

Counselors' Experiences with Infant and Young Child Feeding Tele-Counseling: A Phenomenological Study

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Abstract

The global COVID-19 pandemic has influenced the intervention delivery of Indonesia's stunting reduction program. In this context, e-counseling can be adapted as an innovative approach to deliver interventions. This study aimed to explore counselors' experiences when conducting tele-counseling. The five participants in this phenomenological study were counselors who had received breastfeeding and infant and young child feeding (IYCF) counseling training and participated in counseling service activities. The participants were selected using a purposive sampling technique. In-depth interviews were conducted with each of the participant until data saturation was reached. Each interview was transcribed and analyzed using thematic analysis method. Four themes were found in this study: exciting experiences, essential counseling skills, privacy concerns, and tele-counseling as service solution. The recommendation derived from this study is to continue the IYCF tele-counseling program as a service solution at health facilities.

Keywords: counselor experiences, infant and young child feeding tele-counseling, COVID-19 pandemic, phenomenology

Abstrak

Pengalaman Konselor Telekonseling Pemberian Makan Bayi dan Anak: Studi Fenomenologi. Pandemi global telah memengaruhi program penanggulangan stunting di Indonesia. Pendekatan e-konseling merupakan intervensi inovatif yang dapat diadaptasi dalam situasi ini. Penelitian ini bertujuan untuk mengeksplorasi pengalaman konselor saat melakukan telekonseling. Sebanyak lima partisipan adalah konselor yang pernah mengikuti pelatihan konseling menyusui, pelatihan konseling Pemberian Makan Bayi dan Anak (PMBA) serta melakukan kegiatan layanan konseling dalam program telekonseling PMBA. Partisipan dipilih dengan menggunakan teknik purposive sampling. Setiap partisipan mendapatkan sesi wawancara mendalam satu per satu hingga saturasi data tercapai. Setiap wawancara kemudian ditranskripsi dan dianalisis menggunakan metode analisis tematik. Ada empat tema yang ditemukan dalam penelitian ini, yaitu pengalaman yang menyenangkan, keterampilan konseling yang esensial, perhatian terhadap privasi, dan konseling jarak jauh sebagai solusi layanan kesehatan. Rekomendasi penelitian ini adalah melanjutkan program telekonseling sebagai solusi layanan di fasilitas kesehatan.

Kata Kunci: fenomenologi, pandemi COVID-19, pengalaman konselor, telekonseling pemberian makan bayi dan anak

Introduction

Malnutrition among children is an important problem in Indonesia; stunting, malnutrition, and severe thinness (*wasting*) continue to affect children under five years of age. Stunting de-

monstrates chronic malnutrition and can have long-term effects, including growth barriers, decreased cognitive and mental abilities, susceptibility to disease, low economic productivity, and low reproductive quality (United Nations Children's Fund [UNICEF], 2020).

Most of these problems can be solved by giving infants and young children optimal, gold-standard food, such as through the early initiation of breastfeeding, exclusive breastfeeding until children reach six months of age, balanced and nutritious complementary food, and breastfeeding until children reach two years of age. To address all forms of malnutrition, maternal nutrition, exclusive breastfeeding, and complementary feeding all require an equal focus and prioritization (UNICEF East Asia dan Pacific Region, 2021). Based on the data from the Indonesian Ministry of Health, out of 90% of mothers who had breastfed their children, 52.5% exclusively breastfed while 47.5% provided their children with other meals (Ministry of Health Republic of Indonesia, 2021). Therefore, enhancing the children's nutritional status is essential.

The global COVID-19 pandemic has influenced the intervention delivery of Indonesia's stunting reduction program, leading researchers and stakeholders to prepare innovations for adoption in health interventions. One such model is the e-counseling approach. This method is expected to support mothers and caregivers in caring for their children, especially during children's first 1,000 days of life (Hamner et al., 2022). Ministry of Health Republic of Indonesia launched health service guidelines for mothers and children during the pandemic (Direktorat Gizi Masyarakat, 2020). One possible health service is e-consultation for either individuals or groups of clients. Therefore, infant and young child feeding (IYCF) counseling can be modified to e-counseling, presenting an alternative counseling method during a pandemic.

Based on World Health Organization (WHO) recommendations, the most effective way to provide breastfeeding counseling is through individual, face-to-face interactions between counselors and clients (World Health Organization, 2018). However, in March 2020, the WHO declared COVID-19 to be a global pandemic. This pandemic disrupted maternal and health services (Lellamo et al., 2021). In res-

ponse, the WHO urged countries to ensure the continuity of health services and programs as effectively as possible (Menendez et al., 2020). Adapting to the pandemic or other emergencies through the use of electronic technology, such as telephone counseling or other e-counseling approaches, can complement face-to-face counseling. This alternative approach has been successfully utilized in low-, middle-, and high-income countries (Lellamo et al., 2021; Kamulegeya et al., 2020; Pessoa et al., 2016).

e-Counseling is central to electronic counseling services and remote counseling that uses various media and similar terminology, such as online counseling and tele-counseling. Online counseling refers to providing therapeutic assistance services that use electronic communication technology to interact between professional counselors and their clients through telephone, email, written messages on social media platforms, video calls, and online meeting platforms. Previously, in Indonesia, lactation and IYCF counseling had never been conducted online. However, due to the pandemic, tele-counseling was used in an effort to help mothers who needed counseling, and these tele-counseling sessions were conducted for three months in Bandung District, Indonesia, by the Indonesian Breastfeeding Centre. The current research explores these counselors' experiences when conducting the mentioned tele-counseling, and it sought findings that could be used to improve the next tele-counseling service. Thus, this study aimed to elaborate on counselors' experiences in providing IYCF e-counseling.

Methods

Design and Sample. This study used a qualitative design, particularly the phenomenological method, to obtain information on e-counseling experiences from counselors' perspectives. The study's participants were tele-counseling counselors from Indonesian Breastfeeding Centre. The researchers recruited participants who met the study's criteria using purposive sampling techniques. There were five counselors

who met this study's inclusion criteria; which are had participated in breastfeeding and IYCF counseling training and had participated in counseling service activities for three months.

Data Collection. This study was conducted in October–December 2020. Data were collected through in-depth, online interviews using Zoom Meeting with the duration according to an agreement between participants and researchers. Other than the researcher and individual participants, no one else took part in these interviews.

One of the research teams conducted the interviews. During these interviews, the researcher asked participants to consent to the interview's recording. A single researcher conducted each in-depth interview using Zoom for about 45 – 60 minutes. Audio and video recordings of these interviews were used for data collection. Data saturation occurred when the fifth participant was interviewed.

Data Analysis. An inductive, thematic approach was used to analyze the data. The researcher transcribed the interview recordings and analyzed the data using thematic analysis. Two team members took part in the coding process. The researcher identified meaningful statements from the participants before coding and categorizing them. The researcher determined appropriate themes based on categories and subthemes. The themes were derived from the data and analyzed manually, without using software.

Trustworthiness. The data's validity was test-

ed via member checking. After all themes were identified, participants validated the themes. All participants stated that the identified themes appropriately represented their experiences. Researchers conducted peer audits with the research team to identify the themes' accuracy, based on the data.

Ethical Considerations. The researcher explained this study in the WhatsApp group of Indonesian Breastfeeding Centre 's counselors. After a counselor expressed a willingness to participate, the researcher contacted the prospective participant to explain the study's purpose. Consenting participants expressed their decision to participate in this research by filling out a form on Google Forms. This research was reviewed and approved by the Ethics Commission of the Faculty of Nursing, Universitas Indonesia, with the protocol number Ket-269/UN2.F12.D1.2.1/PPM.00.02/2021.

The study's interviews were conducted in Bahasa Indonesia. Table 1 outlines the questions asked in these interviews.

Results

Table 2 presents a descriptive summary of this study's five participating IYCF counselors. The themes that emerged from participants' experiences conducting tele-counseling or remote counseling about breastfeeding and IYCF reflected the purpose of tele-counseling activities for counselors. Thematic analysis revealed four themes, 10 sub-themes, and 26 categories (see Table 3).

Table 1. Interview Questions

No.	Questions
1.	Tell us about your experience doing online counseling/remote counseling.
2.	How did you feel before interacting and after doing tele-counseling?
3.	What are the perceived obstacles when doing tele-counseling?
4.	Are there any issues of concern?
5.	What is your opinion about this modification being included in the program at Puskesmas (Primary Health Care) or other primary services?

Table 2. Participants' Demographic Characteristics

Participant number	Age (years)	Gender	Professional education	Time working as an IYCF* counselor (years)	Profession
P1	34	Female	Diploma in nutrition	4	Nutritionist
P2	36	Female	Bachelor's degree in Medicine	3	Doctor
P3	33	Female	Bachelor's degree in midwifery	4	Midwife
P4	56	Female	Diploma in nursing	3	Nurse
P5	48	Male	Diploma in nutrition	4	Nutritionist

*Infant and young child feeding

Table 3. Themes and Sub-Themes

Themes	Sub-themes
Exciting experiences	Exciting and amazing new experiences Awkwardness at first Overview of tele-counseling activities
Essential tele-counseling skills	Counseling preparation Remote counseling skills with voice and message Address issues during the process of tele-counseling
Privacy concerns	Essential aspects of a mother's consent
Tele-counseling as a service solution	Tele-counseling as a service solution Various results of tele-counseling Benefits for mothers and counselors

Theme 1: Exciting Experiences. The first theme, *exciting experiences*, was generated from three sub-themes: *exciting and amazing new experiences*, *awkwardness at first*, and *an overview of tele-counseling activities*. Participants considered the tele-counseling activity carried out as an innovation during the pandemic to be an exciting and amazing new experience. This perspective was evident in the following statements.

"The experience is amazing because, um . . . it is the first time I join—what is it, . . . counseling, counseling clients via online, right?" (P1)

"Thank you. It was an exciting experience for me." (P5)

However, this new experience could also cause a sense of awkwardness initially, as the following statements expressed.

"At first, maybe it was awkward to talk in front of a cellphone like this." (P2)

"The most important thing is that the information we provide is acceptable to mothers, and I feel the need to use various remote counseling skills to be able to overcome mothers' difficulties not only about IYCF, breastfeeding, but also the situation faced by families related to IYCF." (P4)

Participants felt this new experience was exciting because it was their first time doing tele-counseling, which was not conducted face-to-face. Some participants said they felt awkward because they were talking on the phone to offer counseling, which usually entailed directly speaking with a mother. Participant 4 also discussed activities that had been carried out during tele-counseling, from solving IYCF problems and breastfeeding to family problems related to IYCF practices.

Theme 2: Essential Tele-counseling Skills.

For the second theme, *essential tele-counseling skills*, several sub-themes emerged: *counseling preparation, remote counseling skills with voice and messages, and addressing issues during the process of tele-counseling.*

“So, [when going to do counseling], we need preparation. For example, if our client is a pregnant woman or a breastfeeding mother, the preparation of tools and media is [different].” (P2)

“How do you do that? Um, maybe it is from the intonation of our voices that, um. . . . What is it? Like, to be more familiar.” (P1)

“When using a written message, it becomes a long message because [hopefully] the mother understands. . . . In addition, it utilizes emoticons [to replace nonverbal messages].” (P1)

According to Participant 1, during tele-counseling, a counselor must adjust their voice intonation and modify their written messages so that their sent messages are received according to educational purposes.

During a pandemic, service innovations face various situations that render the delivery of optimal services challenging. In this context, health workers must consider modifying services to accommodate social distancing. Therefore, during a pandemic, online counseling can present a solution for infant and child feeding counseling services that had previously been conducted face-to-face at Puskesmas (Primary Health Care). The exploration of participants' experience in giving online counseling revealed a meaningful information that the counselor felt online counseling had not been possible before the pandemic.

“It will be so hard for us to solve the problem if we do not do it face-to-face, but this [tele-counseling] helps because when I, um, . . . had contact with the other 17 tele-coun-

seling clients, their response showed that they are helped, felt like they have friends to talk to because, when they go to the public health center, they cannot talk freely with the counselor.” (P1)

Theme 3: Privacy Concerns. The third theme, *privacy concerns*, was based on the subtheme of the *essential aspects of a mother's consent*. This theme had become important during contact involving images. Participants said that some mothers were reluctant to participate in video calls because they were embarrassed and did not want to be seen by counselors. For instance, one participant stated:

“First, the permission used to be with the mother, although yesterday, someone did not want to show [the video] of breastfeeding. There was also a video call, but when breastfeeding, the camera was not directed at the picture when the mother was breastfeeding, meaning that the mother was not pleased, but there were also those who were pleased.” (P2)

Theme 4: Tele-counseling As A Service Solution. The final theme that emerged in this study was *tele-counseling as a service solution*. This theme was developed from three sub-themes: *tele-counseling as a service solution, various results of tele-counseling, and benefits for mothers and counselors*. One participant stated that various results and benefits were obtained during the tele-counseling process, so e-counseling can constitute a service solution during the pandemic—especially infant and child feeding e-counseling services. The following participant statements underlined the emergence of these sub-themes and themes.

“If the mother finds difficulties in giving complementary food, her child has difficulty eating or obstacles in there are difficulties in breastfeeding, it can be by tele-counseling as a very helpful solution, instead of going to a dangerous Puskesmas [during a pandemic].” (P4)

“So, if the counselor really can play a role as a counselor, it is very good at the public health center.” (P4)

The previous statement was a response to tele-counseling as a possible service solution. Additionally, health workers' tele-counseling can maintain the Ministry of Health's recommendations for information conveyed to mothers. Mothers felt more confident about the information they received from tele-counseling than the information they received from social media, which could be confusing, as the following participant statement expressed.

“With a situation like this, this tele-counseling, Insyah Allah, can help mothers who do not or still do not know about the information. Maybe there are plenty of information from YouTube or other social media, but because of that the information is too much, so they tend to feel puzzled.” (P2)

Additionally, participants said that both mothers and counselors perceived the benefits of this tele-counseling. Mothers thought they could still take advantage of opportunities to access counseling without having to leave their houses. Meanwhile, counselors felt satisfied that they could still help mothers in various situations.

“Can help breastfeeding mothers, pregnant women, as well as children in 1,000 days' first life that, yes, hopefully can give something, not only them, but I also learn a lot because mothers face many situations that make me learn to help these mothers by tele-counseling.” (P2)

“So, it makes it easier for people who want counseling without spending a lot of transportation costs, especially in the pandemic situation. Mothers feel this is the right service because it comes from health facilities.” (P3)

“It's also good that, during this pandemic, [this IYCF counseling service] is upgraded

to a model and modification, namely by tele-counseling.” (P5)

The previous statement indicates how mothers benefit from tele-counseling, while counselors felt that they could learn to help mothers.

Discussion

During the COVID-19 pandemic, such health protocols as physical distancing and avoiding crowds limited health services and led to people reduce their visits to health facilities. Therefore, modifying services so that a community can still use necessary services is essential. Online counseling can modify health services during and after a pandemic.

This study identified the theme of *tele-counseling as a service solution*, especially regarding IYCF counseling. Previous research identified the theme of tele-counseling serving as an alternative future service provision in Malaysia (Mejah et al., 2020). Meanwhile, Kamulegeya et al. (2020) reported that telehealth services had been offered in Uganda before the pandemic. However, these services have become more active because they are safe during the pandemic and can still meet the Ugandan community's healthcare needs. Uganda's telehealth services include teleconsultation, call centers, mobile phone health information dissemination, telepsychiatry, and mobile medical services (tele-laboratory and tele-pharmacy). Additionally, Menendez et al. (2020) stated that, during a pandemic, many innovations are needed to prevent the indirect effects of directly limiting services for a community, especially promotional and preventive services. National programs must continue to provide essential maternal and child health interventions during periods of massive COVID-19 transmission. The provision of advanced or modified services is essential to save mothers' and children's lives.

Tele-counseling As A Health Service Solution.

This study shows that participants talk about tele-counseling activities as a solution to health

services. Regarding participant satisfaction, a systematic review study by Dorstyn et al. (2013) also found that feedback from participants in tele-counseling programs was successful and valuable, with completion rates of the programs reaching 75–97%. A literature review showed that telehealth can serve as an innovation to and expansion of health services (dos Santos et al., 2020). During the COVID-19 pandemic, contextual tele-counseling services are an option—although individual, face-to-face counseling is recommended (Lellamo et al., 2021). Accessibility, convenience, and efficiency have become significant benefits of e-counseling (Navarro et al., 2019; Wells, 2021).

Not only in Indonesia but also in Malaysia, tele-counseling services are a concern. Mejah et al. (2020) identified the theme of *acceptance of tele-counseling*. This theme was based on contradictory findings from which experts concluded that tele-counseling does not offer an actual counseling session. Rather, they suggest, tele-counseling is an early-stage process of assisting, emphasizing the intervention and consultation that a client needs. It can be modified with a video call session so that a counselor and a client can see each other's whole bodies and experience an optimal counseling session (Mejah et al., 2020).

Tele-counseling modifies services based on types of teleconsultation services, which are regulated by the Indonesian Ministry of Health during the pandemic. Kamulegeya et al. (2020) found that telehealth activities in Uganda can overcome the pandemic's challenges of accessing medical services without increasing the risk of infection and increase client–hospital–referral interactions for specialist services, the monitoring of diagnostic tests, and hospital administrations.

Counselors start interactions via written messages and agree on additional interactions. However, this approach differs from *telehealth services*, in which doctors interact face-to-face before prescribing drugs to patients so that they

can perform a physical examination first (Gajawala & Pelkowski, 2021). Mothers often experience a lack of confidence, knowledge, and support, so IYCF e-counseling is critical during this pandemic.

Along with findings on the sub-theme *various results of tele-counseling*, which was derived from statements by several participants, the benefits of this remote counseling activity can be analyzed. Lellamo et al. (2021) also stated that IYCF e-counseling has been used successfully in many contexts and countries, such as Australia, India, and China. These services provide timely, critical support for pregnant women and children under two years of age regarding meal plans, feeding practices, and challenges, issues, and concerns about infant and child feeding.

Privacy Concerns. Some mothers are unwilling to attend online conferences or video calls because they are embarrassed and do not want to be known to counselors. Stoll et al. (2020) discussed privacy issues related to online data storage. In contrast to this study, mothers pay more attention to shyness if they know their situation from the counselor. Drum and Littleton (2014) stated that teleconsultation can occur at any time virtually in their homes, thus raising the possibility of exceeding proximity limits.

Essential Tele-Counseling Skills. Prior to delivering tele-counseling activity organized by Indonesian Breastfeeding Centre, these counselors received training for four days to refresh their counseling skills and additional skills in providing remote counseling and addressing feeding difficulties for children with disabilities. Save the Children, Lellamo et al. (2021) noted, has developed guidelines for IYCF tele-counseling services. One of the organization's critical recommendations is that remote counseling must always comply with the principles, skills, and standards of the training that counselors and counseling guides must follow, proving the necessity of training. Guenther et al. (2021) and Drum and Littleton (2014) also obtained the same finding, noting that counselors

involved in telephone counseling programs had received training beforehand to ensure their ability to conduct telephone counseling. Statistically, participants felt satisfied with this service. Counselors demonstrated their ability to help clients after completing this program's e-counseling training.

The COVID-19 pandemic's impact on telehealth has required a rapid transformation in healthcare and education settings (Guenther et al., 2021). Moreover, Guenther et al. (2021) described how to develop telehealth services as part of a nursing education curriculum. Therefore, telehealth services can be implemented by paying attention to competence and the learning process. The result of the study by Guenther et al., 2021 showed the necessity of providing education and training for skilled counselors.

Counseling skills concerning the use of electronic devices or remote counseling require specific exercises, such as assembling sentences through writing and sound. However, Drum and Littleton (2014) stated that, to help distinguish therapeutic communication from social interactions, clinicians who conduct telepsychology should refrain from using chat acronyms, text-message shorthand, excessive punctuation, and emoticons. Reviewing text communications before making them available to clients will help prevent and minimize confusion that arises from miscommunications. For some clients, this approach very helpfully resolves tele-counseling concerns. However, a counselor conveyed that this study suggested that visual content is needed to help mothers develop baby care skills, especially breastfeeding and baby feeding. Therefore, remote counseling using devices that produce visual images—such as video calls and online meetings in this study—is more beneficial in helping breastfeeding mothers and mothers who provide complementary foods.

The challenge of online counseling is determining how to help mothers solve their problems without face-to-face interaction. Based on the

participants' experiences shared in this study, if preparation is optimal before tele-counseling, its counseling and counseling evaluation process can be more optimal despite its inability to replace face-to-face counseling. Learning about mothers' experiences and building their confidence requires specific skills that are more optimal during face-to-face counseling. Smith and Gillon (2021) mentioned that a therapist requires environmental adaptation and practice to run the online counseling process as expected.

One of the current study's sub-themes was *obstacles to tele-counseling*. However, since tele-counseling is a modification of the service covered through a teleconsultation policy, if a health facility provides this service, it can reduce service costs. Dos Santos et al. (2020) stated that tele-counseling services provide breastfeeding support at minimal costs. However, in rural communities, this obstacle changes in that internet network challenges and the availability of communication tools require effort. By contrast, Kamulegeya et al. (2020) found that no complaints were expressed about Uganda's limited internet access. Nevertheless, Serwe et al. (2017) suggested that telehealth is a feasible delivery format for a caregiver program's in-person format.

This thematic study found that knowledge and skills concerning the offer of face-to-face and online counseling must be trained. If online counseling can succeed as an alternative service, guidance and training are very important to standardize services. As a modification, tele-counseling has benefited IYCF counseling services. Therefore, guidelines or rules should be developed to support its implementation.

Conclusion

The teleconsultation policy of the Ministry of Health covered tele-counseling activities as a service modification. The implementation of health services that are not yet familiar is itself an experience for counselors, and challenges persist whose solutions require effort. Addi-

tionally, counseling practitioners are health professionals, breastfeeding counselors, and IYCF counselors. Special training is needed to prepare these professionals to develop their capacity.

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References

- Direktorat Gizi Masyarakat. (2020). *Pedoman pelayanan gizi pada masa tanggap darurat Covid-19 untuk tenaga kesehatan*. Kementerian Kesehatan Republik Indonesia.
- Dorstyn, D.S., Saniotis, A., & Sobhanian, F. (2013). A systematic review of telecounseling and its effectiveness in managing depression amongst minority ethnic communities. *Journal of Telemedicine and Telecare*, 19 (6), 338–346. doi: 10.1177/1357633X13501767.
- Drum, K.B., & Littleton, H. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional Psychology: Research and Practice*, 45 (5), 309–315. doi: 10.1037/a0036127.
- dos Santos, L.F., Borges, R.F., & De Azambuja, D.A. (2020). Telehealth and breastfeeding: An integrative review. *Telemedicine and E-Health*, 26 (7), 837–846. doi: 10.1089/tmj.2019.0073.
- Gajarawala, S.N., & Pelkowski, J.N. (2021). Telehealth benefits and barriers. *Journal for Nurse Practitioners*, 17 (2), 218–221. doi: 10.1016/j.nurpra.2020.09.013.
- Guenther, J., Branham, S., Calloway, S., Hilliard, W., Jimenez, R., & Merrill, E. (2021). Five steps to integrating telehealth into APRN curricula. *Journal for Nurse Practitioners*, 17 (3), 322–325. doi: 10.1016/j.nurpra.2020.12.004.
- Hamner, H.C., Nelson, J.M., Sharma, A.J., Jefferds, M.E.D., Dooyema, C., Flores-Ayala, R., Bremer, A.A., Vargas, A.J., Casavale, K.O., de Jesus, J.M., Stoody, E.E., Scanlon, K.S., & Perrine, C.G. (2022). Improving nutrition in the first 1000 days in the United States: A federal perspective. *American Journal of Public Health*, 112 (S8), S817–S825. doi: 10.2105/AJPH.2022.307028.
- Kamulegeya, L.H., Bwanika, J.M., Musinguzi, D., & Bakibinga, P. (2020). Continuity of health service delivery during the COVID-19 pandemic: The role of digital health technologies in Uganda. *The Pan African Medical Journal*, 35 (Supp 2), 4–6. doi: 10.11604/pamj.2020.35.2.23115.
- Lellamo, A., Teshome, S., Flynn, S.O., & Welch, P. (2021). *Practical guidelines for conducting infant and young child feeding (IYCF)*. Save the Children.
- Mejah, H., Yazid, A., Bakar, A., & Amat, S. (2020). The provision of tele-counseling in Malaysia: An in-depth qualitative analysis. *Bisma The Journal of Counseling*, 4 (3), 291–298. doi: 10.23387/bisma.v4i3.30694.
- Menendez, C., Gonzalez, R., Donnay, F., & Leke, R.G.F. (2020). Avoiding indirect effects of COVID-19 on maternal and child health. *The Lancet Global Health*, 8 (7), e863–e864. doi: 10.1016/S2214-109X(20)30239-4.
- Ministry of Health Republic of Indonesia. (2021). *Buku saku hasil studi status gizi Indonesia*. Ministry of Health Republic of Indonesia.
- Navarro, P., Bambling, M., Sheffield, J., & Edirippulige, S. (2019). Exploring young people's perceptions of the effectiveness of text-based online counseling: Mixed methods pilot study. *JMIR Mental Health*, 6 (7), 1–15. doi: 10.2196/13152.
- Serwe, K.M., Hersch, G.I., & Pancheri, K. (2017). Feasibility of using telehealth to deliver the "Powerful tools for caregivers" program. *International Journal of Telerehabilitation*, 9

- (1), 15–22. doi: 10.5195/ijt.2017.6214.
- Smith, J., & Gillon, E. (2021). Therapists' experiences of providing online counselling: A qualitative study. *Counselling and Psychotherapy Research*, 21 (3), 545–554. doi: 10.1002/capr.12408.
- Pessoa, C., Sousa, L., Ribeiro, A., Oliveira, T., Silva, J.L., Alkmim, M.B., & Marcolino, M.S. (2016). Description of factors related to the use of the teleconsultation system of a large telehealth service in Brazil – the telehealth network of Minas Gerais. *Journal of the International Society for Telemedicine and Health*, 3, e4.
- Stoll, J., Müller, J.A., & Trachsel, M. (2020). Ethical issues in online psychotherapy: A narrative review. *Frontiers in Psychiatry*, 10, 993. doi: 10.3389/fpsyt.2019.00993.
- United Nations Children's Fund East Asia dan Pacific Region. (2021). *Southeast Asia regional report on maternal nutrition and complementary feeding*. Retrieved from <https://www.unicef.org/eap/media/9466/file/MaternalNutritionandComplementaryFeedingRegionalReport.pdf>
- United Nations Children's Fund. (2020). *Situasi anak di Indonesia: Tren, peluang, dan tantangan dalam memenuhi hak-hak anak*. UNICEF Indonesia.
- Wells, R. (2021). The impact and efficacy of e-counselling in an open distance learning environment: A mixed method exploratory study. *Journal of College Student Psychotherapy*. doi: 10.1080/87568225.2021.1924098.
- World Health Organization. (2018). *Guideline: counselling of women to improve breastfeeding practices*. World Health Organization.