

# The Impact of Counselor Assisted Telecounseling on The Success of Breastfeeding Moms and Baby Child Feeding

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## ABSTRACT

**Background:** During the COVID-19 pandemic on the island of Java, tele-counseling was a viable alternative for assisting breastfeeding mothers and Infant and Young Child Feeding (IYCF). **Objective:** This study aims to analyze the effectiveness of counseling assistance with telecounseling on the success of breastfeeding mothers and IYCF. **Method:** This study used a mixed method (explanatory sequential design) and was quasi-experimental with a one-group posttest design, exploring the experiences of 18 mothers receiving telecounseling from August to November 2021. **Purposive sampling** of 235 mothers provided the sample. **Results:** There is a relationship between maternal age ( $p = 0.031$ ), work ( $p = 0.030$ ), and telecounseling duration ( $p = 0.001$ ) and breastfeeding success. There is a relationship between the duration of telecounseling ( $p = 0.000$ ) and IYCF success. There is evidence of the effectiveness of telecounseling on breastfeeding success ( $p = 0.000$ ) and IYCF success ( $p = 0.000$ ). In the Binary Analysis of logistic regression, there is an influence of work ( $p = 0.038$ ) on the success of breastfeeding. There is a variable effect of work ( $p = 0.006$ ) and telecounseling duration ( $p = 0.000$ ) on the success of IYCF. The results of the parameter significance test simultaneously demonstrated that IYCF was at 42.9% while all variables had a 24.29% influence on breastfeeding success. The qualitative themes on breastfeeding were expressing breast milk, using bottles or nipples, positioning and attachment, and lack of milk production, while the IYCF themes were weight, making food menus, and eating difficulty. **Conclusion:** Tele-counseling is effective for the success of exclusive breastfeeding and IYCF, supported by the counselors' competence to use media to increase insight. **Suggestion:** Tele-counseling can be done using a smartphone as an alternative for assisting mothers in areas that are difficult to reach.

**Keywords:** tele-counseling, breastfeeding, IYCF, counselors

## INTRODUCTION

Infant and Child Feeding (IYCF) will ideally meet nutritional needs for the growth and development of infants and children (UNICEF, 2020a). The World Health Organization (WHO) recommends breastfeeding for the first six months of life and continuing to provide breast milk along with complementary foods until the age of two (Masrurroh et al., 2020). The success of IYCF will have an impact on reducing the incidence of stunting. Globally, 17–114 million children aged less than 5 years are stunted. Indonesia, facing problems with the triple burden of nutrition, has a prevalence of stunting of 27.7% (Ministry of Health of RI and BPS, 2019).

Since the Coronavirus Disease 19 pandemic on March 11, 2020, more than 1 million cases have been confirmed in Indonesia. This infection can affect all age groups, including mothers and their babies. Social restrictions during the COVID-19 pandemic required people to stay at home, adding that continuous care could not be carried out. They were both from the side of health workers who made visits when mothers and babies checked their health status at the nearest health service, as well as from mothers who experienced difficulties in breastfeeding and IYCF. This circumstance can be stressful for postpartum mothers who are still adapting to breastfeeding activities, as well as for other mothers with infants and young children seeking health, education, and support services for breastfeeding and IYCF (UNICEF, 2020b).

Research conducted by Lau et al. (2015) emphasizes early assistance or intervention to help primiparous mothers carry out the correct breastfeeding technique, a strategy to maintain breastfeeding for up to six months. There is a lack of support from health workers, as well as nurses who ask mothers to breastfeed but do not instruct them on how to do so properly (Fakhidah & Palupi, 2018; Fu et al., 2014). Support from health workers in early postpartum and one home visit can increase the duration of breastfeeding in primiparous mothers through health education by providing breastfeeding information and support (Aksu et al., 2011; Shefaly & Shorey, 2013). Additionally, supporting it is mothers' ability to overcome difficulties with breastfeeding, such as physical problems like pain, swelling, blisters on the nipples, and infections (El-Gilany & Abdel-Gady, 2014).

Telecounseling is counseling through individual media devices remotely (Patel & Pusdekar, 2019; Grubestic & Durbin, 2020). This technique is an alternative to addressing the problems of breastfeeding mothers and IYCF at home, usually using a cellphone (Vlassopoulos et al., 2020). Telecounseling is used to provide support and information needed during breastfeeding and IYCF (Uscher-Pines et al., 2020). Telecounseling activities can be provided in areas that do not have access to health services. Of the participants who took part in this program, 50% actively participated in using video calls, and after 12 weeks, 71% exclusively breastfed (Kandice et al., 2019). Telecounseling is an innovative information aid about professional breastfeeding, and this positive experience is felt by 91% of mothers and their babies (Moran et al., 2021).

## **METHODS**

This study, using a mix method, an explanatory sequential design, and a quasi-experimental one-group posttest design, explored the experiences of 18 mothers with telecounseling in August–November 2021. It involved a purposeful sample of 235 mothers. Statistical analysis: independent T test and binary logistic regression test to analyze the effectiveness of counseling assistance with telecounseling on the success of breastfeeding and IYCF. Qualitative design with explanatory sequential design to explore mothers' experiences while receiving telecounseling, using in-vivo method analysis.

The duration of telecounseling implementation for clients is 5 weeks, with 4 weeks devoted to quantitative data collection and 1 week devoted to qualitative data collection. Inclusion criteria for mothers with children younger than two years old, children with disabilities, mothers with smartphones familiar with the applications G-Form, Zoom, Video Call, and WhatsApp, and mothers who can read and write. Exclusion criteria were pregnant women, mothers with disabilities, and families that did not allow telecounseling.

The location of this research includes three provinces, namely: 1) East Java: Madiun, Jember, and Sidoarjo; 2) Central Java: Cilacap, Magelang, and Wonogiri; and 3) Banten: Tangerang, Pandeglang, and Lebak. Each province consists of 3 districts; each district consists of 1 Puskesmas and 1 PKK in different sub-districts, so that the total consists of 9 Puskesmas and 9 PKK representing 3 Provinces. The research area locations were chosen based on exclusive breastfeeding coverage of less than 80%.

The research questionnaire consisted of a demographic questionnaire on the characteristics of breastfeeding mothers and IYCF, a telecounseling satisfaction questionnaire (after participating in at least 2 interventions in breastfeeding telecounseling or IYCF, according to aspect RATER (Reliability Assurance, Tangible, Empathy, and Responsiveness) with 10 statements), and an IYCF satisfaction questionnaire (after participating in at least 2 interventions in IYCF).

The reliability and validity of the telecounseling satisfaction questionnaire on breastfeeding and IYCF have been evaluated. Reliability test results show an Alpha's Cronbach of 0.973 (alpha coefficient > 0.05) (Polit, 2012). The results of the validity test using correlation Product moments show that all of these statements and the results are greater than  $r$ , which is 0.367, meaning that this questionnaire can be used (Mindrila & Balentyne, 2013). This research has received approval from the ethics committee of STIK Sint Carolus, No: 07/KEPPKSTIKSC/IX/2021 dated September 20, 2021.

## RESULTS

## A. Quantitative stage

Table 1. Characteristics of respondents based on age and occupation

Characteristics	Description	n	%
Age	20-30 Years	149	63,4
	31-40 Years	80	34,0
	>40 Years	6	2,6
Work	Doesn't work	151	64,3
	Work	84	35,7
<b>Total</b>		<b>235</b>	<b>100,0</b>

Table 1 explains that the frequency distribution of the characteristics of the majority of mothers aged 20–30 years is 63.4% (149), and mothers who do not work are 151 (63.3%) of respondents.

Table 2. Distribution duration, frequency, distance of telecounseling, success of breastfeeding and IYCF

Variable	Description	n	%
Telecounseling Duration	< 30 minutes / 2 weeks	59	25,1
	31-60 minutes / 2 weeks	108	46,0
	> 1 Hour or 2 weeks	68	28,9
Telecounseling frequency	1 time	84	35,7
	2 times	55	23,4
	≥ 3 times	96	40,9
Telecounseling distance	1-3 days	118	50,2
	4-6 days	63	26,8
	>6 days	54	23,0
Breastfeeding Success	Not successful	62	26,4
	Succeed	173	73,6
IYCF success	Not successful	54	23,0
	Succeed	181	77,0
<b>Total</b>		<b>235</b>	<b>100,0</b>

Table 2 explains that most of the duration of telecounseling is 31–60 minutes every two weeks (46%), the frequency of telecounseling ≥ 3 times was 40.9%, telecounseling 1-3 days apart was 50%, breastfeeding activities were successful by 73.6%, and IYCF was successful by 77%.

Table 3. Frequency Distribution of Breastfeeding Problems

Variable	Description	n	%
Breastfeeding Problems	Nipple Problems (cracked, swollen, flat, etc.)	32	13,6
	Working Mother	20	8,5
	Not Breastfeeding Since Birth	2	0,9
	Short Breastfeeding +Formula, breast milk Is Not Enough	24	10,2
	The presence of other diseases in the breast	2	0,9
	Mother Pregnant Again	4	1,7
Breast Conditions	Swollen	22	9,4
	Hard	63	26,8
	Full	99	42,1
	Normal soft	49	20,9
	Other	2	0,9

Breastfeeding Position	Not exactly Appropriate	91 144	38,7 61,3
attachment	Not exactly Appropriate	91 144	38,7 61,3
Baby's response after feeding	Asleep Calm Fussy/Crying	35 166 34	14,9 70,6 14,5
How many times does a baby breastfeed in 24 hours?	4-7 Times 8-10 Times >10 Times	35 90 110	14,9 38,3 46,8
Breastfeeding support Mothers get from:	Husband Parent	157 78	66,8 33,2
<b>Total</b>		<b>235</b>	<b>100,0</b>

Table 3 explains that the majority of breastfeeding problems with nipple problems (scratches, swelling, flatness, and others) are 13.6%; full breast conditions are 42.1%; proper breastfeeding position is 61.3%; the baby's response is calm after breastfeeding, 70.6%; babies breastfeed within 24 hours > 10 times as much as 46.8%; and mother's breastfeeding support is obtained from husbands as much as 66.8%.

Table 4. Frequency Distribution of IYCF Problems

Variable	Description	n	%
Frequency of large meals in 24 hours	1 time	4	1,7
	2 times	81	34,5
	3 times	138	58,7
	Other	12	5,1
Frequency of snack meals in 24 hours	1 time	59	25,1
	2 times	147	62,6
	Other	29	12,3
The amount or portion of a large meal	Age Appropriate	65	27,7
	Not Age Appropriate	170	72,3
Food texture	Age Appropriate	65	27,7
	Not Age Appropriate	170	72,3
Type or variety of large meals	1 Variation	15	6,4
	2 Variations	73	31,1
	3 Variations	69	29,4
	4 Variations	46	19,6
	Other	32	13,6
Active and responsive	Active	167	71,1
	responsive	68	28,9

Wash hands with running water and use soap	Of No	167 68	71,1 28,9
Water is boiled before drinking	Of No	167 68	71,1 28,9
Place BAB family	Home Own Toilet Public toilet Gardens, Rivers, Beaches, Ditches And More	139 76 20	59,1 32,3 8,5
Mother or family member who smokes	Of No	145 90	61,7 38,3
<b>Total</b>		<b>235</b>	<b>100,0</b>

Table 4 explains that the problem of IYCF is that the majority of respondents had three large meals in 24 hours (58.7%); had a snack twice (62.6%); the number of large meals was not age-appropriate 72.3%; the food texture was not age-appropriate 72.3%; two variations of large meals 31.1%; most of them are active 71.1%; families defecate in their own home toilets 59.1%; and family members smoke 61.7%.

Table 5. Distribution of Mothers' Satisfaction Levels after being given Breastfeeding Tele-counseling and IYCF

Variable	Description	n	%
Mother Satisfaction Level	Quite satisfied	24	10,2
	Satisfied	151	64,3
	Very satisfied	60	25,5
	Total	235	100,0

Table 5 explains that the level of mother satisfaction after being given breastfeeding telecounseling and IYCF was mostly satisfied (64.3%).

Table 6: Relationship between Mother Characteristics, Telecounseling Duration, Frequency, and Distance and Breastfeeding Success and IYCF

Variable	Breast-feed				<i>P</i> <i>Value</i>	IYCF				<i>P</i> <i>Value</i>
	No Succeed		Succeed			No Succeed		Succeed		
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>		<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	
Age				71,8				75,2		
20-30 Years	42	28,2	107	80,	0,031 **	37	24,8	112	78,	0,330
31-40 Years	16	20,0	68	0		17	21,3	63	8	
>40 Years	4	66,7	2	33,		0	0,0	6	100	
				3				,0		
Work				78,				72,7		
Doesn't work	28	21,2	104	8	0,030 **	36	27,3	96	72,7	0,052
Work	34	33,0	69	67,		18	17,5	84	82,5	
				0						
Telecounseling										
Duration										
< 30 minutes / 2				57,6				44,1		
weeks	25	42,4	34	84,	0,001 **	33	55,9	26	87,	0,000 **
31-60 minutes / 2	17	15,7	91	3		14	13,0	94	0	
weeks	20	29,4	48	70,		7	10,3	61	89,	
> 1 Hour / 2				6				7		
weeks										

Frequencies	22	28,2	56	71,8		22	28,2	56	71,8	
1 time	22	28,9	54	71,1	0,573	11	14,5	65	85,5	0,095
2 times	18	35,5	63	77,8		21	25,9	60	74,1	
≥ 3 calories										
Distance				77,1					77,1	
1-3 days	27	22,9	91	71,4	0,444	27	22,9	91	73,0	0,555
4-6 days	18	28,6	45	68,5		17	27,0	46	81,5	
>6 days	17	31,5	37	5		10	18,5	44		

Table 6 explains that the statistical test results (*chi squares*) found a relationship between age (*p value* 0.031), work (*p value* 0.030), and duration of telecounseling (*p value* 0.001) with breastfeeding success. There is a relationship between the duration of telecounseling (*p value* 0.000) and IYCF success.

Table 7. Effectiveness of Telecounseling on Breastfeeding Success and IYCF

Variable	N	Mean	SE	SD	t	P value
Telecounseling success						
<i>Breast-feed</i>	235	22,42	1,46	45,24	29,7	0,000**
<i>IYCF</i>		22,32	1,45	45,24	29,8	0,000**

Table 7 explains that in the binary *logistic regression test*, it was found that there was an effect of breastfeeding telecounseling and IYCF on the success of breastfeeding and IYCF (*p value* =0,000).

## B. Qualitative Stage

The themes found at this stage are:

### 1. Success and failure of breastfeeding and IYCF after telecounseling

Informant statements about the success of breastfeeding and IYCF

"Alhamdulillah, now if I pump, I can get 100 cc (I1, FGD01)

"Now that my child is even asking for food, I'm thankful that he wants to eat..."

(I4, FGD01)

Currently, it's only been going on for 3 days (to eat well)..." (I3, FGD02)

"It's trouble free for him to take his own food and then eat it, I think." (I13, FGD02)

Informants' statements about the failure of breastfeeding and IYCF

"So the baby may already be comfortable with the pacifier, so we forget to introduce breasts to the baby again..."

(I3, FGD01)

".... I'm still having trouble, ma'am.... I can't breastfeed yet" (I8, FGD01)

"Even though I've been chatting and been provided with the pictures, I still need support, okay? Still, my problem is there.... my problem has not been resolved to feed the child" (I8, FGD01)

### 2. Problems in Breastfeeding and IYCF

Statements from informants for problems encountered during breastfeeding telecounseling and IYCF are as follows:

"The problem was when I used my hands to express breast milk yesterday... I'm not that skilled yet, so... even more, the results are a little bit" (I13, FGD02)

"That's why, ma'am... the problem is that the baby is confused about how to breastfeed because of using a pacifier..." (I12, FGD02)

"The first time I couldn't get it into her mouth, it still vomited, but the baby still can't get into it (breast milking)." (I9, FGD01)

"It turns out that because every time she eats (3 times), my baby has the same menu... Maybe she is bored... (I4, FGD01)

"Unfortunately, my child also hated rice. He did not even want to see it..." (I5, FGD01)

### 3. Satisfaction using telecounseling

"The counselor from SELASI answered... that's already good! Every time I make food, I take a photo for her (asking if) the position is correct or not (I12, FGD02).

"(I am) advised by the midwife to just keep breastfeeding, until the baby is satisfied and falls asleep." (I6, FGD01)

"Yes. The first evaluation counselor during the early initiation of breastfeeding (to see) whether breastfeeding is good or not..." (I9, FGD01)



"Yes... Alhamdulillah ma'am... it has such an effect on my child, even though the video call is only 30 minutes..." (I16, FGD02)

"Thank God, the counselor can make me get excited about cooking again." (I5, FGD01)

"I've been asked (assisted) almost every day, ma'am..... it's like a 24-hour security asking for news. Just like that..." (I11, FGD02)

#### 4. Breastfeeding beliefs and IYCF

"Indeed, my husband and I really support breastfeeding." (I3, FGD01)

"It increases (our) enthusiasm. It also changed the mindset that I previously had. I thought pumping was difficult, producing only (little milk) and was a long process." (I1, FGD01)

"even though I am a working mother, I still pump constantly at the office...no more formula milk..." (I7, FGD01)

".... I'm fully breastfeeding, thank God, that's because I didn't work before, (only) my husband did..." (I11, FGD02)

"(my kid) kid eats well enough... she has eaten a lot but only 2 times since the menu was changed..." (I18, FGD02)

"It's more appetizing, you know. I give all kinds of things, like vegetables, then rice, then there is tempeh, tofu, then fish like that, so it's more complete, ma'am, yes, there are more variations... so it's easier for him to take his own food and then eat it huh..." (I13, FGD02)

"So after the first meal menu was made, I tried it with different variations for breakfast, lunch and evening. At first, after the first time, I was given a menu via chat. The child wanted to eat a little ... the second day, I gave a different menu again... Thank God, she wants to eat, ma'am... ." (I4, FGD01)

#### 5. IYCF telecounseling support

"I called via WhatsApp when I arrived at work. (Texting via whatsapp only) takes a long time because sometimes my text is not replied. I'll wait again... I will be waiting again. It's just like that, but I got experience with the MP-ASI (complementary foods) menu..."

(I1, FGD01)

"... takes a long time, sometimes 20 minutes at a time.... The next day or even the day after the next day..." (I3, FGD01)

"The phone call lasted about 20 to 30 minutes. After that, using the WA chat to find out the position of breastfeeding" (I5, FGD01)

### Discussion

Tele-counseling is the remote counseling of a single person. Telecounseling discussing feeding can be called *tele-lactation* (Grubestic & Durbin, 2020; Patel & Pusdekar, 2019). Breastfeeding telecounseling and IYCF (Infant and Child Feeding) need to be given to mothers who have difficulties with breastfeeding and IYCF for their babies or children. According to research by Uscher-Pines et al., 2020, and Fu et al., 2014, more than 50% of mothers who received telecounseling with the mother's assistance over the phone for thirty minutes were successful in exclusively breastfeeding. The results of this study were supported by the statement of a mother, who said, "The call was about 20 to 30 minutes. After that, we used the WA chat to find out the position of breastfeeding" (I5, FGD01). "... takes a long time, sometimes 20 minutes at a time.... The next day or even the day after the next day..." (I3, FGD01). "Yes. The first evaluation counselor during the early initiation of breastfeeding (to see) whether breastfeeding is good or not..." (I9, FGD01). There is a significant correlation between telecounseling duration and breastfeeding success ( $p = 0.001$ ). According to Pinem, Ginting, and Simamora (2019), mothers who breastfeed their babies in the proper position and attachment will produce enough milk, and the baby will fall asleep peacefully after the feeding. This study discovered that mothers occasionally delay breastfeeding so that the breasts become full, which, if not breastfed right away, will result in breast swelling in 9.4% of cases. After receiving counseling, 61.3% of mothers were found to be in the proper position and attachment to breastfeeding, which was supported by the baby's calm response after breastfeeding (70.6%). Supported by the mother saying, "(I am) advised by the midwife to just keep breastfeeding until the baby is satisfied and falls asleep." (I6, FGD01). Support for breastfeeding and IYCF is needed to provide motivation, so that mothers are able to face challenges while experiencing problems with breastfeeding and IYCF (Black et al., 2020; Harahap, T. S., Hendianti, A., Rahmah, H., & Sulastri, 2021). Research by (Oktalina et al., 2015) found similar results: around 69% of husbands support mothers in breastfeeding and provide exclusive breastfeeding. The results of this study are supported by the mother's statement: "I called via WhatsApp when I arrived at work. (Texting via whatsapp only) takes a long time because sometimes my text is not replied. I'll wait again... I will be waiting again. It's just like that, but I got experience with the MP-ASI (complementary foods) menu..." (I1, FGD01). "Indeed, my husband and I really support breastfeeding." (I3, FGD01). In this study, there was a dominance of the husbands' support (66.8%).

According to research by Rahmawati et al. (2019), counseling can increase a child or infant's frequency of feeding. Counseling from IYCF counselors resulted in a rise from 76.0 percent to 89.3 percent in this study. In terms of the variety of foods consumed by infants and children, who only consume 2-3 variations of food on average, the variety and amount of food that mothers give to their children are still very low. This is supported by the statement, *It's more appetizing, you know, I give all kinds of things, like vegetables, then rice, then there is tempeh, tofu, then fish like that, so it's more complete, ma'am, yes, there are more variations... so it's easier for him to take his own food and then eat it huh....*" (I13, FGD02). *"So after the first meal menu was made, I tried it with different variations for breakfast, lunch and evening. At first, after the first time, I was given a menu via chat. The child wanted to eat a little,,, the second day, I gave a different menu again... Thank God, my child wants to eat, ma'am..."* (I4, FGD01). There is a relationship between telecounseling and IYCF success ( $p = 0.000$ ). Telehealth support is provided through telephone calls, videoconferences, or a combination of the two (Santos et al., 2020).

Sore nipples (13.6%) and short breastfeeding plus formula milk because there isn't enough milk (10.2%) are two breastfeeding issues that mothers frequently experience. This is in line with the findings in the qualitative analysis, where participants said milk production was small and expressing milk was difficult. The majority of mothers do the position and attachment of breastfeeding correctly, but when we dig deeper, this is still a problem for breastfeeding mothers. Incorrect breastfeeding positions can increase the risk of nipple problems such as cracks, blisters, and pain. The mother claimed that giving the infant a pacifier to drink from causes confusion in the infant regarding the nipple. *"That's why, ma'am... the problem is that the baby is confused about how to breastfeed because of using a pacifier..."* (I12, FGD02). Nipple confusion is a condition that occurs when the baby receives formula milk using a milk bottle (Banginwar et al., 2011). Breastfeeding position greatly determines the continuity of breastfeeding (Marito et al., 2019; Yesika et al., 2021). Attachment, or latch on, is the mother's most important factor in breastfeeding; this is indicated by the baby's mouth being wide open on the nipple, areola, and breast so that the baby can maximally suckle the milk (Banginwar et al., 2011). According to researchers, breastfeeding mothers face challenges such as sore nipples, a slight increase in breast milk volume, and nipple confusion. This is supported by the statement, *"The problem was when I used my hands to express breast milk yesterday... I'm not that skilled yet, so... even more, the results are a little bit"* (I13, FGD02). *"That's why, ma'am... the problem is that the baby is confused about how to breastfeed because of using a pacifier..."* (I12, FGD02). 25.5% of mothers reported being extremely satisfied with this telecounseling activity, while 10.2% reported being quite satisfied. This was assumed due to the fact that five mothers (2.1% of the sample) disagreed with the statement that "counselors' explanations when discussing telecounseling were sufficient to overcome mothers' complaints." Albornoz et al. (2002) found that telephone telecounseling and video conferencing are as effective as face-to-face health counseling. According to Novita et al., 2021, breastfeeding satisfaction is influenced by several factors, including self-confidence, household income, education, behavior, and mode of delivery. This result is supported by the mother's statement, *"The counselor from SELASI answered... that's already good! Every time I make food, I take a photo for her, (asking if) the position is correct or not* (I12, FGD02). *"Yes... Alhamdulillah ma'am... it has such an effect on my child, even though the video call is only 30 minutes."* (I16, FGD02). *"Thank God, the counselor can make me get excited about cooking again..."* (I5, FGD01). *"I've been asked (assisted) almost every day, ma'am..... it's like a 24 hour security asking for news. Just like that."* (I11, FGD02).

## CONCLUSION

Tele-counseling is effective for the success of exclusive breastfeeding and IYCF, supported by counselor competence in using media as a means of increasing knowledge. The media used in this study were flipcharts, flyers, videos, and visual aids for breastfeeding and IYCF. Pregnant women should also be given tele-counseling to prepare them for breastfeeding. Tele-counseling can be done using a smartphone as an alternative for assisting mothers in areas that are difficult to reach and have children with disabilities.

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