



Mothers' Perceptions of Infant Massage: Implications for Health Education

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Abstract

Infant massage is increasingly promoted as an early stimulation practice that supports infants' physical, emotional, and developmental outcomes. However, limited research has examined mothers' perceptions of infant massage within community health settings in Indonesia. This study aimed to explore perceived benefits, barriers, safety concerns, and expectations for educational support among mothers, using the Nurturing Care Framework and the Health Belief Model as conceptual guides. An exploratory qualitative design was employed involving 35 mothers recruited through purposive and convenience sampling at community health centers. Data were collected using written open-ended surveys and analyzed through Braun and Clarke's thematic analysis. Methodological rigor was ensured through triangulation, peer debriefing, and reflexive documentation. Five themes emerged. Mothers described technical barriers, including fear of making mistakes and limited confidence in performing correct massage techniques. Infant massage was perceived to support feeding comfort and breastfeeding success. While mothers showed basic awareness of safety considerations, concerns about injury and appropriate timing persisted. Massage was also viewed as a calming practice that reduced fussiness and improved sleep. Additionally, mothers expressed strong expectations for practical educational support, especially through videos, illustrated leaflets, brief classes, and live demonstrations. Demographic patterns suggested that caregiving experience, feeding practices, and economic stability may shape perceptions and confidence levels. Overall, mothers viewed infant massage positively but required accessible, structured education to ensure safe and effective practice. These findings support the integration of infant massage into maternal and child health promotion programs.

Keywords: *Infant Massage, Maternal Perceptions, Early Stimulation, Health Belief Model, Breastfeeding Support, Child Health Education, Qualitative Study*

INTRODUCTION

Infancy is widely recognized as a golden period that strongly determines the quality of a child's growth and development across the lifespan. During this stage, early stimulation plays an essential role in promoting physical, emotional, cognitive, and social development. One widely practiced form of stimulation is infant massage, which is believed to provide benefits for both infants and parents (Bennett et al., 2022). Previous studies have shown that infant massage can improve sleep quality, reduce crying, enhance feeding patterns, and strengthen mother-infant bonding (Field, 2014). Physiologically, it is thought to stimulate the parasympathetic nervous system through vagal activation, influencing digestive function, growth, and stress regulation (Diego et al., 2005). These biological mechanisms, particularly touch stimulation and vagal regulation, form a scientific basis for public health interventions that support neurodevelopment and maternal education.

Historically, infant massage has been a traditional caregiving practice in many cultures, particularly in Asia and Africa. In India, for example, it has long been part of infant care routines, and in the 1970s, Vimala McClure adapted it into a modern framework later developed globally



through the [International Association of Infant Massage \(IAIM, n.d.\)](#). In Indonesia, infant massage remains deeply rooted in cultural beliefs about nurturing and holistic well-being. Traditional views often link massage with affection, protection from illness, and spiritual care, beliefs that shape how mothers perceive its value and practice. Within the caregiving framework, the World Health Organization (WHO) emphasizes responsive caregiving as a core component of the Nurturing Care Framework ([World Health Organization, 2018](#)). This study draws conceptually on the Nurturing Care Framework and the Health Belief Model (HBM) to understand how perceived benefits, barriers, and cues to action influence mothers' engagement in infant massage as a health-promoting behavior.

Despite growing interest, most prior studies have focused on physiological outcomes rather than behavioral and educational dimensions. Few have explored mothers' perspectives as key determinants of community acceptance and sustainability of early stimulation practices ([Green & Kreuter, 2005](#)). This creates a practice gap in the application of infant massage within maternal and child health education, positioning the present study as applied research aimed at informing evidence-based health education and promotion. Evidence from systematic reviews has shown that infant massage may improve sleep, reduce crying, and enhance mother–infant interaction, though findings in healthy term infants are inconsistent and of low to moderate quality ([Bennett et al., 2022](#)). In contrast, benefits are clearer among preterm infants, including better weight gain and physiological regulation ([Diego et al., 2005](#)). Translating these biomedical findings into public health practice requires understanding mothers' perceptions, as these shape real-world adoption and safe implementation. Safety considerations are also essential. The [American Academy of Pediatrics \(2022\)](#) cautions that infant massage should not replace safe sleep practices and should be avoided when the baby is sick, febrile, or immediately after feeding.

In Indonesia, the Ministry of Health has issued guidelines on infant massage for children under two years, emphasizing its role in supporting growth, improving sleep, and strengthening bonding ([Kementerian Kesehatan Republik Indonesia, 2016, 2024](#)). Community health centers (*puskesmas*) serve as primary platforms for maternal and child health promotion, providing strategic opportunities to integrate structured education on infant massage ([Kementerian Kesehatan Republik Indonesia, 2020](#)). However, empirical evidence about how mothers perceive the benefits, challenges, and educational needs related to infant massage remains limited. Guided by the Nurturing Care Framework and the Health Belief Model, this study explores how mothers' perceptions of infant massage reflect their beliefs about benefits, barriers, and cues to action in the context of early stimulation and community health education. Accordingly, the study addresses the following research questions:

1. What technical and confidence-related barriers do mothers experience when performing infant massage?
2. How do mothers perceive the relationship between infant massage, feeding patterns, and infant calmness?
3. What safety concerns and contraindications do mothers recognize regarding infant massage practice?
4. How do mothers interpret the emotional and developmental benefits of infant massage for their infants?
5. What are mothers' expectations for community health services in providing education and guidance on infant massage?

The findings are expected to contribute to the development of culturally sensitive, evidence-based maternal and child health education programs that integrate neurodevelopmental and behavioral perspectives.

RESEARCH METHOD

This study employed an exploratory qualitative design to understand how mothers perceive and experience infant massage as part of their daily childcare practices at community health centers. A qualitative approach was chosen because it enables an in-depth exploration of subjective meanings, lived experiences, and cultural contexts in maternal health (Creswell & Poth, 2018; Green & Thorogood, 2018). The study was framed as applied qualitative research addressing a practice gap in maternal and child health education. It was conceptually grounded in the Nurturing Care Framework and the Health Belief Model to examine perceived benefits, barriers, and cues to action related to infant massage. A schematic overview of the research process is presented in Figure 1, outlining the sequential stages of the study from design, recruitment, data collection, analysis, to validation.

A total of 35 mothers with infants aged 0–12 months or children older than one year participated in this study. Participants were recruited using purposive and convenience sampling to ensure they were actively engaged in maternal and child health services and willing to share their experiences voluntarily. The sample size was guided by the principle of data saturation, where no new codes or themes emerged after the thirtieth participant (Morse, 2000). This number is considered adequate for exploratory qualitative research in public health settings (Guest, Bunce, & Johnson, 2006). All participants were women aged 28–37 years, representing mature reproductive age typically associated with active childcare participation. The study was conducted in a familiar and non-intimidating community health setting to ensure comfort, cultural relevance, and open communication during data collection.

Data were collected through offline written qualitative surveys administered during routine visits to community health centers. Participants were asked to respond in writing to several open-ended questions designed to explore their understanding and perceived benefits of infant massage, the technical barriers or worries they encountered, their awareness of safety considerations or contraindications, and their expectations for health services in providing education and guidance. The development of these open-ended questions was informed by a review of the literature (Field, 2014; Bennett et al., 2022; Green & Kreuter, 2005) and validated by two public health experts specializing in maternal and child health promotion. A pilot test involving three mothers was conducted to ensure clarity, cultural appropriateness, and logical sequencing of the questions, after which minor adjustments were made to wording and order. The written format was chosen to provide participants with sufficient time for reflection and to allow them to express their experiences freely in their own words.

The collected responses were analyzed using thematic analysis following Braun and Clarke's (2006) six-step framework, which includes familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The process was conducted iteratively through several coding cycles to refine categories and identify meaningful patterns. Two researchers independently coded the data, and discrepancies were resolved through consensus discussions to enhance interpretive rigor. Thematic analysis was selected because of its flexibility and transparency in identifying patterned meanings across datasets, making it appropriate for exploratory research in health education and promotion (Nowell et al., 2017).

To ensure methodological rigor, the criteria of trustworthiness proposed by Lincoln and Guba (1985) were applied, including credibility, dependability, confirmability, and transferability. Credibility was ensured through peer debriefing, triangulation between coders, and participant reflection during the pilot stage. Dependability was supported by maintaining a detailed audit trail of coding decisions and analytical memos. Confirmability was enhanced through reflexive journaling and independent peer review to minimize researcher bias, while transferability was

achieved by providing rich contextual descriptions of the study setting and participants. Reflexive notes were maintained throughout the data analysis process to capture the researchers' positionality and reflections, thereby reinforcing analytic transparency and consistency.

FINDINGS AND DISCUSSION

Socio-Demographic Characteristics

Table 1. Respondent Socio-Demographic

Variable	Category	N	%
Mother's Age	28–30 y.o	14	40,0
	31–33 y.o	12	34,3
	34–37 y.o	9	25,7
Baby's Age	0–3 y.o	4	11,4
	4–6 y.o	8	22,9
	7–9 y.o	5	14,3
	10–12 y.o	6	17,1
	> 1 y.o	12	34,3
Breastfeeding Status	Exclusive breastfeeding	19	54,3
	Mixed breastfeeding	15	42,9
	Formula feeding only	1	2,9
Economic Status	Rp 3.000.000 – Rp 4.500.000	3	8,6
	Rp 4.500.001 – Rp 6.500.000	10	28,6
	More Than Rp 6.500.000	22	62,9

Based on the collected data, a total of 35 respondents were obtained, all of whom were women aged between 28 and 37 years. The average maternal age was approximately 31.3 years, with the majority falling within the age groups of 28–30 years (40.0%) and 31–33 years (34.3%). Only a smaller proportion of respondents were aged 34–37 years (25.7%). This distribution indicates that most respondents were within the mature reproductive age, a period typically associated with active childcare and engagement with health services at community health centers.

About infant age, the majority of respondents had children older than one year (34.3%), followed by those aged 4–6 months (22.9%), 10–12 months (17.1%), 7–9 months (14.3%), and 0–3 months (11.4%). This distribution suggests that infant massage is perceived and practiced not only during early infancy but also remains relevant as children reach beyond 12 months of age. In addition to age, infant age, and feeding status, analysis of respondents' characteristics revealed several contextual insights that help explain differences in perception and practice. Most respondents were in the age range of 28–33 years, which represents the mature reproductive phase typically associated with higher childcare engagement and openness to health education. Mothers in this age range tended to be more active in health center programs and expressed strong motivation to learn safe and effective infant massage techniques.

The data also show that more than half of the respondents practiced exclusive breastfeeding, while a considerable proportion combined breast milk and formula feeding. This pattern reflects both commitment to infant nutrition and the practical challenges faced by mothers balancing work and caregiving responsibilities. Interestingly, mothers who practiced exclusive breastfeeding frequently associated infant massage with improved feeding comfort and infant calmness, as reflected in Theme 2 (Feeding Patterns). Conversely, those who used mixed feeding expressed greater concerns about time constraints and technique mastery, linking to Theme 1 (Technical Barriers). While parity and occupation were not explicitly recorded in this study, qualitative

responses indicated differences in confidence levels between first-time and experienced mothers. Multiparous mothers tended to show higher confidence and relied more on traditional knowledge, whereas primiparous mothers were more cautious and emphasized the need for professional guidance. These contextual patterns suggest that sociodemographic factors such as age, caregiving experience, and feeding practices may shape how mothers interpret the purpose, benefits, and safety of infant massage.

Economic status data showed that the majority of respondents (62.9%) had a monthly household income of more than Rp 6,500,000, while 28.6% were in the middle-income range (Rp 4,500,001–Rp 6,500,000) and only 8.6% reported income between Rp 3,000,000 and Rp 4,500,000. This distribution suggests that most mothers in this study came from relatively stable economic backgrounds, which may facilitate regular access to community health services and openness to health promotion activities. In the context of this study, such economic stability may help explain why mothers tended to frame infant massage as a supportive form of early stimulation and bonding rather than as a last-resort strategy to address severe problems.

At the same time, the qualitative findings indicate that regardless of income level, mothers consistently emphasized the need for simple, low-cost, and practical educational formats, such as short videos, illustrated leaflets, and brief classes at the health center. This suggests that economic status alone does not eliminate perceived barriers related to confidence and skills in performing infant massage. Instead, income may interact with other factors, such as caregiving responsibilities and time availability, to shape how mothers negotiate between traditional practices and formal health education. Linking economic status with the identified themes, especially technical barriers (Theme 1) and expectations for community health services (Theme 5), highlights the importance of designing educational interventions that remain accessible and relevant across different socioeconomic groups.

Furthermore, the analysis of respondents' answers revealed five main themes that reflect mothers' perceptions of infant massage at the health center. These themes are interconnected and provide a comprehensive picture of how mothers view, experience, and expect infant massage in the context of childcare.

Theme 1: Technical Barriers – Fear of Making Mistakes

Most mothers expressed a desire to perform infant massage but were hindered by fear of making mistakes. Feelings of low confidence arose due to a lack of knowledge about the correct techniques. Some respondents only dared to massage lightly on certain body parts, such as the hands or feet, while other areas were considered risky. Others mentioned confusion about the sequence of massage and fear of causing discomfort to the baby. This condition highlights a fundamental need: not reluctance to perform massage, but hesitation due to limited skills.

Respondent quotes:

“I am afraid of making the wrong move if there is no guidance.” (R-03)

“Confused about which part of the body to start with, afraid the baby will feel uncomfortable.” (R-07)

This theme reflects mothers' perceived barriers within the Health Belief Model framework, where lack of confidence and fear of causing harm hinder engagement in health-promoting behavior. From a self-efficacy perspective (Bandura, 1997), these feelings indicate low mastery experience and highlight the need for guided practice to enhance maternal confidence.

Theme 2: Feeding Patterns – Massage as Breastfeeding Support

Infant massage was perceived as closely related to breastfeeding success. Many mothers believed that after being massaged, babies became calmer, making the feeding process smoother. A calm baby was considered easier to latch onto the breast and feed for a longer duration. Mothers' expectations of infant massage were not only for comfort but also as an indirect support for the success of exclusive breastfeeding. This is interesting because it links infant massage to nutritional aspects, showing how mothers interpret massage not only as physical stimulation but also as an investment in growth and development through breastfeeding.

Respondent quotes:

"To provide comfort and so that the baby feeds more eagerly." (R-11)

"When massaged, the baby feels calmer while breastfeeding, not fussy." (R-18)

This finding illustrates strong perceived benefits, another key construct in the Health Belief Model. Mothers' belief that massage supports breastfeeding shows how positive outcomes can reinforce motivation and sustain health behavior adoption.

Theme 3: Safety and Contraindications – Between Awareness and Worry

Mothers showed awareness that infant massage is not always appropriate. Some specifically mentioned that babies should not be massaged when they have a fever, are sick, or immediately after immunization. This awareness reflects a good initial understanding of the boundaries of infant massage. However, alongside this came other concerns, such as the risk of injury or "wrong nerves." This illustrates an ambivalence: mothers recognize the importance of safety but lack confidence in their ability to ensure it.

Respondent quotes:

"If the baby has a fever, they should not be massaged; I'm afraid it will get worse." (R-05)

"I worry that if I press the wrong nerve, it could harm the baby." (R-12)

This theme aligns with perceived risk and response efficacy in health behavior theory. Mothers' awareness of contraindications reflects good cognitive understanding, but their persistent worry indicates low self-efficacy in managing safety during practice.

Theme 4: Calmer Baby and Emotional Regulation – Massage as Comfort Therapy

Respondents consistently mentioned the calming effect of infant massage. Massage was seen as a way to help babies relax, reduce crying, and even improve sleep quality. For mothers, infant massage was considered a simple "comfort therapy" that could be performed at home. Some emphasized the importance of massage before bedtime to help the baby sleep more soundly, while others viewed it as a way to reduce fussiness after immunization or during unexplained crying. These findings indicate that from mothers' perspectives, the benefits of infant massage are not merely physical but also emotional, relational, and related to comfort.

Respondent quotes:

"The baby becomes more relaxed and sleeps easily after being massaged." (R-09)

"If massaged in the afternoon, at night they fall asleep faster." (R-15)

Mothers' experiences of soothing effects and improved sleep highlight positive reinforcement and outcome expectancy, central elements of Bandura's self-efficacy model. These experiences enhance confidence and emotional connection, potentially strengthening future engagement.

Theme 5: Expectations of Community Health Services – Simple and Practical Education

The final theme was mothers' expectations of the health center as providers of educational services. Respondents wanted accessible educational media, such as short videos, illustrated leaflets, or mini classes. Some highlighted the importance of live demonstrations so they could confidently imitate the movements. Others believed that brief consultations with midwives or nurses would help overcome their fear of making mistakes. This shows that mothers not only need passive information but also active guidance from health professionals.

Respondent quotes:

"I want a short video so I can learn at home." (R-21)

"If there is a small class at the health center, I might feel more confident massaging my baby myself." (R-25)

This theme represents cues to action within the Health Belief Model. Mothers' requests for demonstrations and visual materials suggest that accessible, skill-based education can serve as a trigger to increase self-efficacy and transform intention into consistent practice.

Discussion

The findings of this study show that mothers generally have positive perceptions of infant massage, although some important challenges remain. The most common issue is the fear of making mistakes, which reflects limited confidence and knowledge rather than a lack of interest. This finding suggests that infant massage has not yet become a regular caregiving practice for most mothers and highlights the importance of structured education provided by health professionals. Previous studies have also shown that the best outcomes of infant massage are achieved when the techniques are performed correctly ([Diego et al., 2005](#)).

When the themes are considered together, they reveal meaningful connections among mothers' experiences. The technical difficulties that mothers face, such as a lack of confidence, are closely related to their safety concerns. Mothers who feel unsure about their ability to massage correctly also tend to worry about hurting their babies. On the other hand, the perceived benefits of infant massage, such as helping the baby stay calm and improving breastfeeding, act as strong motivators that encourage mothers to keep learning and practicing. Their expectations for community health centers to provide simple and practical education connect these experiences. Mothers are not rejecting infant massage; rather, they need more guidance and reassurance. Training sessions that allow hands-on learning can help build confidence, reduce fear, and enhance the positive impact of massage as part of child health education.

The benefits described by mothers are consistent with existing research. [Field \(2014\)](#) and [Bennett et al. \(2022\)](#) reported that infant massage helps babies sleep better, cry less, and develop better physiological regulation. The mothers in this study also emphasized that massage supports breastfeeding, which is highly relevant in Indonesia, where exclusive breastfeeding is a national health priority. Mothers showed awareness of safety considerations, such as avoiding massage when the baby is sick, has a fever, or has just received immunization. However, their lingering

worries about causing harm highlight the need for continued education from health workers. Safety information should be clearly communicated so that infant massage is understood as a supportive early stimulation practice rather than a universal treatment for all infant problems ([American Academy of Pediatrics, 2022](#)).

Recent studies at both the international and regional levels further reinforce these findings. [Geary et al. \(2023\)](#) found that mother-led infant massage enhances maternal self-efficacy and reduces postnatal depression. [Erçelik and Bal Yilmaz \(2023\)](#) also demonstrated that structured massage training improves infant growth, strengthens emotional bonding, and increases mothers' confidence. Physiological studies show that gentle touch stimulates vagal activity, lowers cortisol levels, and promotes oxytocin release, which together foster relaxation and emotional connection.

In Indonesia, infant massage improved nutritional outcomes and insulin-like growth factor levels among undernourished infants. [Rakhmawati et al. \(2024\)](#) provided additional evidence through a large-scale review showing that massage therapy can support growth, motor development, and caregiver bonding across diverse cultural settings. Growing evidence also highlights the potential of parental infant massage to support infants' neurodevelopment and overall growth. Taken together, these insights emphasize that infant massage has meaningful biomedical and psychosocial benefits and should be more systematically incorporated into maternal and child health education.

Despite these positive findings, the study also revealed variations in how mothers interpret infant massage. While many mothers view it as a gentle and nurturing activity, some still associate it with traditional healing practices. Grandmothers and other elder family members often pass down traditional techniques that emphasize stronger pressure or the use of specific oils believed to strengthen the baby's body. These variations reflect the influence of cultural beliefs and generational knowledge. Recognizing these differences is important because they can serve as entry points for culturally sensitive education. Instead of treating traditional views as opposing science, health professionals can integrate cultural familiarity with scientific evidence to build trust and promote safe and meaningful caregiving practices.

Mothers' expectations for accessible learning resources such as short videos, illustrated leaflets, and small group classes highlight a valuable opportunity for health centers. [Kementerian Kesehatan Indonesia \(2024\)](#) has recommended these tools to strengthen health promotion programs in primary care. The results of this study, therefore, provide timely support for incorporating infant massage education into routine maternal and child health services. Empowering mothers with knowledge and practical skills can increase their confidence, improve caregiving quality, and enhance healthy development for their children.

In summary, this study shows that mothers view infant massage as a positive and nurturing experience that benefits both the baby and the mother. However, their confidence and understanding still need to be strengthened through consistent, evidence-based education. Integrating infant massage into public health programs can help mothers practice it safely, confidently, and meaningfully as part of their everyday care.

CONCLUSIONS

This study shows that mothers have positive perceptions of infant massage, especially regarding its ability to soothe babies, improve sleep quality, and support breastfeeding. These findings address RQ2, which explores how mothers perceive the relationship between infant massage, feeding patterns, and infant calmness. Infant massage is also viewed as a simple form of early stimulation that strengthens mother–infant bonding, which relates to RQ4 on emotional and developmental benefits.

In relation to RQ1, the study found that technical barriers remain the primary challenge.

Many mothers reported low confidence, fear of making mistakes in massage movements, and concerns about causing injury. These results highlight the importance of structured educational support to ensure that infant massage is performed correctly and safely. Regarding RQ3, mothers demonstrated basic awareness of safety considerations and contraindications, such as avoiding massage when the baby is sick, febrile, or immediately after feeding. However, this awareness still requires reinforcement through health education to ensure safe and appropriate implementation.

This study also responds to RQ5, showing that mothers have strong expectations for community health centers to provide practical, accessible, and evidence-based educational services. Tools such as short videos, illustrated leaflets, mini-classes, and live demonstrations were perceived as effective mechanisms to improve mothers' skills. These insights support integrating infant massage into promotive and preventive programs in primary health care settings.

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