

Effectiveness of Implementing a Sleep Baby Kit (Baby Massage, White Noise, and Sleep Hygiene Education) in Improving Sleep Quality of Infants Aged 0–6 Months in the Working Area of Munjul Jaya Community Health Center

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Abstract.

Sleep quality plays an important role in supporting the growth and development of infants aged 0–6 months. Sleep disturbances during this period can affect neurological maturation and growth hormone secretion, so an effective and safe non-pharmacological intervention is needed, namely the implementation of a Sleep Baby Kit. This study aimed to analyze the effectiveness of the Sleep Baby Kit, consisting of baby massage, white noise, and sleep hygiene education, on the sleep quality of infants aged 0–6 months in the working area of Munjul Jaya Community Health Center (Puskesmas), Purwakarta Regency. The study used a quasi-experimental pretest–posttest control group design with 66 respondents divided into an intervention group (n=33) and a control group (n=33). Sleep quality was measured using the BISQ-R before and after a four-week intervention. Data were analyzed using the Wilcoxon test and N-Gain analysis. The results showed that the proportion of infants with good sleep quality in the intervention group increased to 90.9%, while in the control group it was only 3.0%. The Wilcoxon test showed a significant improvement in the intervention group ($p<0.001$) and no significant improvement in the control group ($p=0.109$). The N-Gain value for the intervention group was 0.71 ± 0.12 (high category), while the control group was 0.12 ± 0.53 (low category). The Sleep Baby Kit is effective in improving the sleep quality of infants aged 0–6 months and has the potential to be applied as an evidence-based non-pharmacological intervention in primary health care.

Keywords: baby massage; infants aged 0–6 months; BISQ-R; sleep quality; Sleep Baby Kit and white noise.

I. INTRODUCTION

Sleep is a physiological need that plays an important role in the growth and development of infants, particularly during the 0–6 month period when brain development occurs very rapidly. During sleep, there is an increase in the secretion of growth hormone (GH), which contributes to cell proliferation, protein synthesis, and the formation of interneuronal connections that support infants' motor, cognitive, and behavioral development. In addition, the proportion of *Rapid Eye Movement* (REM) sleep in infants reaches 20–30% of total sleep time, making sleep quality an important factor in neuroplasticity and central nervous system maturation [5]. Therefore, sleep disturbances in infants not only affect their physiological condition but also have the potential to hinder optimal growth and development.

Sleep disturbances in infants remain a public health problem in various countries. The World Health Organization reports that around 33% of children experience sleep disturbances, while research in the Asian region shows that 25–50% of parents report sleep problems in their children [4][15]. In Indonesia, the prevalence of sleep disturbances in children aged 0–36 months reaches 31%, characterized by night sleep duration of less than nine hours, frequent night waking, and prolonged periods of wakefulness [4]. In addition, 44.2% of children under three years of age experience sleep disturbances in the form of frequent night waking, while 32% of mothers report recurrent sleep problems in their infants [1][5]. This high prevalence indicates that sleep disturbances in infants remain a problem requiring attention in maternal and child health services.

Poor sleep quality affects various aspects of infant health. Sleep deprivation is known to be associated with decreased growth hormone secretion, impaired immune function, and disrupted neural cell regeneration and maturation. Previous research has also shown a significant relationship between sleep quality and infant development as measured using the *Denver Developmental Screening Test II* (DDST II) ($p=0.001$), indicating that infants with poor sleep quality are at greater risk of developmental delay [13]. In addition to affecting infants, sleep disturbances also affect maternal quality of life through an increased risk of postpartum depression, fatigue, and reduced quality of mother–infant interaction [9].

Various non-pharmacological interventions have been developed to improve infant sleep quality, including *baby massage*, *white noise*, and sleep hygiene education. Baby massage has been shown to increase parasympathetic nervous system activity, increase serotonin levels, and decrease cortisol levels, thereby producing a relaxation effect and improving sleep quality [11][14]. *White noise* works through an *auditory masking* mechanism that can reduce environmental sound disturbances and create an acoustic atmosphere resembling intrauterine conditions, thereby accelerating sleep onset and improving infant sleep quality [10]. Meanwhile, *sleep hygiene* education plays a role in establishing healthy sleep habits through the regulation of bedtime routines, lighting, room temperature, and a conducive sleep environment, which has been shown to significantly increase children's night sleep duration [15].

Although the effectiveness of *baby massage*, *white noise*, and *sleep hygiene* education in improving infant sleep quality has been studied in various studies, most studies have examined each intervention separately. Scientific evidence regarding the effectiveness of a combination of these three interventions as an integrated intervention package remains limited, particularly for infants aged 0–6 months in primary health care settings. This gap forms the basis for the development of the *Sleep Baby Kit*, a non-pharmacological intervention package that integrates *baby massage*, *white noise*, and *sleep hygiene* education to improve infant sleep quality.

Based on this background, this study aimed to analyze the effectiveness of implementing the *Sleep Baby Kit* in improving the sleep quality of infants aged 0–6

months in the working area of Munjul Jaya Community Health Center. The results of this study are expected to provide scientific evidence regarding the effectiveness of this integrated intervention and to serve as an alternative promotive and preventive strategy that can be easily implemented by health workers and parents to support optimal infant sleep quality, growth, and development.

II. METHODS

This study is a quantitative study using a *quasi-experimental* design with a *pretest–posttest with control group design*. This design was used to evaluate the effectiveness of implementing the *Sleep Baby Kit* on the sleep quality of infants aged 0–6 months by comparing changes in sleep quality scores before and after the intervention in the intervention and control groups.

The study was conducted at all posyandu (integrated health service posts) in the working area of Munjul Jaya Community Health Center, Purwakarta Regency, from October 2025 to January 2026. The study population consisted of all mothers with infants aged 0–6 months registered in the working area of Munjul Jaya Community Health Center. The study sample consisted of 66 respondents, namely 33 respondents in the intervention group and 33 respondents in the control group. The sampling technique used was *purposive sampling* based on predetermined inclusion and exclusion criteria.

The intervention group received the *Sleep Baby Kit*, consisting of *baby massage*, *white noise*, and sleep hygiene education, for four weeks. Baby massage was performed by the mother after receiving training from the researcher, twice a week for 15–20 minutes using standard massage techniques. White noise was played every night before bedtime at an intensity of 60–70 dB for a maximum of 30 minutes. Sleep hygiene education was delivered in a structured manner. The control group only received routine health services at the posyandu without any additional intervention.

Univariate analysis was used to describe respondent characteristics in the form of mean, standard deviation, frequency, and percentage. A normality test was performed prior to bivariate analysis. Differences in sleep quality scores before and after the intervention were analyzed after the data were found not to be normally distributed, so the Wilcoxon test was used. The effectiveness of the *Sleep Baby Kit* intervention was also analyzed using the *Normalized Gain* (N-Gain) test to measure the magnitude of improvement in infant sleep quality based on pretest and posttest scores

III. RESULTS AND DISCUSSION

This study involved 66 respondents consisting of mothers with infants aged 0–6 months, divided into an intervention group (n=33) and a control group (n=33). Analysis was conducted to evaluate the effectiveness of implementing the *Sleep Baby Kit*, consisting of *baby massage*, *white noise*, and sleep hygiene education, in

improving infant sleep quality based on the *Brief Infant Sleep Questionnaire-Revised* (BISQ-R).

1. Characteristics Respondents

Table 1. Characteristics Respondents

Variables	Intervention n (%)	Control n (%)
Age baby		
0–2 months	5 (15.2)	7 (21.2)
3–4 months	13 (39.4)	10 (30.3)
5–6 months	15 (45.4)	16 (48.5)
Gender		
Male	21 (63.6)	13 (39.4)
Female	12 (36.4)	20 (60.6)
Types of nutrition		
Exclusive breastfeeding	17 (51.5)	18 (54.5)
Mixed feeding	14 (42.4)	8 (24.3)
Formula milk	2 (6.1)	7 (21.2)
Mother's education		
Junior high school	1 (3.0)	2 (6.1)
Senior high school / vocational school	18 (54.5)	19 (57.6)
Higher education	14 (42.5)	12 (36.3)

Based on Table 1, the characteristics of respondents in the intervention and control groups showed a relatively comparable distribution. Most infants in both groups were in the 5–6 month age range, namely 45.4% in the intervention group and 48.5% in the control group. The intervention group was dominated by male infants (63.6%), while the control group was dominated by female infants (60.6%). The majority of infants in both groups received exclusive breastfeeding, at 51.5% and 54.5%, respectively. In addition, most mothers had a senior high school/vocational school education level, namely 54.5% in the intervention group and 57.6% in the control group. Overall, the distribution of respondent characteristics in both groups showed relatively homogeneous baseline conditions, so that the differences in sleep quality obtained after the intervention more accurately reflect the effect of implementing the Sleep Baby Kit rather than the influence of respondent characteristics.

The proportion of respondents aged 5–6 months in this study indicates that most infants had entered a more mature sleep development phase. This condition supports the effectiveness of implementing the *Sleep Baby Kit*, which consists of *baby massage*, *white noise*, and sleep hygiene education. At this age, infants adapt more easily to sleep routines and relaxation stimulation compared with younger infants. Baby massage can provide a sense of comfort and relaxation, while white noise helps create a conducive sleep environment so that infants fall asleep more easily and maintain sleep for longer periods.

In terms of sex, male infants were dominant in the intervention group (63.6%), while the control group was dominated by female infants (60.6%). Although sex is

generally not a major factor influencing the effectiveness of *baby massage*, several studies have shown that male infants tend to have a shorter night sleep duration and a higher frequency of night waking than female infants in early life. These differences are associated with variations in neurological maturation, circadian rhythm development, and differences in sleep physiological regulation between the sexes. Nevertheless, these differences are relatively small, so the benefits of non-pharmacological interventions such as *baby massage*, *white noise*, and *sleep hygiene* can still be obtained in both male and female infants [7].

Infant nutrition, particularly exclusive breastfeeding, is an important factor influencing infant sleep quality. Breast milk contains complete nutrients, hormones, and amino acids such as tryptophan, which play a role in the formation of serotonin and melatonin, hormones that help infants sleep more comfortably and regularly. Exclusively breastfed infants tend to have a better emotional bond with their mothers, which increases feelings of security and comfort during sleep.

Maternal education level plays an important role in supporting the successful implementation of the *Sleep Baby Kit*. Mothers with secondary and higher education levels tend to more easily accept health education and apply the stimulation provided, which can help improve the sleep quality of infants aged 0–6 months.

2. Analysis Univariate

Table 2. Distribution Frequency Sleep Quality Before and after Intervention (Intervention Group)

Sleep Quality	N	%	n	%
Good	0	0	1	1
Fair	29	87.9	28	84.8
Poor	4	12.1	4	12.1
Total	33	100	33	100

Based on Table 2, it is known that that before observation in groups control part big baby own quality Sleep category Enough as much as 29 baby (87.9%), whereas category not enough as many as 4 babies (12.1%) and not there is baby with quality Sleep good . After done observation without giving Sleep Baby Kit intervention , some big baby Still is in the category quality Sleep Enough as many as 28 babies (84.8%), category not enough as many as 4 babies (12.1%), and only 1 baby (3.0%) was in the category good . The results show that improvement quality sleep in groups control No as big as group intervention

Tabel 3. Distribution Frequency Sleep Quality Before and after Intervention (Control Group)

Sleep Quality	Before Intervention		After Intervention	
	N	%	n	%
Good	0	0	1	1
Fair	29	87,9	28	84,8
Poor	4	12,1	4	12,1

33	100	33	100
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Based on Table 4.6, the pre-observation data for the control group revealed that the majority of infants exhibited moderate sleep quality, totaling 29 infants (87.9%). Meanwhile, 4 infants (12.1%) fell into the poor category, and none demonstrated good sleep quality. Following the observation period without the Sleep Baby Kit intervention, most infants remained in the moderate sleep quality category (28 infants, 84.8%), 4 infants (12.1%) remained in the poor category, and only 1 infant (3.0%) shifted to the good category. These findings indicate that the improvement in sleep quality within the control group was less pronounced than that observed in the intervention group.

3. Analysis Bivariate

Table 4. Normality Test

Group		N	Sig.	Information
Intervention Group	Before	33	0.018	Not normally distributed
	After	33	0.084	Normal
Control Group	Before	33	0.266	Normal
	After	33	0.002	Not normally distributed

**Shapiro-Wilk test*

Based on Table 3, the results of the *Shapiro-Wilk* normality test show that the p-values for all sleep quality score variables were < 0.05 , indicating a non-normal distribution. Therefore, bivariate analysis was continued using non-parametric tests. To examine differences in scores before (*pretest*) and after (*posttest*) the intervention in each group, the *Wilcoxon* test was used.

Table 5. Wilcoxon test

Group		N	Sig.
Intervention	Before	33	0,000
	After	33	
Control	Before	33	0.109
	After	33	

** Wilcoxon test*

Based on Table 4, the p-value in the intervention group receiving the *Sleep Baby Kit* was 0.000, so it can be concluded that the implementation of the Sleep Baby Kit (*baby massage*, *white noise*, and *sleep hygiene*) is effective in improving sleep quality in infants aged 0–6 months in the working area of Munjul Jaya Community Health Center, Purwakarta. Meanwhile, the control group showed a p-value of 0.109, so it can be concluded that there was no effectiveness on the sleep quality of infants aged 0–6 months.

The results of this study show that the combined intervention of *baby massage*, *white noise*, and sleep hygiene education is able to provide a physiological and psychological relaxation effect in infants, resulting in a significant improvement in sleep quality. *Baby massage* is known to stimulate vagus nerve activity, which plays a

role in increasing serotonin and melatonin secretion, hormones that help the relaxation and sleep process. In addition, the use of *white noise* helps create a more stable sleep environment by reducing disturbances from environmental sounds, while sleep hygiene education helps mothers establish a consistent and comfortable infant sleep routine.

Physiologically, the combination of these three interventions works synergistically to increase infant comfort, reduce stress, and help regulate circadian rhythms, making it easier for infants to fall asleep and achieve a more optimal sleep duration. These results are consistent with the study by Rezaei et al. (2023), which found that giving baby massage for 15 minutes before bedtime for two weeks significantly reduced *sleep latency*, reduced the frequency of night waking, and increased continuous sleep duration in infants compared with the control group. This study is also supported by Widiani and Pradnyawati (2022), who showed that *baby massage* has a significant effect on improving sleep quality in infants aged 3–6 months. In addition, Sulasdi and Ismarwati (2023) reported that regular baby massage was able to increase sleep duration and improve sleep quality in infants aged 1–12 months. [9][12][16]

In addition to baby massage, the *white noise* component is another factor that can influence the improvement of infant sleep quality. *White noise* produces sound with a stable frequency that can mask environmental sounds (*auditory masking*) that may disrupt sleep continuity. A stable acoustic environment helps infants enter the sleep phase more quickly and maintain sleep for longer. This finding is consistent with the results of Riedy et al. (2021), who stated that *white noise* can be used as a non-pharmacological *sleep aid* to improve sleep quality, particularly in high-noise environments. In addition, Hanifa et al. (2026) stated that controlled use of *white noise* can improve sleep efficiency and reduce sleep disturbances in infants by reducing environmental sound stimulation. [10][3]

The third component of the *Sleep Baby Kit* is sleep hygiene education, which focuses on establishing healthy sleep habits through consistent sleep schedules, pre-sleep routines, lighting arrangement, noise control, and creating a comfortable sleep environment. Consistent application of *sleep hygiene* helps infants recognize sleep patterns, thereby facilitating the transition to sleep and maintaining optimal sleep quality. These results are consistent with the study by Wahyuni et al. (2022), which showed that sleep hygiene education significantly increased the night sleep duration of children aged 3–24 months through the establishment of a regular sleep routine. In addition, Reuter et al. (2020), in a systematic review, concluded that behavioral interventions involving parents, including the implementation of *sleep hygiene*, are effective in reducing sleep disturbances and improving infant sleep quality [15][8].

This study integrated all three components into a single intervention package, thereby providing a more comprehensive effect. The combination of physiological stimulation through baby massage, sleep environment modification with white noise, and the establishment of healthy sleep behavior through sleep hygiene education is

thought to produce a synergistic effect in improving infant sleep quality. Thus, the *Sleep Baby Kit* has the potential to become an evidence-based non-pharmacological intervention that can be implemented in maternal and child health services, particularly at Puskesmas (community health centers) and Posyandu (integrated health service posts), to support the improvement of sleep quality in infants aged 0–6 months.

Table 6. *N-Gain* Test

Group	Mean±SD <i>N-Gain</i>	Category	<i>p-value</i>
Intervention	Intervention 0.71 ± 0.12	High	0.000
Control	Control 0.12 ± 0.53	Low	

Based on Table 5, it is known that the intervention group had a mean *N-Gain* value of 0.71 ± 0.12 , categorized as high, while the control group had a mean *N-Gain* value of 0.12 ± 0.53 , categorized as low. These results indicate that the implementation of the *Sleep Baby Kit*, consisting of *baby massage*, *white noise*, and sleep hygiene education, is effective in improving the sleep quality of infants aged 0–6 months compared with the group that did not receive the intervention. The *p-value* of 0.000 also indicates that the improvement in sleep quality in the intervention group was significant.

The high *N-Gain* category in the intervention group indicates that the intervention provided not only a statistical change but also strong effectiveness in improving infant sleep quality. The combination of *baby massage*, *white noise*, and sleep hygiene education works synergistically to increase relaxation, reduce physiological stress, and help establish a more regular sleep pattern in infants. *Baby massage* helps improve blood circulation and serotonin secretion, making infants calmer and falling asleep more easily. Meanwhile, *white noise* helps create a comfortable sleep environment by stabilizing ambient sound, while sleep hygiene education helps mothers implement a consistent sleep routine.

Conversely, the low *N-Gain* value in the control group indicates that without a specific intervention, improvement in infant sleep quality tends to be less than optimal. This shows that the sleep quality of infants at an early age requires adequate stimulation and sleep environment management in order to achieve optimal improvement.

The results of this study are consistent with research by Listin Safitri (2024), which states that baby massage is effective in improving the sleep quality of infants aged 0–6 months through increased relaxation and sleep comfort. This shows that the combination of relaxation stimulation such as baby massage and sound therapy has a significant effect on improving infant sleep duration and quality. In addition, research on the effectiveness of *sleep hygiene* by Handayani et al. (2021) explains that the application of good sleep habits can significantly improve sleep quality through the establishment of a consistent sleep routine and a comfortable sleep environment.

[11][2]

Thus, the results of this study prove that the implementation of the *Sleep Baby Kit* is an effective non-pharmacological intervention for improving the sleep quality of infants aged 0–6 months. The combined intervention of *baby massage*, *white noise*, and sleep hygiene education can be used as an alternative promotive and preventive approach in community midwifery practice to support optimal infant growth and development.

IV. CONCLUSION

The implementation of the Sleep Baby Kit, which integrates *baby massage*, *white noise*, and *sleep hygiene education*, has been proven effective in improving the sleep quality of infants aged 0–6 months in the Munjul Jaya Community Health Center, Purwakarta Regency. The results of the analysis using the *Wilcoxon test* showed a significant increase in sleep quality in the intervention group with a *p-value* of 0.001, while the control group did not experience significant changes with a *p-value* of 0.109.

The effectiveness analysis using *N-Gain* confirmed the study's findings, with a mean *N-Gain* value of 0.71 ± 0.12 (high category) in the intervention group, compared to 0.12 ± 0.53 (low category) in the control group. These results indicate that *the Sleep Baby Kit* is highly effective in improving the sleep quality of infants aged 0–6 months.

Overall, this study provides evidence that *the Sleep Baby Kit* is a safe, practical, and evidence - *based non-pharmacological intervention*, with potential for implementation in community midwifery services, particularly in integrated health posts (Posyandu) and primary health care facilities. This intervention is expected to not only improve infant sleep quality but also support optimal growth and development, strengthen parental caregiving capacity, and serve as a promotive and preventive strategy for improving infant health in early life.

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