

Supplementary File S1

Supplementary File S1 contains the full research instrument used for data collection.

Research Instrument

Questionnaire: Infant Massage Frequency

No	Statement	1	2	3	4	5
IM1	I perform infant massage on my baby regularly every week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM2	Infant massage is carried out at least 3 times per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM3	Each infant massage session lasts at least 10–15 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM4	Infant massage is performed following recommended techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM5	Infant massage has become part of my baby's routine care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Infant Nutritional Status (BMI-for-Age Proxy)

(Perceived growth status reported by caregiver)

No	Statement	1	2	3	4	5
BMI1	My baby's weight increases consistently every month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI2	My baby's body weight is appropriate for their age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI3	Health workers have stated that my baby's growth is normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI4	My baby rarely experiences feeding or weight-gain problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI5	Overall, my baby's nutritional status is satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Early Psychomotor Milestones

No	Statement	1	2	3	4	5
PM1	My baby can control head movement according to their age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM2	My baby actively moves arms and legs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM3	My baby responds to touch and physical stimulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM4	My baby shows improved body coordination over time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM5	My baby reaches psychomotor milestones on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alignment with SDG 3 (Good Health and Well-being)

SDG Indicator	Measurement Aspect
SDG 3.2	Early growth monitoring and prevention of developmental delay
SDG 3.4	Promotion of healthy early-life practices
SDG 3.8	Strengthening community-based preventive child care

Open-Ended Questionnaire Items

Section A: Infant Massage Practices

No	Open-Ended Question	Analytical Purpose
OQ1	Can you describe how you usually perform infant massage for your baby?	Explore technique quality and caregiving patterns
OQ2	What motivated you to start performing infant massage?	Identify behavioral and cultural drivers
OQ3	What challenges do you experience when performing infant massage regularly?	Detect implementation barriers
OQ4	Have you noticed any physical or behavioral changes in your baby after massage? Please explain.	Capture perceived outcomes beyond quantitative data

Section B: Infant Growth and Nutrition

No	Open-Ended Question	Analytical Purpose
OQ5	How would you describe your baby's feeding pattern and appetite over the last month?	Contextualize BMI and nutritional status
OQ6	Have there been any feeding difficulties or health issues affecting your baby's growth?	Identify potential confounding factors
OQ7	In your opinion, what factors most influence your baby's weight and growth?	Capture caregiver perception of growth determinants

Section C: Psychomotor Development

No	Open-Ended Question	Analytical Purpose
OQ8	What new movements or skills has your baby developed recently?	Qualitative milestone confirmation
OQ9	Do you think infant massage influences your baby's movement or coordination? Why or why not?	Explore causal perception
OQ10	Are there any developmental concerns you have noticed in your baby? Please describe.	Early identification of developmental delay

Section D: Parental Stimulation and Environment

No	Open-Ended Question	Analytical Purpose
OQ11	How do you usually stimulate your baby's movement and interaction at home?	Assess environmental stimulation
OQ12	Who else is involved in caring for and stimulating your baby?	Social support mapping
OQ13	How does your daily routine affect the time you spend stimulating your baby?	Time-use and caregiving dynamics

Section E: Public Health and SDG 3 Perspective

No	Open-Ended Question	Analytical Purpose
OQ14	What support do you expect from health workers related to infant growth and development?	Service gap identification
OQ15	In your opinion, how can infant massage be promoted as a routine child health practice in your community?	Translational and policy insight