



SOCIAL STRATIFICATION AND COPING-RESILIENCE STRATEGIES AS MECHANISMS OF STUNTING IN URBAN AREAS

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ABSTRACT

Urban stunting is not just a manifestation of malnutrition, but a complex phenomenon formed by social stratification, food policy, stigma, and community coping and resilience strategies. This study is a *systematic narrative review* of 30 international and national articles relevant to the issues of stunting, urban vulnerability, food policy, and coping-resilience. The analysis is carried out through thematic synthesis to identify patterns and interconnections. As a result, positions in social structures (class, gender, maternal education, economic status, and ethnicity) were identified as the main determinants of a child's vulnerability to malnutrition. Dietary practices are strongly influenced by food policies such as nutrition labeling, sugar-sweetened beverage taxes, and advertising restrictions, but the impact on stunting still varies between social groups due to limited purchasing power and nutritional literacy. Social stigma exacerbates inequality by restricting poor families' access to formal services. Meanwhile, coping strategies and community resilience capacity show an important mediating role: adaptive coping (problem-solving, community solidarity, faith-based support) strengthens the resilience of urban poor families, while maladaptive coping (reduction of meal portions, substitution of low-nutritious cheap food, selling productive assets) actually deepens the cycle of vulnerability. In conclusion, urban stunting must be understood as a reflection of structural health injustices as well as the adaptive capacity of households and communities. This study proposes an integrated framework that links social stratification (class, gender, ethnicity), food policy, stigma, and coping-resilience, as a basis for interventions that are equitable, culturally sensitive, and oriented towards strengthening the resilience of urban communities.

Keywords: Stunting, Urban Vulnerability, Social Stratification, Gender, Ethnicity, Food Policy, Coping, Resilience

INTRODUCTION

Stunting in urban areas is a multidimensional issue born from the layered interaction between biological, social, economic, cultural, and political factors, so it cannot be understood as a mere lack of children's nutritional intake (Vollmer et al., 2014; Williams et al., 2019). Cities do provide health infrastructure and food markets, but at the same time produce a paradox of vulnerability through pockets of poverty, segregation of services, and structural discrimination that limit marginalized groups' access to essential resources (Fikru & Doorslaer, 2019; Widyaningsih et al., 2021). Cross-border evidence shows a concentration of stunting in poor families, marginalized communities, and socio-economic exclusion groups, confirming that geographic proximity to services does not automatically mean equal affordability and accessibility (Aronson, 2019; Kia et al., 2017; S. Rizal et al., 2022). In this horizon, stunting in urban areas is more accurately understood as the output of social and demographic stratification that is intertwined with household coping strategies under complex urban pressures (Mehtar et al., 2016; Mulyaningsih et al., 2021a).

The need to update the analytical framework on stunting in cities is becoming urgent as many interventions still focus on biological medical approaches that emphasize supplementation or improvement of primary services without dismantling the social and structural barriers that ensnare poor families (Alao et al., 2021). Recent literature indicates that the success of interventions is strongly influenced by non-biological factors such as stigma, gender inequality, and intergenerational consumption patterns that shape eating practices and help-seeking at the household and community levels (Earnshaw & Karpyn, 2020; Tomiyama et al., 2020; Wertheim-heck & Raneri, 2020). In urban contexts, low-income families often face relatively high prices for healthy foods and physical environments that suppress accessibility (Bristow, 2016; Popkin, 1998). This is exacerbated by the stigma of poverty that triggers delays or avoidance of access to formal programs (such as food assistance) so they often compromise on nutritional intake, which prolongs the cycle of vulnerability (Gona et al., 2017; Vilar-Compte et al., 2021). Forced coping patterns (such as portion reduction, substitution with low-cost food for poor nutrition, and selling assets) suggest that nutrition decisions are under structural constraints that cannot be resolved by a single clinical intervention (García et al., 2018; Maniriho et al., 2022).

The findings of this study are closely related to previous literature in a complementary manner. Structural discrimination creates institutional barricades that limit access to urban poor access to health services, thus reinforcing inequalities (Mulyaningsih et al., 2021a; Williams et al., 2019). At the same time, stigma works through psychosocial mechanisms (such as stereotypes, shame, and psychological barriers) that discourage families from taking advantage of services that are actually available (Earnshaw & Karpyn, 2020; Tomiyama et al., 2020).

These two perspectives together show that structural barriers and social stigma complement each other in exacerbating the nutritional vulnerability of urban children. The study of injustices in the food system places nutrition problems in the flow of distribution and purchasing power, not just in the household kitchen, while the demographic perspective broadens the lens of analysis from space density to the structure of age, fertility, and the household life cycle (Aronson, 2019; Bristow, 2016; Duminy, 2023). At the same time, the coping literature asserts that the response of families and communities is not passive, but rather mobilizes social networks, religious values, and everyday practices to survive in the midst of economic and political uncertainty, albeit often with risky nutritional compromises (Copeland et al., 2023; García et al., 2018; Gona et al., 2017). By connecting these pieces, this study seeks to construct an integrative framework that explains how social structures and food policy work through stigma, consumption practices, and coping strategies to shape stunting vulnerability in urban spaces (Meher et al., 2016; Mulyaningsih et al., 2021a; Ungar, 2011).

Empirically, the relevance of this study is strengthened by trends that show a decrease in the aggregate of stunting that runs not simultaneously between social groups; In many cities, the gap between rich and poor has persisted or widened, indicating an "unequal benefit" in health development (Fikru & Doorslaer, 2019; Widyarningsih et al., 2021). A similar pattern is seen across countries, when stunting remains concentrated in low-income groups, thus reinforcing the argument that stunting is a social justice issue tied to economic structure and policy rather than just a problem of nutrition education at the household level (Fikru & Doorslaer, 2019; Kia et al., 2017; Popkin, 1998; Vollmer et al., 2014). Thus, shifting the focus from "access to available services" to "genuinely affordable and socially safe access" is key to understanding why geographic proximity to health facilities does not automatically lower the risk of stunting in urban poor communities (Vilar-Compte et al., 2021; Williams et al., 2019).

The demographic dimension enriches the framework of urban vulnerability because it relates to the burden of dependents, age structure, and fertility dynamics that form the limitations of household resources on children's nutritional needs (Duminy, 2023; Mulyaningsih et al., 2021a). Families with many children in low-income neighborhoods face increasingly narrow allocation options, so consumption strategies tend to move towards cheap, energy-dense but micronutrient-poor food, increasing the risk of stunting even though the supply of calories appears sufficient (Aronson, 2019; Walls et al., 2021). When married to spatial disparities, for example, dense settlements with limited sanitation pose a cumulative risk of becoming increasingly large and difficult to overcome by a single intervention that does not target upstream social determinants (Frumkin & Haines, 2019; Wertheim-Heck & Raneri, 2020). Therefore, a comprehensive

approach that considers demographic–spatial–social interactions needs to be mainstreamed in the design of urban nutrition interventions (Alao et al., 2021).

This research aims to achieve three main goals born from the empirical conceptual gap above. First, this study aims to analyze how social stratification, including class, gender, and ethnicity affects the risk of stunting in urban areas, as well as how it relates to applicable health and food policies. Second, this study is aimed at assessing the extent to which food environmental policies including nutrition labeling, sweetened beverage taxes, and advertising restrictions are able to reduce children's nutritional vulnerability, especially in urban poor families who face limited purchasing power and information. Third, this study aims to identify how household coping strategies and community resilience mediate the relationship between social structure, stigma, and child nutrition outcomes, and explore their implications for the design of equitable and effective interventions in urban areas. By weaving previous findings into an integrative framework, this research is expected to not only make a theoretical contribution to the understanding of urban vulnerability and resilience strategies, but also provide a practical basis for more equitable health and food policies in urban areas.

METHOD

This study uses a systematic narrative review design with an interdisciplinary orientation to integrate findings from 30 international journal articles that discuss stunting, urban vulnerability, social stratification, food policy, and coping and resilience strategies. This approach was chosen because it is in line with the theme of the international conference which emphasizes cross-disciplinary perspectives in understanding conflict, vulnerability, and social resilience strategies. This design allows for studies that not only summarize the literature, but also interpret patterns, identify knowledge gaps, and build a comprehensive conceptual framework.

The source and sample literature consists of 30 multidisciplinary scientific articles obtained through internationally reputable academic databases (Scopus, Web of Science, ScienceDirect, Google Scholar). Inclusion criteria include: (1) published in reputable international or national indexed journals, (2) focusing on issues of stunting, urban vulnerability, social stratification, coping/resilience, or food policy, (3) in English or Indonesian, and (4) based on empirical data (quantitative, qualitative, or mixed methods) or systematic review. Articles in the form of editorials or opinions without an empirical database are excluded from the analysis.

The stages of data collection are carried out in stages: (1) literature search with relevant keywords (*stunting, urban vulnerability, food policy, coping strategies, resilience*), (2) selection based on titles and abstracts, (3) full reading

of selected articles, and (4) extraction of key information (authors, year, theory, methods, results, limitations) into a synthesis table. This procedure ensures that the selection process is transparent and replicable.

Data analysis uses a thematic narrative synthesis approach. The articles were analyzed to identify key themes, such as structural discrimination, social stigma, food system injustices, demographic dynamics, and coping and resilience strategies. These themes were then mapped to explain the interaction mechanisms between social structure, food policy, consumption practices, family coping, and child nutrition outcomes in urban areas. This analysis results in an integrative conceptual framework that enriches the academic literature while providing a practical basis for more equitable, resilient, and sustainable public policies

RESULTS

Structural Discrimination and Social Stigma

The results of the literature synthesis show that structural discrimination in health services is one of the main mechanisms that strengthen stunting vulnerability in urban areas. Discrimination is not only present in the form of interpersonal interaction, but is embedded in the administrative system, resource allocation, and institutional algorithms that limit the access of the urban poor to nutrition services (Williams et al., 2019). These structural barriers explain the urban paradox, where health facilities are available geographically closer, but real access remains unequal due to systemic bias and social stratification (Mulyaningsih et al., 2021a). This situation is exacerbated by social stigma that works through two mechanisms: external in the form of direct discrimination from service providers, and internal in the form of shame and inferiority that makes families delay or even avoid accessing services (Earnshaw & Karpyn, 2020; Tomiyama et al., 2020). Thus, structural discrimination and social stigma do not stand alone, but interact to exacerbate delays in handling child nutrition. The literature also emphasizes that stigma against food poverty contributes to the reproduction of inequality because it limits the participation of poor families in intervention programs, deepening the cycle of vulnerability inherited between generations (Tomiyama et al., 2020). Overall, this mechanism emphasizes that access to health services in urban areas is not only a matter of physical availability, but also a social and psychological process that is colored by power relations and discrimination (Earnshaw & Karpyn, 2020; Mulyaningsih et al., 2021a; Williams et al., 2019).

In addition to class and gender factors, the literature also shows that the ethnic dimension also plays a role in shaping the nutritional vulnerability of children in urban areas. Cross-border studies confirm that ethnic minority groups or urban migrants often face double structural barriers in the form of service

discrimination, limited social networks, and marginalization in the labor market that impact food purchasing power (Aronson, 2019; Williams et al., 2019). In this context, stunting vulnerability reflects not only economic inequality, but also the result of ethnic exclusion that limits access to health and food resources. Thus, social stratification in urban areas works through a combination of class, gender, and ethnicity that reinforce the inequalities of children's nutritional status

Food System Inequities and Policies

In addition to discrimination and stigma, food systems and distribution policies have also proven to be important mechanisms in explaining the nutritional vulnerability of urban children. Although the availability of food in the urban market is relatively sufficient, the distribution is uneven and the price of healthy food tends to be higher, so poor families are forced to rely on cheap food with low nutritional quality (Bristow, 2016). Global studies confirm that purchasing power inequality contributes significantly to malnutrition, as access to nutritious food is largely determined by household economic ability (Alao et al., 2021). Interventions in the form of food environmental policies, such as nutrition labeling, taxes on sweetened beverages, and restrictions on food advertising, can indeed change consumption behaviors, but their impact on stunting prevalence is still inconsistent and tends to vary between social groups (Alao et al., 2021). In addition to distribution and price factors, cross-generational social practices also affect household consumption patterns. Children's cultural values, family habits, and "pester power" are often more dominant in determining food choices than formal policies (Wertheim-heck & Raneri, 2020). Thus, although food policy has the potential to change consumption behavior, its effectiveness will be limited if it does not take into account the context of social stratification, consumption culture, and the limited purchasing power of poor families.

Demographic Factors and Social Stratification

Demographic factors have proven to play an important role in deepening the nutritional vulnerability of children in urban areas. An unbalanced age structure, high fertility rates, and high burden on family dependents create serious limitations in the allocation of household resources (Duminy, 2023). In the context of urban poor families, the greater the number of children means that the smaller the proportion of resources that can be allocated for the fulfillment of nutrition for each child, so that the quality of consumption tends to decrease. In addition to demographic factors, socio-economic stratification has been proven to be the main determinant of stunting. Data in Indonesia shows that more than 50% of stunting disparities between children from rich and poor families are explained by differences in socio-economic characteristics, particularly maternal education,

maternal height, and access to health services (Mulyaningsih et al., 2021a; M. F. Rizal & van Doorslaer, 2019). This is in line with cross-country findings that show a concentration of malnutrition in low-income groups. Research in Iran confirms that stunting is most concentrated in poor households, with a significant negative concentration index (Kia et al., 2017). Meanwhile, an analysis of 121 cross-country surveys shows that national economic growth does not automatically reduce the prevalence of stunting, because the distribution of development benefits is uneven (Vollmer et al., 2014). Thus, demographic factors and social stratification work in layers to strengthen children's nutritional vulnerability, confirming that urban stunting must be understood as a reflection of the structure of social injustice, not just a matter of individual behavior.

Coping and Resilience Strategies

In addition to structural determinants, family coping strategies and resilience play an important role in explaining child nutrition outcomes in urban areas. The literature shows a significant difference between adaptive and maladaptive coping. Adaptive coping, such as problem solving, the use of community support, and faith-based social solidarity, has been shown to strengthen the resilience of poor families in the face of food constraints and service discrimination (Copeland et al., 2023; García et al., 2018). Conversely, maladaptive coping such as reducing meal portions, replacing food with cheap, low-nutrition foods, or selling productive assets, deepens long-term vulnerability even though it can help survive in the short term (Maniriho et al., 2022). Gender factors have also been shown to affect household coping patterns. Men tend to make long-term strategic decisions such as migration, while women are more focused on managing daily consumption. This pattern creates the marginalization of women in important decision-making, even though they are the main actors in childcare and family nutrition management (Gona et al., 2017; Mehar et al., 2016). Overall, the literature suggests that coping is not an individual attribute, but rather a social mechanism produced through interaction with the environment, economic structure, and gender norms, so that the end result can be resilience or even deeper vulnerability.

Furthermore, coping strategies do not only take place at the household level, but are also mediated by community capacity. Community support such as food mutual cooperation, social networking networks, and religious-based solidarity function as a collective resource that allows poor families to reduce the burden of child nutrition. The literature emphasizes that community resilience can be an important protective factor, as it provides space for adaptive coping to thrive through social support, nutritional information sharing, and collective access to formal assistance (Copeland et al., 2023; Ungar, 2011). Thus, community

resilience works as a mediator that strengthens the relationship between social structure, stigma, and child nutritional outcomes.

Synthesis

The synthesis of the four mechanisms shows that stunting in urban areas is formed through layered interactions that reinforce each other. Starting from Social structure discrimination and stratification, continuing in Food Policy and an unequal distribution system, then enter the realm of Consumption practices across generations influenced by cultural values and limited purchasing power. This factor is reinforced by Social stigma, which prevents poor families from accessing formal services. In such layered pressure situations, households develop Coping Strategy both adaptive and maladaptive. Adaptive coping can generate social resilience and resilience, but maladaptive coping deepens the cycle of vulnerability. This whole mechanism ultimately boils down to Children's Nutrition Outcomes, which can be in the form of success in maintaining healthy nutritional status or actually strengthening the prevalence of stunting in urban poor communities (Bristow, 2016; Copeland et al., 2023; Duminy, 2023; Maniriho et al., 2022; Mulyaningsih et al., 2021a; Tomiyama et al., 2020).

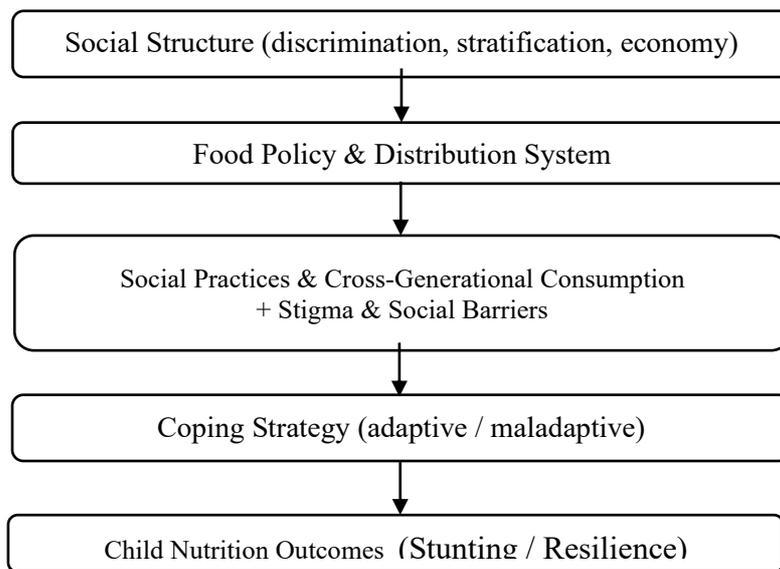


Diagram 1. Urban Stunting Mechanism through Social Structure, Food Policy, Stigma, and Coping

This diagram explains how stunting in urban areas is formed through interconnected layered mechanisms. Social structures in the form of discrimination, stratification, and economic injustice are the roots that determine the family's access to resources. From here, food policy and distribution systems come into play, but they are often unfair, exacerbating the gap. The policy then interacts with social practices and cross-generational consumption, where

children's cultural values, habits, and pressures influence family food choices. This condition is reinforced by stigma and social barriers, which make poor families reluctant or late to access health services. In dealing with these vulnerabilities, families develop coping strategies both adaptive such as community solidarity and maladaptive ones such as reducing meal portions. All of these mechanisms ultimately lead to child nutrition outcomes, which can be in the form of resilience when adaptive coping is supported by inclusive policies, or stunting when structural vulnerability remains dominant.

DISCUSSION

Structural Discrimination and Social Stigma: A Biopolitical Perspective

In Foucault's perspective, structural discrimination found in health systems in urban areas can be understood as a practice *Biopower*. Health services are not only a medical space, but also a political arena where the body of society is governed through the mechanism of selection, priority, and classification (Foucault, 1978). The discrimination experienced by poor families (ranging from discriminatory treatment of health workers to administrative barriers) shows that health institutions function as instruments of power to determine who is deemed "deserving" of optimal health care and who is on the periphery (Williams et al., 2019). Social stigma reinforces this process by making the bodies of poor children as objects of subordination, where they are perceived as less valuable than children from middle-class or wealthy families (Tomiya et al., 2020). A combination of institutional discrimination and psychosocial stigma ultimately limits access to services for marginalized groups, so that the bodies of urban poor children are subjected to regulations that deepen their vulnerability, rather than protect their health (Earnshaw & Karpyn, 2020; Mulyaningsih et al., 2021a).

Food Policy and Consumption Practices: A Postcolonial Perspective

Findings on food system injustice and distribution policy can be read through a postcolonial perspective. Within this framework, top-down food policy interventions reflect the epistemic dominance of modern knowledge that is often disconnected from local social and cultural practices. For example, nutrition labeling or taxes on sweetened beverages are formally designed to encourage changes in consumption behavior, but their effectiveness is limited because the consumption patterns of poor urban households are more guided by social networks, cultural values, and cross-generational habits (Wertheim-heck & Raneri, 2020). Thus, food policy in the postcolonial framework often fails because it does not take into account the power relationship between the formal knowledge carried by the state and the daily practices of urban communities. On the one hand,

policies are oriented towards nutrition modernization; On the other hand, poor households still rely on survival strategies based on cheap food and pester power of children. This disconnect shows that the sustainability of food interventions can only be achieved if policies are integrated with local knowledge and sensitive to urban socio-cultural dynamics (Bristow, 2016; Rao et al., 2023).

Demographics and Social Stratification: A Perspective on Structural Injustice

Analysis of demographic factors and social stratification confirms that stunting in urban areas cannot be separated from the structure of social injustice. High fertility rates, dependents, and imbalances in the age structure put poor families in a vulnerable position, as resource allocations must be shared among more household members (Duminy, 2023). The rich-poor inequality in stunting prevalence shows that structural factors are more decisive than biological or medical variables. Data in Indonesia show that more than half of stunting disparities are explained by socio-economic differences, including maternal education and access to health services (Mulyaningsih et al., 2021a; M. F. Rizal & van Doorslaer, 2019). The cross-border findings confirm the same thing, namely malnutrition is most concentrated in the poor, while national economic growth does not automatically reduce stunting (Kia et al., 2017; Li et al., 2020; Vollmer et al., 2014). Social stratification theory helps explain why macroeconomic development does not necessarily reduce the prevalence of child malnutrition, because the distribution of development benefits is fragmented by class, gender, and education. Thus, the nutritional vulnerability of urban children must be understood as a reflection of the social injustice structures that produce and reproduce stratification in the long term (Mehtar et al., 2016).

Coping and Resilience: A Social Ecology Perspective

The results of the literature show that coping poor families in urban areas is an important mechanism that mediates the relationship between social structure and child nutrition outcomes. In the perspective of social ecology of resilience, coping is not seen as an individual attribute, but rather a social capacity formed through interaction with the environment, institutions, and community networks (Ungar, 2011). Adaptive coping: such as problem-solving, social support seeking, and faith-based community solidarity, can strengthen family resilience in the face of food constraints and discrimination (Copeland et al., 2023; García et al., 2018). In contrast, maladaptive coping: such as reducing meal portions, replacing them with low-nutrient cheap foods, or selling productive assets, provides only a short-term solution but worsens long-term vulnerability (Maniriho et al., 2022). Gender factors also influence coping choices, where men are more dominant in strategic

decisions such as migration, while women are limited to managing daily consumption, even though they are the main actors in childcare (Gona et al., 2017; Mehar et al., 2016). This analysis shows that the coping of urban poor families cannot be separated from the structure of social injustice, so the success of adaptive coping is highly dependent on institutional support and inclusive policies (Tomiyama et al., 2020). This analysis also shows that resilience is not only born from the family individually, but is the result of the social capacity of the community. Collective solidarity and social networks at the level of the urban environment play an important role in reducing the impact of structural discrimination and social stigma. With community support, the adaptive coping of poor families can be strengthened, so that children's nutritional outcomes are not entirely determined by household economic conditions, but also by the extent to which the community is able to provide social and cultural resources to sustain collective resilience.

Theoretical Synthesis and Contributions

When synthesized, the four main mechanisms structural discrimination & stigma, food policy & consumption practices, demographics & social stratification, and coping & resilience suggest that urban stunting is the product of multidimensional interactions between social structures, policies, cultures, and survival strategies. The biopolitical perspective helps explain how health services and public policy function as instruments of power that normalize who is considered "deserving" to be healthy (Williams et al., 2019; Zimmer, 2025). The postcolonial perspective highlights the failure of top-down food policy because it is not connected to local consumption practices, exposing the epistemic gap between formal knowledge and everyday practice (Bristow, 2016; Wertheim-heck & Raneri, 2020). The perspective of social stratification emphasizes that class, gender, and maternal education are the main determinants of nutritional outcomes, as well as explaining why economic growth does not automatically reduce stunting (Mulyaningsih et al., 2021a; Vollmer et al., 2014). Meanwhile, the perspective of social ecology of resilience shows that coping is not an individual response, but rather a social capacity that can reduce or even deepen vulnerability depending on structural support (Copeland et al., 2023; Ungar, 2011).

The theoretical contribution of this research lies in the integrative efforts that combine the four perspectives into a single conceptual framework. By linking *social stratification–food policy–consumption practices–stigma–coping*, this study presents a more comprehensive multidimensional analysis model in explaining urban stunting. Its practical contribution is to provide a basis for the design of policy interventions that not only increase medical resources, but also address structural injustices, pay attention to local social practices, and strengthen

community-based adaptive coping. Thus, this study emphasizes that stunting intervention in urban areas must be understood as a social development strategy oriented towards justice, inclusion, and resilience.

Research Implications

The implications of this research are both theoretical and practical. Theoretically, this study enriches the study of health sociology by showing that stunting is not a mere biological phenomenon, but the result of multidimensional interactions between social structures, food policies, consumption culture, stigma, and household coping strategies. By integrating biopolitical, postcolonial, social stratification, and ecological perspectives of resilience, the study provides a more comprehensive conceptual framework for understanding urban vulnerability. This contribution is important because most previous studies have focused only on a single determinant whether economic, medical, or cultural without placing them in interconnected mechanisms (Mulyaningsih et al., 2021b; Vollmer et al., 2014; Williams et al., 2019).

Practically, this study provides an inclusive multi-sector policy reference. First, stunting interventions in urban areas must address structural discrimination and social stigma by reforming health service procedures to make them more friendly to the poor, while removing psychosocial barriers that delay access to services (Earnshaw & Karpyn, 2020; Tomiyama et al., 2020). Second, food policy needs to shift from a top-down approach to a strategy that is sensitive to cultural values and local consumption practices, so that the distribution of healthy food is not only available but also socially acceptable (Bristow, 2016; Wertheim-heck & Raneri, 2020). Third, intervention programs must integrate demographic factors and social stratification, for example by increasing maternal nutritional literacy, providing healthy food subsidies, and ensuring women's participation in household decision-making (Duminy, 2023; Mehar et al., 2016). Fourth, public policies need to strengthen adaptive coping through community support, social solidarity, and faith-based networks, while minimizing maladaptive coping that exacerbates long-term vulnerability (Maniriho et al., 2022). With this implication, the study emphasizes that the solution to stunting in urban areas is not enough to rely only on nutritional supplementation or medical interventions, but must be in the form of a social development strategy that is equitable, inclusive, and resilient-oriented.

Research Limitations

This research has several limitations. First, most of the literature analyzed is cross-sectional, making it difficult to capture the long-term dynamics of

stunting and coping strategies. Second, variations in geographic context limit generalizations because local cultural, economic, and policy factors greatly influence the results. Third, the coping measurement instruments used in the study were different, making it difficult to compare across studies. Fourth, most studies only highlight structural or psychological factors separately, so cross-level integration is still limited. However, this research contributes by stringing these dimensions into an integrated analytical framework. These limitations also open up space for cross-contextual longitudinal and comparative studies to understand more deeply the relationship between coping, policy, and child nutrition outcomes in urban areas.

CONCLUSION

This study confirms that stunting in urban areas is a real manifestation of urban vulnerability generated through layered mechanisms. First, the analysis shows that social stratification including class, gender, and ethnicity plays a major role in shaping children's nutritional vulnerability. The position of poor families, women, and minority or marginalized ethnic groups makes them face double barriers to accessing health and food services, thus showing that stunting is a reflection of structural injustices, not just a biological problem.

Second, food policies such as nutrition labeling, sugar-sweetened beverage taxes, and advertising restrictions do have the potential to change consumption behavior. However, its effectiveness is limited because urban poor families often face purchasing power constraints, limited nutritional literacy, and strong influence of cultural values and practices across generations. This shows that food policy will only have a significant impact if it is integrated with strategies that are sensitive to social, cultural, and economic distribution contexts.

Third, household coping strategies and community resilience capacity have proven to be important mediators between social structure, stigma, and child nutrition outcomes. Adaptive coping such as community solidarity, faith-based support, and problem solving can strengthen the resilience of urban poor families, while maladaptive coping such as reducing meal portions or substituting low-nutritious foods tends to deepen the cycle of vulnerability. Resilience is not only individual, but also social capacity produced through community networks, institutional support, and inclusive public policies.

Overall, this study succeeded in developing an integrative framework that links social stratification (class, gender, ethnicity), food policy, stigma, and coping-resilience in explaining urban stunting. Theoretical contributions lie in the effort to bring together biopolitical, postcolonial, stratification theory, and resilience ecology perspectives into a comprehensive multidimensional analytical model. Its practical contribution is to provide a basis for the design of policy

interventions that not only increase medical resources, but also address structural injustices, pay attention to local social practices, and strengthen community-based adaptive coping. Thus, the solution to stunting in urban areas cannot be limited to medical supplementation alone, but must be understood as an inclusive, equitable, and sustainable social development strategy.

Further Research Suggestions

Further research is suggested using a longitudinal approach to track the dynamics of coping, policy, and child nutrition outcomes in the long term. In addition, it is necessary to conduct comparative studies between cities with different socio-economic characteristics to see variations in urban vulnerability mechanisms. The development of consistent instruments to measure coping and resilience is also urgent, so that research results can be compared across contexts and cultures. Finally, a deeper exploration of the gender dimension in household decision-making is essential, as the literature confirms that gender inequality plays a significant role in strengthening the risk of stunting.

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