Media of Health Research

Vol. 4 No. 2, May 2026, pages: 293-302

e-ISSN 2987-7784

DOI: https://doi.org/10.70716/mohr.v4i2.523

The Role of Socioeconomic Factors and Nutritional Intake in the Nutritional Status of Infants During the First 1,000 Days of Life

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Article History

Manuscript submitted:
30 April 2026
Manuscript revised:
19 May 2026
Accepted for publication:
22 May 2026
Manuscript published:
29 May 2026

Keywords

family income;
nutritional status;
complementary feeding;
infants;
nutritional fulfillment practices.

Abstract

Infants aged 6–24 months are vulnerable to nutritional problems due to the transition from breastfeeding to complementary feeding. Socioeconomic conditions and nutritional fulfillment practices may influence infant nutritional status during this critical growth period. To analyze the relationship between socioeconomic status and nutritional fulfillment practices and the nutritional status of infants aged 6–24 months during the first 1,000 days of life (HPK). A quantitative cross-sectional study was conducted in Taban Village, Jambe Subdistrict, Tangerang Regency, from June to July 2021. The study sample consisted of 127 respondents selected using purposive sampling. Data analysis used the Chi-Square test and logistic regression. Socioeconomic status was associated with infant nutritional status (p=0.014), as were nutritional fulfillment practices (p=0.050). Multivariate analysis identified socioeconomic status (OR=6.31; 95% CI: 1.371–29.041) and nutritional fulfillment practices (OR=5.842; 95% CI: 1.239–27.548) as important factors associated with infant nutritional status. Socioeconomic status and nutritional fulfillment practices were associated with infants' nutritional status aged 6–24 months. Preventing nutritional problems among infants should involve strengthening families' socioeconomic conditions and promoting balanced complementary feeding practices during early childhood.

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How to Cite: Yuliawati. Djannah, R., Gumilar, R., D. (2026). The Role of Socioeconomic Factors and Nutritional Intake in the Nutritional Status of Infants During the First 1,000 Days of Life. *Media of Health Research, 4*(2), 293-302. https://doi.org/10.70716/mohr.v4i2.523

Introduction

Children's health and growth are key indicators of a nation's social and economic development. Globally, malnutrition among children under five years of age (toddlers) remains a public health challenge that impacts the quality of human resources. Nutritional status issues among infants and infants aged 6–24 months remain a concern, particularly acute malnutrition (wasting). Wasting is a condition of acute malnutrition characterized by low weight-for-length

or weight-for-height (WFL or WFH) due to inadequate nutrient intake or infectious diseases. According to the 2024 Indonesia Nutrition Status Survey (SSGI), the national prevalence of wasting remains at 7.7% and severe wasting at 0.8%. Meanwhile, Banten Province has a wasting prevalence of 5.7% and severe wasting of 0.6%. (Kementerian Kesehatan Republik Indonesia, 2025)

According to UNICEF Indonesia, wasting is a form of acute malnutrition characterized by low weight-for-height or a small mid-upper arm circumference. This condition is associated with inadequate nutrient intake and a high incidence of infections in children, and it increases the risk of mortality among infants and toddlers (UNICEF Indonesia, 2023). Based on data on the prevalence of nutritional status among infants by district/city in Banten Province, Tangerang Regency still faces significant challenges regarding infant nutrition, particularly wasting. The prevalence of wasting in Tangerang Regency stands at 7.9%, and severe wasting at 1.2%, both higher than the provincial average for Banten. This situation indicates that infant wasting still requires special attention, particularly during the first 1,000 days of life. (Kementerian Kesehatan Republik Indonesia, 2025)

Adequate nutrition during infancy is essential to support children's growth, development, and cognitive function. Infants aged 6–24 months are particularly vulnerable to nutritional problems because they are in the transition period from breastfeeding to complementary feeding. During this critical phase of the first 1,000 days of life, appropriate complementary feeding practices, including adequate meal frequency, dietary diversity, food quality, and age-appropriate feeding, play an important role in supporting optimal growth and nutritional status (Polin et al., 2024; World Health Organization, 2023). Inappropriate feeding practices may increase the risk of wasting and other nutritional disorders among children.

Infant feeding practices play an important role in determining the nutritional status of infants aged 6–24 months during the first 1,000 days of life. Previous studies reported that nutritional intake, including feeding practices, significantly influences children's nutritional status and growth outcomes (Ningsih et al., 2023). Inappropriate feeding practices, including inadequate meal frequency, low dietary diversity, and inappropriate food texture, are associated with impaired nutritional outcomes and increased risk of wasting among children (Masuke et al., 2021; Kopa et al., 2021; Surka et al., 2018). In addition, maternal knowledge, nutrition education, and counseling were found to influence the appropriateness of feeding practices and nutritional fulfillment among infants (Astuti & Nadya, 2023; Afifah & Choirul Anna Nur Afifah, 2025; Evtiasari & Nuzuliana, 2024). These findings indicate that children's nutritional status during the complementary feeding period is influenced not only by food availability but also by caregivers' understanding and feeding behavior.

Children's nutritional status is influenced by both direct and indirect factors, including food intake, infectious diseases, socioeconomic conditions, maternal knowledge, and caregiving practices (Samudra et al., 2024). Among these factors, family socioeconomic status is an important underlying determinant of children's nutritional status because it affects food availability, dietary quality, healthcare access, and caregiving practices. Several studies reported that families with better economic conditions are more capable of providing nutritious food and adequate health support for children, whereas limited economic resources may increase the risk of nutritional problems among infants aged 6–24 months (Gantini et al., 2024; Ayuningtyas et al., 2022; Syawalia et al., 2024). Other studies also demonstrated that low family income and socioeconomic limitations are associated with difficulties in meeting children's nutritional needs due to limited access to diverse foods and healthcare services (Aulia et al., 2020; Roficha et al., 2018; Alam et al., 2024). However, socioeconomic limitation alone does not always directly lead to poor nutritional outcomes, as household food management, maternal knowledge, and feeding practices may also influence children's nutritional status (Sereh et al., 2025). These findings highlight that socioeconomic

disadvantage alone may not fully determine children's nutritional outcomes, as caregiving capacity, household resource management, and feeding behavior also contribute to maintaining adequate nutritional status during early childhood.

These complex interactions indicate that multiple interrelated factors beyond nutritional intake alone influence children's nutritional problems. Indonesia is currently facing a double burden of malnutrition, where undernutrition and overnutrition coexist within the same population (Hanandita & Tampubolon, 2015). This condition indicates that nutritional problems among children are influenced not only by inadequate nutrient intake but also by imbalanced dietary patterns and inappropriate feeding practices during early childhood. The coexistence of these nutritional problems highlights the importance of understanding household feeding behavior and socioeconomic conditions as underlying factors affecting children's nutritional status during the first 1,000 days of life.

Previous studies have demonstrated associations between socioeconomic conditions, feeding practices, and children's nutritional status. However, the relationship between socioeconomic limitations and nutritional outcomes remains inconsistent, as some children from low-income households may still maintain adequate nutritional status through appropriate feeding practices and household resource management. Most previous studies have primarily examined socioeconomic factors and feeding practices separately, with limited attention to how these factors interact in influencing nutritional status during the complementary feeding period. In addition, evidence regarding nutritional fulfillment practices that may help maintain adequate nutritional status among infants living in socioeconomically vulnerable rural settings remains limited. Understanding these interactions is important because multiple interrelated factors beyond food intake alone influence nutritional problems during the first 1,000 days of life. Therefore, this study aimed to analyze the combined role of socioeconomic factors and nutritional fulfillment practices on the nutritional status of infants aged 6–24 months in Taban Village, Jambe Subdistrict, Tangerang Regency.

Materials and Methods

This study employed a quantitative, observational, cross-sectional design to analyze the roles of socioeconomic factors and nutritional fulfillment practices in the nutritional status of infants aged 6–24 months during the first 1,000 days of life. Data collection was conducted simultaneously through anthropometric measurements and structured questionnaire-based interviews with mothers of infants. The study was conducted in Taban Village, Jambe Subdistrict, Tangerang Regency, from June to July 2021.

The study involved 127 respondents selected using purposive sampling based on predefined inclusion criteria. Eligible respondents were mothers with infants aged 6–24 months who were willing to participate in the study and possessed Maternal and Child Health (MCH) records or infant growth monitoring data. Respondents with incomplete questionnaire data and infants experiencing severe illness during the data collection period were excluded from the study. Purposive sampling was used to ensure that respondents had characteristics relevant to the study objectives, particularly mothers of infants aged 6–24 months who met the study criteria. Although this sampling technique may introduce selection bias and limit the generalizability of the findings, it enabled the identification of respondents with characteristics most relevant to the research context. Future studies are recommended to use probability sampling techniques with larger, more heterogeneous populations to improve external validity and representativeness.

The independent variables in this study were socioeconomic factors and nutritional fulfillment practices, while the dependent variable was infants' nutritional status at 6–24 months of age. Socioeconomic status was assessed based on monthly household income and categorized

according to the 2021 regional minimum wage standard of Tangerang Regency. Nutritional fulfillment practices were measured using a structured questionnaire covering breastfeeding, complementary feeding, dietary diversity, meal frequency, snack provision, and child health monitoring. The questionnaire was developed based on infant feeding indicators, relevant previous studies, and national nutritional guidelines. Responses were scored for the appropriateness of nutritional fulfillment practices, and total scores were subsequently categorized into fulfilled and unfulfilled practices.

Prior to data collection, the nutritional fulfillment questionnaire underwent validity and reliability testing with 30 respondents with characteristics comparable to those of the study population. Validity testing was performed using Corrected Item-Total Correlation analysis with an r-table value of 0.361 (n= 30; α= 0.05). The findings demonstrated that the questionnaire items possessed acceptable validity for assessing nutritional fulfillment practices among infants. Reliability analysis using Cronbach's Alpha produced a coefficient of 0.890, indicating very good internal consistency and reliability of the instrument.

Nutritional status data were obtained through standardized measurements of infant body weight and body length/height. Nutritional status was assessed using the weight-for-height z-score (WHZ) indicator based on the Indonesian Child Anthropometric Standards issued by the Ministry of Health of the Republic of Indonesia (Kementerian Kesehatan Republik Indonesia, 2020), which are commonly used to identify acute malnutrition (wasting) among infants.

Data analysis included univariate analyses to describe respondent characteristics, bivariate analyses using the Chi-Square test to identify associations between variables, and multivariate analyses using logistic regression to determine factors associated with infant nutritional status. Multivariate analysis was performed to minimize potential interactions among study variables. Nevertheless, this study primarily focused on socioeconomic factors and nutritional fulfillment practices; therefore, several potential confounding variables, including maternal education, maternal knowledge, sanitation conditions, and a history of infectious diseases, were not fully controlled for in the analysis. These factors may also contribute to infant nutritional status and should be considered in future studies to provide a more comprehensive understanding of determinants affecting infant nutritional outcomes.

Results and Discussions

Result

Table 1
Characteristics of Respondents and Infants in Taban Village, 2021

Variables	Categories	n	%
Nutritional fulfillment practices	Met	101	79.5
	Not met	26	20.5
Maternal age	20–35 years	113	89.0
	<20 or ≥35 years	14	11.0
Number of children	1–2 children	99	78.0
	≥3 children	28	22.0
Maternal occupation	Does not work	122	96.1

	Works	5	3.9
Birth weight history	≥2500 g	122	96.1
	<2500 g	5	3.9
Infant age	7–11 months	95	74.8
	12–24 months	32	25.2
Gender	Male	75	59.1
	Female	52	40.9
Maternal education	Low	73	57.5
	High	54	42.5
Socioeconomic status	< Minimum wage	70	55.0
	≥ Minimum wage	57	45.0

Source: Primary Data, 2021.

The majority of mothers were aged 20–35 years (89%), while 11% were aged <20 years or ≥35 years. More than half of the mothers had a low educational level (57.5%), and 42.5% had a higher educational level. Most mothers were unemployed (96.1%), whereas 3.9% were employed in formal or informal sectors. Most respondents had 1–2 children (78%), while 22% had 3 or more.

Based on socioeconomic status, 55% of families had incomes below the regional minimum wage (UMR), while 45% had incomes equal to or above the UMR. Most infants aged 6–24 months were 7–11 months old (74.8%), while 25.2% were 12–24 months old. Male infants accounted for 59.1% of the sample, while 40.9% were female. Most infants had normal birth weight (≥2500 grams) (96.1%), while 3.9% had low birth weight (<2500 grams). Regarding nutritional fulfillment practices, 79.5% of infants had adequate nutritional fulfillment, while 20.5% had inadequate nutritional fulfillment.

Table 2
Nutritional Status Distribution of Infants Aged 6–24 Months

Nutritional Status	N	%
Severe malnutrition	0	0.0
Undernutrition	7	5.5
Normal nutrition	109	85.8
Overnutrition	11	8.7

Source: Primary Data, 2021.

Most infants aged 6–24 months had a normal nutritional status (85.8%). Meanwhile, 5.5% of infants were categorized as undernourished and 8.7% as overnourished. No cases of severe malnutrition were identified in the study population.

Table 3
Association Between Socioeconomic Status, Nutritional Fulfillment Practices, and Infant Nutritional Status

Variables	Undernutrition n (%)	Normal Nutrition n (%)	Overnutrition n (%)	p-value
Socioeconomic Status				
< Minimum Wage	6 (85.7)	61 (56.0)	3 (27.3)	0.014
≥ Minimum Wage	1 (14.3)	48 (44.0)	8 (72.7)	
Nutritional Fulfillment Practices				0.050
Not Met	6 (85.7)	18 (16.5)	2 (18.2)	
Met	1 (14.3)	91 (83.5)	9 (81.8)	

Source: Primary Data, 2021.

Table 3 shows that socioeconomic status and nutritional fulfillment practices were significantly associated with infants' nutritional status aged 6–24 months (p=0.014; p=0.050). Undernutrition was more common among infants from families with incomes below the minimum wage and those with inadequate nutritional practices. In contrast, overnutrition was more common among infants from families with income at or above the minimum wage and those with adequate nutritional practices.

Table 4
Multivariate Logistic Regression Analysis of Factors Associated with Infant Nutritional Status.

Variables	p-value	Adjusted Odds Ratio (AOR)	95% CI
Socioeconomic status	<0.001*	6.31	1.371–29.041
Nutritional fulfillment practices	0.046*	5.842	1.239–27.548

Note: *Statistically significant at p < 0.05.*

Source: Primary Data, 2021.

Table 4 presents the results of the multivariate analysis of factors associated with the nutritional status of infants aged 6–24 months. Socioeconomic status was significantly associated with infant nutritional status (p<0.001; AOR=6.31; 95% CI: 1.371–29.041). Nutritional fulfillment practices were also significantly associated with nutritional status (p=0.046; AOR=5.842; 95% CI: 1.239–27.548). Socioeconomic status showed the highest odds ratio, indicating that it was the most dominant factor associated with infant nutritional status in the multivariate model.

Discussion

This study demonstrates that socioeconomic status and nutritional fulfillment practices are associated with the nutritional status of infants aged 6–24 months during the first 1,000 days of life.

The Relationship Between Socioeconomic Factors and the Nutritional Status of Infants Aged 6–24 Months During the First 1,000 Days of Life (HPK)

Socioeconomic conditions may influence infant nutritional outcomes by affecting household food security, access to nutritious foods, healthcare services, and caregiving resources during early

childhood. Families with limited economic resources may have difficulty providing adequate, diverse nutrition during the transition from breastfeeding to complementary feeding, a critical period of infant growth and development. In contrast, excessive or imbalanced dietary intake in higher socioeconomic groups may increase the risk of overnutrition among infants. These findings are consistent with previous studies reporting that limited household income may reduce families' ability to provide adequate food quality and access to healthcare for infants aged 6–24 months (Aulia et al., 2020; Roficha et al., 2018; Alam et al., 2024). However, some studies also reported that low-income families may still achieve adequate nutritional outcomes for children through appropriate household resource management and the use of local food resources (Sereh et al., 2025).

Although infants from low socioeconomic households are generally more vulnerable to nutritional problems due to limited household resources, children's nutritional status is not determined solely by economic conditions. Community-based health programs such as posyandu, supplementary feeding interventions, and appropriate caregiving practices may help maintain adequate nutritional status among infants despite economic limitations (Br Hsb & Oktaviani, 2023).

These findings suggest that infant nutrition is influenced not only by household economic capacity but also by caregiving practices and the family's ability to optimize available nutritional resources during the complementary feeding period.

The Relationship Between Nutritional Fulfillment Practices and Infant Nutritional Status in Infants Aged 6–24 Months During the First 1,000 Days of Life (HPK)

Adequate nutritional fulfillment during the complementary feeding period appears to play an important role in maintaining infant nutritional outcomes during a phase of rapid growth and development. Appropriate feeding practices, including adequate dietary diversity, meal frequency, food texture, and age-appropriate feeding, help meet children's nutritional requirements and support healthy growth in infants.

Several previous studies have consistently reported that infant feeding practices are associated with children's nutritional status at 6–24 months of age. Appropriate feeding practices, including adequate dietary diversity, meal frequency, food texture, and age-appropriate complementary feeding, play an important role in meeting children's nutritional needs and supporting optimal growth and development during early childhood (Evtiasari & Nuzuliana, 2024; Asy, 2024; Surka et al., 2018; Astuti & Nadya, 2023). In addition, health education and counseling on complementary feeding practices can improve mothers' understanding of age-appropriate feeding and support better nutritional outcomes for infants aged 6–24 months (Afifah & Choirul Anna Nur Afifah, 2025).

Conversely, inappropriate complementary feeding practices, such as low meal frequency, inadequate dietary diversity, inappropriate food texture, and insufficient nutritional intake, may increase the risk of wasting and other nutritional problems among infants aged 6–24 months (Masuke et al., 2021; Kopa et al., 2021; Lontsi et al., 2024). The transition period from breastfeeding to complementary feeding is a critical phase in a child's growth and development.

The results of this study indicate that nutritional status issues among infants are not solely related to low family income or insufficient food intake, but also to the family's ability to meet children's nutritional needs during a vulnerable growth period. Interestingly, several infants from low-socioeconomic-status families were found to have normal nutritional status. This finding suggests that socioeconomic limitation alone may not fully determine infant nutritional outcomes. Appropriate household food management, the use of local food resources, caregiver practices, and participation in community-based health services, such as posyandu, may help

maintain adequate nutritional status despite economic constraints. Conversely, nutritional problems were also identified among some infants from families with relatively adequate socioeconomic conditions, indicating that higher household income does not necessarily guarantee appropriate feeding practices or balanced nutritional intake during early childhood. These findings reinforce the multidimensional nature of nutritional problems among infants during the first 1,000 days of life. Differences in caregiving patterns, maternal knowledge, and household food allocation may partly explain these variations in nutritional outcomes across socioeconomic groups.

The presence of both undernutrition and overnutrition among infants in this study reflects the emerging double burden of malnutrition in Indonesia, where the two coexist within the same population (Hanandita & Tampubolon, 2015). This condition indicates that nutritional problems among infants are no longer limited to insufficient food intake but are also associated with imbalanced dietary patterns and inappropriate feeding practices during early childhood. Excessive consumption of energy-dense, nutrient-poor foods may contribute to overnutrition in infants. Limited caregiver understanding regarding balanced feeding practices may further increase the risk of inappropriate nutritional intake during early childhood. At the same time, undernutrition remains prevalent among children with inadequate nutritional intake and limited household resources. These findings suggest that nutritional interventions should emphasize balanced feeding practices to prevent both undernutrition and overnutrition among children. This condition reflects an ongoing nutritional transition in rural Indonesian communities, where nutritional problems increasingly involve both undernutrition and overnutrition.

Multivariate analysis demonstrated that socioeconomic status and nutritional fulfillment practices remained important factors associated with infant nutritional outcomes. Socioeconomic conditions may influence a household's capacity to provide adequate food quality, access to healthcare, and nutrition-related resources. At the same time, nutritional fulfillment practices directly affect dietary adequacy during a critical phase of infant growth and development. This pattern suggests that infant nutritional problems are influenced not only by economic conditions but also by the appropriateness of feeding practices during early childhood.

These findings highlight the importance of appropriate nutritional fulfillment practices during the first 1,000 days of life, a critical period that influences infant growth, development, and future health outcomes (Capra et al., 2024).

Overall, infant nutritional outcomes appear to be influenced by complex interactions between socioeconomic conditions and nutritional fulfillment practices during early childhood. Therefore, efforts to improve infant nutritional outcomes should involve not only socioeconomic support but also strengthening caregiver education regarding balanced feeding practices. In addition, factors such as infectious diseases, environmental sanitation, and maternal knowledge should be considered in future studies to provide a more comprehensive understanding of the determinants of infant nutritional outcomes.

Conclusion

Socioeconomic conditions and nutritional fulfillment practices were associated with infants' nutritional status during the first 1,000 days of life (HPK). Infants from socioeconomically vulnerable households and those with inadequate nutritional fulfillment were more likely to experience nutritional status disorders. These findings indicate that infant nutritional outcomes are influenced not only by household economic capacity but also by the appropriateness of complementary feeding practices during early childhood. In addition, the coexistence of undernutrition and overnutrition in this study reflects the emerging double burden of malnutrition during Indonesia's nutritional transition.

Therefore, efforts to prevent nutritional problems among infants should involve not only improvements in family socioeconomic conditions but also strengthened caregiver education regarding appropriate and balanced complementary feeding practices during the first 1,000 days of life. However, this study was limited by its cross-sectional design, relatively small sample size, and focus on a single study area, which may limit the generalizability of the findings. Future studies are recommended to adopt longitudinal designs with larger, more diverse populations to provide a more comprehensive understanding of the long-term influence of socioeconomic and nutritional factors on infant nutritional status.

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