SOCIAL CONSTRUCTION OF DENTAL HEALTH AND ITS IMPLICATIONS FOR HEALTH PROMOTION STRATEGIES IN MAKASSAR CITY

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Abstract

Objective: This study analyzes the social construction of dental health among communities in Makassar City and examines its implications for health promotion strategies. Methodology: A qualitative approach with a social phenomenological perspective was applied. Data were collected through in-depth interviews, observations, and document analysis related to dental health behavior and promotion activities. Findings: Dental health perceptions were constructed through family practices, cultural values, economic considerations, accessibility of health services, and previous experiences. Many communities still interpret dental health from a curative perspective, where dental services are accessed mainly after pain occurs. Practical and social implications: Health promotion strategies need to shift from information-based approaches toward empowerment-based interventions involving families, communities, schools, and digital communication platforms. Originality: This study emphasizes dental health as a socially constructed phenomenon and proposes a contextual promotion framework for urban communities.

Keywords : Community health; Dental health; Health promotion; Social construction; Urban society

1. INTRODUCTION

Dental and oral health represents an important component of public health because it affects nutritional intake, communication ability, psychological confidence, and overall quality of life. Despite improvements in health services, dental problems remain prevalent because preventive behaviors have not become a strong social habit in many communities.

Dental health behavior is frequently interpreted as an individual responsibility; however, this perspective does not fully explain why communities demonstrate different levels of awareness and practices. Social factors such as family education, cultural values, economic conditions, and community experiences influence how people define illness, prevention, and treatment.

The theory of social construction of reality explains that human understanding of health develops through continuous interaction between individuals and their social environment. Within this perspective, dental health is not only a biological condition but also a reality that is interpreted, shared, and maintained through social processes.

Makassar City provides an important context for examining this issue because it represents an urban environment with diverse cultural backgrounds, socioeconomic characteristics, and patterns of access to health services. Some residents have adopted preventive dental practices, while others continue to seek dental care only when experiencing severe discomfort.

Previous health promotion programs have often focused on transferring biomedical knowledge. However, changes in knowledge do not always produce changes in behavior because health practices are embedded within social meanings and daily routines. Therefore, understanding social construction becomes essential for designing more effective dental health promotion strategies.

This study aims to analyze how communities in Makassar City construct meanings related to dental health and how these constructions influence the development of appropriate health promotion strategies.

2. METHODS

This study employed a qualitative research design using a social phenomenological approach. The approach was selected because the research focused on understanding individual experiences, perceptions, and meanings related to dental health behavior.

The research context was Makassar City, Indonesia. Participants were selected purposively based on their relevance to the research objectives. Informants included community members, parents, and dental health workers involved in oral health services and promotion activities.

Data collection was conducted through three methods. First, in-depth interviews were performed to explore community perceptions regarding dental health, dental treatment, and preventive practices. Second, observations were conducted to identify patterns of health behavior in community settings. Third, document analysis was conducted to examine existing dental health promotion activities.

Data analysis followed an interactive qualitative analysis process consisting of data reduction, data organization, interpretation, and conclusion development. The credibility of findings was strengthened through triangulation of sources and data collection methods.

Ethical considerations were maintained by ensuring voluntary participation, confidentiality, and appropriate use of participant information.

3. RESULTS AND DISCUSSION

The findings indicate that dental health in Makassar City is constructed through several interconnected social dimensions.

Social Meaning of Dental Health

The community commonly defines dental health based on the absence of pain or visible dental problems. This perception creates a dominant curative orientation. Dental care is often considered necessary when symptoms become disruptive rather than as a routine preventive activity.

Family and Social Learning

Family environment plays a significant role in forming dental health practices. Children commonly learn brushing habits, food preferences, and attitudes toward dental visits from parents. Therefore, family-based interventions are essential because behavioral patterns are socially transmitted across generations.

Cultural and Community Influences

Cultural values influence how individuals interpret health problems and decide when to seek professional assistance. Community discussions, personal experiences, and informal knowledge networks contribute to shaping dental health perceptions.

Economic and Service Accessibility Factors

Some participants associate dental treatment with high costs and complicated procedures. These perceptions may delay preventive examinations. Accessibility, affordability, and previous experiences with dental services influence willingness to seek professional care.

Implications for Health Promotion Strategies

The results demonstrate that dental health promotion should not only provide information but also address social meanings behind health behavior. A more effective strategy includes:

1. Family empowerment programs that strengthen preventive habits from early childhood.
2. Community-based dental education involving local leaders and organizations.
3. Culturally appropriate communication that reflects community values.
4. Digital health promotion using accessible social media platforms.

These strategies recognize communities as active participants rather than passive recipients of health messages.

4. CONCLUSIONS

Dental health behavior in Makassar City is shaped by social construction processes involving family influence, cultural interpretation, economic perception, and personal experience. The community's understanding of dental health remains largely influenced by curative perspectives.

Health promotion strategies should therefore move beyond conventional information delivery. Effective interventions require community participation, family empowerment, culturally sensitive communication, and continuous engagement through both direct and digital approaches.

This study highlights that improving dental health requires attention not only to medical treatment but also to the social environment where health meanings are created and maintained.

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[5] Additional recent scientific references will be formatted according to the IATED citation style during final submission preparation.