid limited economic resources and inadequate institutional support. However, the importance of women's contributions does not necessarily correspond to greater control over household resources or decision-making authority. From Kabeer (1999) perspective, this distinction highlights the difference between women's capacity to contribute to household and community well-being and their ability to exercise agency through meaningful access to resources and decision-making opportunities. Recognizing women's multiple contributions must therefore be accompanied by efforts to strengthen their economic autonomy, decision-making capacity, and access to institutional support.

The findings from Belawan Bahari reveal that gender inequality in child nutrition is manifested in the unequal distribution of caregiving responsibilities and household decision-making authority. Women are primarily responsible for preparing family meals, feeding children, managing their daily nutritional needs, and engaging with community health services such as Posyandu. These responsibilities place mothers at the center of everyday efforts to maintain children's nutritional well-being. In contrast, men's involvement in routine caregiving and nutritional management is described as less prominent, while their position in household financial decision-making remains comparatively stronger. Consequently, women are expected to ensure children's nutritional needs are met, although their access to and control over the financial resources required for this responsibility remain limited. This arrangement illustrates that responsibility for child nutrition is not distributed equally between mothers and fathers, particularly in relation to the division of domestic labor and access to household resources.

This unequal arrangement reflects a broader pattern of gendered responsibility in which women's caregiving contributions are essential to household well-being but are not accompanied by equivalent economic authority. In low-income households, this imbalance becomes particularly consequential because decisions about food purchases, dietary diversity, and children's healthcare are closely connected to the availability and allocation of limited financial resources. As discussed by Flor et al.(2022), the unequal burden of unpaid care work places disproportionate responsibilities on women, despite the essential social and economic value of their contributions. In the context of Belawan Bahari, this perspective helps explain why maternal responsibility for child nutrition should not be interpreted solely as an individual obligation. Rather, it needs to be understood in relation to gendered household arrangements that distribute caregiving responsibilities and economic decision-making authority unequally. Therefore, effective stunting prevention requires greater involvement of fathers in childcare and nutritional responsibilities, alongside more equitable access to household resources and shared decision-making between parents.

These arrangements affect the ability of women to make nutritional decisions as agency is not only about knowledge or motivation but also about resources and bargaining power within households. There is increasing evidence that nutrition interventions are more sustainable when they adopt gender-transformative approaches that engage women and men in childcare responsibilities and household decision-making (Dhar et al., 2022). Therefore, improving child

nutrition outcomes in coastal communities requires women-centered interventions, as well as approaches that challenge unequal gender relations, strengthen women's economic agency and promote shared responsibility for childcare. In this sense, gender-responsive strategies should position women not just as carers who implement health recommendations, but also as active decision-makers whose knowledge and experiences are critical for building resilient communities in a sustainable way.

While informal social capital provides an essential safety net, its reliance as a primary defense mechanism reveals a critical gap in formal institutional support. These social networks, while resilient, are often exhausted during prolonged ecological crises such as recurring tidal floods, leading to social fatigue (Anjum & Aziz, 2025; Kaufman & Hajat, 2025). Modern anthropological perspectives argue that over-reliance on community trust may inadvertently excuse structural neglect by formal health systems (Rachmi et al., 2016). Without bridging these local networks with formal linking capital through inclusive governance, the community remains trapped in a state of fragile resilience. Thus, institutional reform must integrate these social assets into a formal framework to ensure they lead to permanent welfare transformation.

3.4 Social Capital as Adaptive Infrastructure

In the context of limited access to formal services and persistent economic vulnerability, social relationships in Belawan Bahari function as important resources for maintaining household survival. Rather than operating only as interpersonal connections, these relationships provide practical mechanisms through which families access food, childcare assistance, health-related information, and emotional support during periods of uncertainty. Community members mobilize kinship ties, neighborhood relationships, and collective activities to compensate for gaps in formal assistance, particularly when households face unstable income, environmental pressures, and difficulties in meeting children's nutritional needs.

However, social capital in Belawan Bahari should not be understood merely as a form of community solidarity. Its adaptive function emerges from the interaction between everyday practices of mutual support and broader structural constraints that shape household vulnerability. While informal networks can provide immediate protection and strengthen community cohesion, their capacity remains dependent on the availability of resources within the community itself. Therefore, examining social capital requires distinguishing between different forms of social relationships and understanding how bonding, bridging, and linking networks contribute to household resilience, as well as the limitations they face in addressing the structural causes of stunting. These forms of social capital and their adaptive functions are summarized in Table 4.

Table 4. Types of Social Capital and Adaptive Functions in Belawan Bahari

Type of Social Capital	Examples of Practice	Adaptive Function
Bonding	Food sharing within extended families and close neighbors	Immediate nutritional support and solidarity reinforcement
Bridging	Participation in *Posyandu* (health post) and *PKK* (women's group)	Access to health services and dissemination of information

Linking	Collaboration with CSR programs and university outreach (KKN)	Access to external resources and social innovation

Source: Field research data, PD 2025; adapted from household interviews, observations, and community condition analysis.

Bonding social capital was visible in spontaneous acts of neighborhood care. A community member in Neighborhood 9 explained:

> "Sometimes we give [a child in the neighborhood] snacks, especially when we see him playing and looking hungry" (interview, 2025).

Such assistance illustrates how neighborhood relationships function as informal mechanisms of resource distribution and nutritional support in Belawan Bahari. For women who bear primary responsibility for food preparation and children's daily nutritional needs, kinship ties and relationships with nearby neighbors provide important social resources when household income is insufficient to secure adequate food. The research findings reveal that these networks operate through everyday practices of sharing fish, rice, and prepared meals among relatives and close neighbors, as well as providing food or snacks to children who appear hungry. In Neighborhood 9, for example, households relied on relatives for food and engaged in reciprocal assistance to meet their daily meal requirements. Through these relationships, women and their families could access additional food resources beyond what was available within their own households. From Bourdieu (1983) perspective, these practices illustrate how social capital operates through durable social relationships that provide access to resources and reciprocal support. Rather than replacing household economic resources, bonding social capital serves as a temporary buffer against food shortages, helping families maintain immediate food provision for children during periods of economic difficulty. Similar practices of mutual assistance have been identified as important community resources for maintaining social solidarity under conditions of economic vulnerability (Siradjuddin, 2023). Nevertheless, although these networks support household coping strategies, they cannot independently guarantee adequate dietary diversity or prevent stunting in the long term.

Bridging social capital in Belawan Bahari operates through women's participation in community organizations and health-related activities, particularly Posyandu and PKK. These spaces connect mothers beyond their immediate kinship and neighborhood networks, providing opportunities to obtain health information, participate in child growth monitoring, and access nutritional assistance. The research findings indicate that mothers' participation in Posyandu was associated with access to additional food and nutritional support, including ready-to-eat meals, milk, mung beans, and vitamins. Activities involving PKK also provided channels for stunting-related socialization and community support. Through these connections, mothers could access information and resources that were not necessarily available within their own households or immediate family networks. Thus, bridging social capital expands the social resources available to women in managing children's nutritional needs, although the extent of these benefits varies according to individual participation and access to community activities.

Linking social capital becomes visible through connections between local households and institutions or external actors that possess greater organizational and material resources. In Belawan Bahari, these connections are reflected in the involvement of local government, health personnel, university outreach programs, and corporate social responsibility (CSR) initiatives in

community-based stunting-related activities. The research findings show that different informants accessed support through these institutional connections. For example, Yanti received nutritional assistance associated with local government involvement, while Nursiah accessed support through health-center personnel and university outreach activities. Other informants, including Jeni, Mardiana, Zura, Paurina, and Epi, were connected to assistance and socialization activities involving PKK, Posyandu, and university students. At the neighborhood level, the research also documented support associated with Pelindo and Posyandu cadres in Neighborhood 7, as well as PKK and Pelindo in Neighborhood 8. These connections illustrate how community-based networks can function as channels through which households gain access to nutritional assistance, health-related information, and resources beyond their immediate social environment. Consequently, linking social capital extends the adaptive capacity of local households by connecting community needs with external institutional support. .

The interaction between bonding, bridging, and linking social capital demonstrates that community resilience in Belawan Bahari depends on more than the strength of informal relationships. Bonding networks provide immediate assistance through kinship and neighborhood solidarity, while bridging networks connect mothers with broader community organizations and health-related activities. Linking networks further extend these connections to institutions and external actors that can provide additional resources and services. These forms of social capital therefore operate in complementary ways, enabling households to move beyond immediate interpersonal assistance toward broader sources of nutritional and institutional support. However, the findings also reveal that access to these resources remains uneven. The differences in Posyandu participation and assistance received among informants, particularly the limited support experienced by Dira, demonstrate that the existence of community and institutional networks does not guarantee equal access for all households. Moreover, temporary nutritional assistance and community outreach cannot independently overcome persistent poverty, inadequate sanitation, and environmental vulnerability. Therefore, social capital should not be regarded as a substitute for formal public services, but as an important foundation for collaboration between communities and institutions. Strengthening these connections requires consistent institutional engagement, equitable access to assistance, and sustained support for household nutritional needs. .

However, it is also important to critically investigate social capital as a relational resource that can lead to both inclusion and exclusion in vulnerable communities. Rich social networks facilitate the distribution of food, information and emotional support, but access to these resources is often mediated by social position, ability to participate, and the strength of individuals' links within the community. However, more recent research indicates that social capital does not necessarily translate into equitable resilience. People who are marginalized may not belong to powerful networks, or they may not be able to translate social ties into usable resources (Sampson et al., 2002; Woolcock & Narayan, 2000). This perspective helps to understand why some households in Belawan Bahari are more successful than others in accessing Posyandu services, nutritional assistance and community-based support, and others are relatively disconnected from the resources available. Therefore, strengthening social capital, by maintaining existing solidarity practices, and ensuring inclusive participation mechanisms that allow vulnerable households to become active actors within community networks are key to building resilience to stunting. When addressing these inequalities in communities, social capital can move beyond informal coping mechanisms to become a capacity for transformation, providing the foundation for equitable health improvement and sustainable community resilience.

3.5 Daily Adaptation and Household Resilience under Ecological Stress

The findings from Belawan Bahari demonstrate that household vulnerability to stunting cannot be understood separately from the ecological conditions surrounding everyday life. Although stunting is commonly associated with inadequate nutritional intake, the experiences of coastal households reveal that nutritional vulnerability is produced through the interaction between environmental insecurity, economic limitations, and adaptive practices developed by families. In this context, ecological stress does generate physical risks and influence how households organise childcare, food allocation, and health-related decisions.

The results of the study show that the society that lives in the neighbourhood 7, 8, and 9 Belawan Bahari is always under ecological pressure such as tidal flooding (*rob*), poor drainage systems, stagnant water and unequal access to clean water sources. These conditions are cumulatively risky for child health, as environmental degradation increases exposure to infectious diseases and decreases household capacity to maintain healthy living environments. The research report shows that many households have difficulties to keep sanitation due to poor infrastructure, environmental limitations, and low economic capacity.

Such conditions indicate that stunting in coastal communities cannot be understood solely as a consequence of individual household behavior, but must also be examined in relation to broader socio-ecological vulnerabilities. Previous research has established that environmental conditions, particularly water, sanitation, and hygiene (WASH), are important determinants of child nutritional outcomes. Recurrent infections associated with inadequate environmental conditions can impair children's growth and reduce the effectiveness of nutritional interventions (Patlán-Hernández et al., 2022). Similarly, Victora et al. (2021) emphasize that maternal and child undernutrition in low- and middle-income countries results from multiple interacting determinants, including household resources, healthcare access, and environmental conditions. Building on these perspectives, this study argues that environmental vulnerability in Belawan Bahari should not be treated merely as a background condition affecting household health, but as an integral dimension of the structural constraints shaping children's nutritional well-being. Recurring tidal floods, stagnant water, inadequate drainage, and limited access to clean water interact with household economic insecurity, making it more difficult for families to maintain adequate sanitation and protect children from recurrent infections. Therefore, addressing stunting in this community requires interventions that go beyond nutritional supplementation and individual behavior change to include improvements in environmental infrastructure, access to safe water, sanitation, and sustained institutional support.

Ecological and economic pressures also shape household food choices and everyday consumption practices in Belawan Bahari. The findings indicate that families' food choices are influenced not simply by nutritional awareness but also by their limited financial capacity and the availability of food resources. Daily meals among the participating households generally consisted of rice, fish, and eggs, while meat, fruits, and vegetables were less frequently accessible. The experiences of individual informants further illustrate these patterns. Paurina reported that her family mainly consumed fish and eggs, with meat rarely included because of financial limitations. Dira's child typically consumed rice with simple side dishes, while Nursiah reported relying on home-cooked meals when financial resources were available, alongside the child's consumption of street snacks. In Mardiana's household, the child's reluctance to eat fruit also presented an additional challenge to dietary variety. These findings suggest that household food practices are shaped by the interaction between economic affordability, food availability, and children's food preferences. Consequently, the limited diversity of daily meals should not be

interpreted simply as a lack of nutritional knowledge or individual failure, but as a survival-oriented response to structural economic constraints. Such patterns raise concerns about the adequacy and diversity of children's diets, particularly when access to nutrient-rich foods remains restricted by household income and environmental vulnerability. .

The relationship between ecological vulnerability and household adaptation can be seen through a number of interconnected processes. The influence of environmental pressures on household conditions, adaptation strategies and constraints to long-term resilience of families is shown in Table 5.

Table 5. From Ecological Vulnerability to Everyday Resilience: Household Adaptation Mechanisms in Belawan Bahari

Vulnerability Context	Empirical Findings	Adaptive Agency	Social Meaning
Environmental insecurity (rob, poor sanitation, contaminated water)	Families experience recurring disruption to household health conditions	Household adjustment and neighborhood cooperation	Survival through collective responsibility
Economic precarity	Informal employment and unstable income restrict food choices	Flexible food management and resource sharing	Moral obligation among relatives and neighbors
Limited institutional accessibility	Unequal participation in Posyandu and assistance programs	Selective engagement with available services	Negotiation between formal health knowledge and local experience
Gendered caregiving burden	Women responsible for nutrition and childcare with limited financial authority	Micro-agency through food management and social networks	Women as everyday managers of resilience

Source: Field research data, PD 2025; adapted from household interviews, observations, and community condition analysis.

Table 4. Adaptation strategies of households in Belawan Bahari facing long lasting structural constraints. Communities can respond to environmental pressures, but their adaptive capacity is limited by their ability to adapt to environmental pressures, economic insecurity, poor infrastructure and limited institutional support. Although communities can react to environmental pressures, economic insecurity, inadequate infrastructure and limited institutional support still limit their ability to adapt to them. Li et al. (2020) define resilience in socio-ecological systems as the ability of communities to absorb disturbances, reorganize, and continue to function under changing conditions. But resilience should not be confused with the eradication of inequality. For marginalized coastal communities, adaptation might be about survival under pressure rather than a fundamental transformation of vulnerability.

This pattern can also be observed in research on coastal livelihoods in Indonesia. Food and livelihood insecurity in fishing communities is addressed using different coping methods such as changes in consumption and reliance on social networks (Gibson et al., 2021). However, these

strategies are likely to be short term as households continue to face unstable employment and environmental uncertainty. Likewise, families in Belawan Bahari also employ a combination of coping practices such as adjusting food consumption, seeking community support, and relying on relatives during times of economic hardship.

Institutional interventions are affected by ecological vulnerability. Economic, social and environmental factors affect access and use of services such as nutritional assistance and Posyandu, so they do not necessarily improve household outcomes. Households' utilization of health services is inconsistent. Formal programs fail to completely eliminate the constraints of vulnerable populations (Victora et al., 2021). There are differences in the use of health services between households, which represents an implementation gap that there are formal programs but they are not able to meet the full extent of constraints faced by vulnerable populations (Victora et al., 2021).

Adaptive practices in Belawan Bahari show that household resilience is not only an individual ability to respond to environmental disturbances, but is also a socially embedded process in which access to resources, institutional support, and collective capabilities influence how resilience is understood and practiced. Families respond to extended uncertainty by small adjustments in livelihood practices, household management and social relations. However, adaptive capacity is determined by structural factors affecting access to economic resources, infrastructure, and opportunities for decision-making (Siders, 2019). Also recent studies indicate the double burden for marginalized populations: higher exposures to environmental hazards but lower capacities to adopt transformational adaptation strategies (Eriksen, 2021; Stensrud & Eriksen, 2019). Therefore, the lived realities of households in Belawan Bahari are a paradigm of bounded resilience. This is an example of resourceful and active communities managing everyday risks, but requiring institutional and structural change so that they can realize sustainable gains in child health and household wellbeing (Cutter et al., 2014; Meerow et al., 2016).

Active everyday adaptation is a process through which one can study, in an anthropological perspective, the interaction between agency and structural constraints. Families in Belawan Bahari are not passive victims of poverty or ecological risks, but are actively developing survival strategies through changes in food practices, childcare arrangements and cooperation in the community. However, their agency is constrained in space as access to resources, infrastructure and institutional support is unevenly distributed.

At the heart of this process of adaptation are women. Women, as primary caregivers, manage household nutrition, negotiate children's food preferences and maintain social networks that support family survival. These practices represent gendered agency, in which women transform limited resources into pragmatic solutions within the everyday life. But acknowledging women's agency should not absolve them of the responsibility to address stunting. Institutional support for sustainable resilience is needed to enhance women's access to resources, decision-making power and meaningful participation in community processes.

So ecological adaptation in Belawan Bahari needs to be understood as a collective process between households, communities and institutions. Social capital is an important base as it enables families to turn individual coping practices to collective responses. Yet, without improvements in infrastructure, public services and economic opportunities, community adaptation risks becoming a mechanism for surviving structural vulnerability rather than achieving long-term resilience.

The experience in Belawan Bahari shows that stunting prevention needs to change from approaches focusing on individual behavior to socio-ecological transformation. Some of the

strategies to transition from limited adaptation to sustainable resilience include improving WASH infrastructure, scaling up gender-responsive interventions, and strengthening community networks with institutional governance to enhance food security.

3.6 Moral Economy and Mutual Solidarity

The survival strategies employed by the community in Belawan Bahari are not solely driven by economic pragmatism but are deeply rooted in moral values and shared social responsibilities. Daily interactions between households reveal a sophisticated system of reciprocal exchange, where food, childcare, and small-scale financial aid are shared as part of a recurring social obligation. These practices reinforces collective cohesion and help vulnerable households meet their immediate needs, as summarized in Table 5.

Table 5. Forms of Exchange and Social Values in the Community's Moral Economy

Type of Exchange	Practical Examples	Resulting Social Values
Food and Catch	Sharing fish, vegetables, or prepared meals with neighbors	Solidarity and mutual trust
Childcare	Taking turns to supervise children across households	Collective care and responsibility
Economic Support	Small interest-free loans or emergency assistance	Social justice and community trust

Source: Field research data, PD 2025; adapted from household interviews, observations, and community condition analysis.

Ida, an informant from Neighborhood 9, explained:

> "Sometimes we give [a child in the neighborhood] snacks, especially when we see him playing and looking hungry" (interview, 2025).

Ida's statement illustrates a community-based moral economy in which food is distributed according to perceived need rather than immediate reciprocity. Her decision to offer snacks to a neighbor's child when he appeared hungry can be understood as an everyday moral obligation embedded in neighborhood relations, rather than as a commercial exchange requiring immediate repayment.

This practice exemplifies Scott's (1976) concept of the moral economy, in which the economic actions of vulnerable groups are shaped by norms of subsistence security, social justice, and mutual obligation rather than profit maximization. In Belawan Bahari, sharing food with a hungry child was therefore not merely an isolated act of generosity but part of a locally embedded mechanism for maintaining social balance during periods of household scarcity.

However, these reciprocal practices also reveal a structural paradox. While mutual aid provides immediate protection during periods of household scarcity, continued reliance on moral solidarity may compensate for limited and inconsistent formal support, thereby transferring part of the responsibility for food security and child welfare to low-income residents themselves. Without stronger institutional support and more equitable resource distribution, these networks may stabilize everyday life without transforming the structural conditions that

reproduce nutritional vulnerability. This paradox is also relevant to broader discussions of mutual aid and resource redistribution, in which informal exchange can reduce immediate hardship but remains limited by the resources available within the community (Kato, 2023).

The moral economy of Belawan Bahari therefore operates as a shared-risk mechanism rather than a substitute for public provision. Food sharing and reciprocal assistance constitute collective adaptive responses to economic insecurity and ecological pressure, while also demonstrating the community's capacity to maintain social cohesion under conditions of vulnerability. Nevertheless, the effectiveness of these practices remains constrained by household poverty and the limited resources of community members. They should therefore be understood as temporary social buffers that require reinforcement through reliable health services, equitable food-security programs, and accountable local governance. This distinction is important for examining whether survival-oriented coping can develop into more sustainable forms of gender-based resilience.

3.7 Survival-Oriented Coping and Emerging Gender-Based Resilience

The findings do not indicate a complete or linear transition from survival to resilience. Instead, survival-oriented coping and emerging resilience practices coexist within the same community. Households in Belawan Bahari continue to respond to nutritional insecurity by adjusting meals to fluctuating income, purchasing inexpensive food, relying on relatives and neighbors, and receiving irregular assistance from external actors. At the same time, women's participation at Posyandu, PKK-related activities, and neighborhood support networks provides an emerging basis for more collective and organized forms of adaptation. This coexistence demonstrates that resilience is not a fixed condition achieved after survival strategies disappear; rather, it develops gradually within the structural, economic, and ecological constraints that continue to shape everyday life.

Women occupy a central position in this process because they carry the primary responsibility for food preparation, childcare, health-service participation, and the management of limited household resources. Their daily actions represent what Kabeer (1999) conceptualizes as agency exercised within structural constraints. Although women do not always possess full authority over household income or major decisions, they mobilize available information, care relationships, and community networks to protect children from nutritional risks. In this context, gendered agency does not signify complete empowerment. It refers to women's practical capacity to negotiate, adapt, and act within unequal social and economic conditions.

Table 6. Comparison of Survival-Oriented Coping and Emerging Gender-Based Resilience Practices

Analytical dimension	Survival-oriented coping	Emerging gender-based resilience
Household food response	Meals are adjusted to daily income and the availability of inexpensive food	Household food management is increasingly combined with nutritional information and access to community health services
Source of support	Dependence on relatives, close neighbors, and irregular external assistance	Broader engagement with Posyandu, PKK, local authorities, health workers, and external programs

Women's role	Women bear primary responsibility for feeding and childcare under limited resources	Women participate in health activities, exchange information, and informally coordinate care and assistance
Social relations	Assistance is concentrated within kinship and immediate neighborhood networks	Relationships gradually extend toward community groups and formal institutions
Institutional engagement	Assistance is sporadic, uneven, and commonly received in a passive manner	Participation begins to involve communication, information exchange, and coordination with service providers
Adaptive capacity	Focuses on immediate survival and the prevention of nutritional crisis	Indicates emerging but fragile collective capacity to anticipate and respond to nutritional risks
Main limitation	Short-term strategies do not address structural causes	Collective initiatives remain dependent on consistent institutional and infrastructural support

Source: Field research data, PD 2025; adapted from household interviews, observations, and community condition analysis.

This shift from survival to gender-based resilience reflects a deeper social transformation within the coastal community (SSGI, 2022). According to Victora et al. (2021), health behaviors are not isolated actions but are shaped by the intersection of cultural norms and structural opportunities. In Belawan Bahari, when women are granted space for active participation, they transform passive coping into a learning community that is socially and culturally empowered. This represents a form of relational resilience, where empathy and collective care become the foundation of community strength.

However, as noted by Kruk et al. (2018), resilience built without robust institutional support and resource equity remains fragile and temporary. For the women of Belawan Bahari, their experience illustrates a significant potential for social transformation. To achieve true sustainability, public policies must move beyond technical nutritional interventions and integrate gender justice and ecological awareness into the core of community development.

The transition from passive survival to organized resilience represents a major shift in how coastal communities perceive their agency and potential for change. This process of social learning enables women to transform individual hardships into collective strategies for nutritional security (Hoddinott et al., 2013). Critical health sociology emphasizes that for this resilience to be sustainable, it must be supported by equitable resource distribution and inclusive health governance (Victora et al., 2021). Current trends in public health indicate that community-led initiatives, which show that community-led initiatives, grounded in local ecological knowledge, outperform top-down policies. in local ecological knowledge. Therefore, the path to ending stunting lies in fostering an environment where this gender-based resilience can thrive as a permanent social institution.

4. Conclusion

This study demonstrates that stunting in the coastal urban-rural community of Belawan Bahari is a multifaceted manifestation of ecological injustice, structural poverty, and gender inequality rather than a purely biomedical deficiency. As anticipated in the introduction, the research confirms a clear compatibility between household food consumption patterns and a subsistence economy, where "cultural pragmatism" and income instability force families to prioritize immediate satiety over long-term nutritional adequacy. The integration of Bourdieu's habitus and Scott's moral economy reveals that while households are trapped in structural poverty, they utilize informal reciprocal exchanges as a vital buffer to sustain daily welfare amidst persistent environmental threats like tidal flooding.

The results further highlight a significant transition from passive survival strategies to gender-based resilience, driven by women's micro-agency and collective caregiving. Women serve as the primary engines of social stabilization, transforming individual hardships into a "learning community" through social capital—comprising bonding, bridging, and linking networks. This informal social capital serves as a critical "adaptive infrastructure" that sustains the community when formal institutional support is insufficient, allowing for the redistribution of resources and health information across households.

However, the findings expose a critical paradox in community resilience; while social solidarity and the moral economy stabilize families during crises, they often function as a substitute for absent state intervention. This "constrained resilience" risks normalizing structural neglect by shifting the burden of public health and environmental maintenance onto the shoulders of impoverished residents, particularly women. Therefore, health interventions must be viewed through an anthropological lens to understand that true resilience requires not just community fortitude but also the capacity to transform oppressive social and ecological structures.

To achieve sustainable progress, several strategic policy recommendations are proposed. First, the government must integrate stunting reduction programs with gender-sensitive environmental management, specifically prioritizing the rehabilitation of WASH (Water, Sanitation, and Hygiene) infrastructure to address the underlying causes of chronic infection. Second, policies should transition from treating women as passive recipients to empowering them as primary financial decision-makers through micro-agency facilitation and inclusive governance. Finally, future research should adopt longitudinal approaches to evaluate the evolution of these socio-ecological resilience models in response to escalating climate change impacts, ensuring that coastal development remains inclusive and sustainable.

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