

# The Effect of Tui Na Acupressure on Appetite in Children (Toddlers) Aged 1-3 Years at the Wulandari Purba Clinic, Batang Quiz in 2022

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## ABSTRACT

Symptoms of decreased appetite found in childhood are worth 25%, this rate increases to 40-70% in children. Decreased hunger can often be felt by children, especially at the age of 1-3 years, the problem of eating difficulties that continues to occur causes problems in the development and growth of children. The purpose of this study was to determine the effect of tui na acupressure on increasing appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022. The type of research conducted was quantitative. Pre-experimental design with the One Group pre-test and post-test design approach without a control group, the population in the study was 50 people using the accidental sampling technique of 25 people. The data collected in this study is primary data, namely data obtained from direct respondents. The data analysis used was univariate analysis and bivariate analysis. The results of the Preacupressure tui na study on increased appetite in children aged 1-3 years, namely the majority experienced less appetite as many as 14 (56%) respondents. Post acupressure tui na on increased appetite in children aged 1-3 years, namely the majority have a good appetite as many as 18 (72%) respondents. There is an Effect of Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years. The conclusion from this study is that there is an effect of Tui Na acupressure on increasing appetite in children aged 1-3 years.

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## INTRODUCTION

Every parent wants their child to grow normally. Growth (growth), which is related to the problem of changes in the number, size or dimensions of the cell, organ or individual level which can be measured by weight (Soetjiningsih, 2013). The growth and development of children is very dependent on the fulfillment of nutrition. Some of the problems that often occur are eating difficulties in children which can cause growth and development disorders, including decreased immune system, sleep disturbances, balance and coordination disorders as well as children becoming aggressive, impulsive and stunting.

In Indonesia, out of 23 children under five, around 7.6 million children under five are classified as stunted or stunted (35.6%) consisting of 18.5% very short toddlers and 17.1% short toddlers. This prevalence rate is above the universally agreed threshold, the limit for non-public health problems tolerated by the World Health Organization (WHO) is only 20% or one-fifth of the total number of children under five in a country. More than a third (36.1%) of Indonesian children are classified as short when they enter school, the prevalence of short children increases with age, both for boys and girls. Children with stunting are at risk of having an IQ of 5-10 points lower than normal children (Yenni, 2015). Stunting occurs due to malnutrition and repeated diseases for a long time in the fetus until the first 2 years of a child's life. and recurrent illnesses, especially infectious diseases that can increase metabolic needs and reduce appetite (Yenni, 2015).

Difficulty eating is a problem in providing food and meeting nutritional needs that are generally found in children and become a health problem throughout the world (Chung, 2016). Most of the meaning difficulties in infants are related to growth, whereas feeding difficulties in children are accompanied by development. Eating difficulties in children who are not treated immediately can cause malnutrition, dehydration, underweight, electrolyte imbalances, impaired cognitive development, anxiety disorders and in more severe cases can become life-threatening conditions (Antolis, 2012). In America, the prevalence of eating difficulties in physically normal children, based on reports from parents who have difficulty feeding children, is 50-60%. Approximately 25% of normal children and 80% of children with developmental disorders experience serious eating difficulties related to growth disorders (Antolis, 2012).

Research in Finland, showed 30% of the 494 children studied were diagnosed with eating problems. In a study of preschool children aged 4-6 years in Jakarta, the prevalence of eating difficulties was found to be 33.6% and 44.5% of them suffered from mild to moderate malnutrition, 79.2% of the study subjects had suffered from eating difficulties for more than 3 months. (Lubis, 2016). Symptoms of decreased appetite found in childhood are worth 25%, this rate increases to 40-70% in children. And it's a problem for parents. Reduced hunger can often be felt by children, especially at the age of 1-3 years or the age of food jag, especially children who only eat food sources they like or even have difficulty eating, and it is often common, but problems with difficulty continuous eating causes problems in the development and growth of children (Munjidah, 2018)

This level of dominance exceeds the generally agreed limit, the peak point for health conditions experienced by WHO is only 20% of the total number of children under five in a country. In 2020 malnutrition in children under five based on the Body Weight for Age (WW/U) index includes very low weight and underweight categories. In Indonesia, the percentage of underweight is 160,712 (1.4%), underweight children are 779,139 (6.7%). The province with the highest percentage of malnutrition or under-nutrition in children under five is East Nusa Tenggara with 3.0% for very underweight and 15.3% for underweight. The lowest percentage was Bali as much as 0.4% for very underweight and for underweight as much as 2.1%. Impaired spleen and digestive function are the most dominant causes in children with eating difficulties. Chronic gastrointestinal disorders such as food allergies, food intolerances, celiac disease. These adverse reactions to food appear to be the main cause of these disorders. This can be seen by the emergence of problems with eating difficulties. (Rita, 2012).

Efforts to overcome eating difficulties can be done by means of pharmacology and non-pharmacology. Efforts with pharmacology include administering multivitamins and other micronutrients. While non-pharmacological, among others, through herbal / herbal drinks, massage, acupressure, and acupuncture (Wong, 2016). Massage and acupressure are methods that have been around for a long time, but they are rarely used in providing care for toddlers. In society, children only get massages from birth to 40 days of age or if there are other muscle problems. (Shoim, 2012).

Acupressure itself by definition means a treatment system by pressing certain points on the body (meridians) to obtain a stimulating effect on vital energy or chi in order to obtain healing from an illness or to improve the quality of health (Ikhsan, 2019). One acupressure technique that is currently starting to develop is the tui na acupressure technique with one of its benefits being to overcome the problem of lack of appetite.

Tui na acupressure technique or tui na massage, namely massage done with gliding massage techniques (effleurage or tui), massaging (petrissage or nie), tapping (tapotement or da), friction, pulling, rotating, shaking and vibrating certain points so that it will affect the flow of body energy by holding and pressing on certain parts of the body. This acupressure is done with a gliding massage technique to overcome feeding difficulties in toddlers by facilitating blood circulation in the spleen and digestion, through a modification of acupuncture without needles, this technique uses an emphasis on the body's meridian points or energy flow lines so it is relatively easy to do compared to acupuncture (Asih, 2018). Currently, most parents overcome their child's eating difficulties by giving them a multivitamin without regard to the cause. This will have a negative impact if given in the long term.

The results of a preliminary study at the Wulandari Purba Clinic, the number of toddlers who came for treatment was 32 toddlers and 8 children experienced weight loss. Based on the results of interviews conducted by the author with mothers who brought their children to the Wulandari Purba Clinic, they said their children had appetite problems and they said no one used acupressure therapy to treat appetite problems in children.

## RESEARCH METHOD

### Types of research

The type of research used in this research is the type of research is quantitative Pre-experimental design, which is a study that conducts activities because this is not a real experiment, because there are still external variables that also influence the formation of the dependent variable, it is not solely influenced by the variable. independent. This can happen, because there is no control variable, and the sample is not chosen at random (Sugiyono, 2015).

### Research design

The research design is all about planning to answer the research questions and anticipating some of the possible difficulties that may arise during the research. This study used a One Group pre-test and post-test design without a control group, the subject group was observed before the intervention was carried out, then observed again after the intervention. One group before being given a certain treatment was given a pretest, then after being given treatment, measurements were taken again to find out the cause and effect of the treatment. Causal testing is done by comparing the results of the pretest with the posttest.

### Research Location and Time

#### a. Location

The research location was carried out at the Wulandari Purba Batang Quiz Clinic because there were still pregnant women who did not understand the benefits of Tui na acupressure for appetite in children, the population and sample were sufficient, the location was accessible and the literature was available, this study had never been conducted.

#### b. Research time

This research was conducted starting from submitting the title in August to the Results Examination in October 2022. The research was carried out from September to October 2022.

**Table 1.** Research PoA (Plan Of Action)

No	Information	March	April	May	June	July	August	September	October
1	Title	■							
2	Create Chapters 1-3		■						
3	Deliver research letter			■					
4	ACC Skipsi				■				
5	Proposal Improvemen					■			
6	Distributing Questionnaires						■		
7	Making CHAPTER 4 and 5							■	
8	ACC seminar results								■

### Population and Sample

#### a. Population

The population is the entire research subject which includes all elements in the research area (Arikunto, 2013). The population in this study were all toddlers aged 1-3 years who were visiting the Wulandari Purba Batang Quiz Clinic, totaling 50 toddlers.

#### b. Sample

The sample is part or representative of the population studied. It is called sample research if we intend to realize the results of sample research (Arikunto, 2017). Sampling used the accidental sampling technique, in which researchers happened to meet mothers who had toddlers aged 1-3 years who wanted to have their children's health checked at the Wulandari Purba Clinic, Batang. Quiz as many as 25 toddlers. Researchers conducted research for 3 days.

### Data collection technique

Data collection is a process of approaching the subject and the process of collecting subject characteristics needed in a study (Nursalam, 2014). Data collection began after receiving a research permit from the Wulandari Purba Batang Quiz Clinic and the Haji University Educational Institution in North Sumatra. After receiving a reply letter for research permission, conduct an initial survey and test the validity of the instrument to determine the validity of the instrument, if the instrument is valid, the instrument is distributed to measure appetite using the observation sheet, researchers by using self-protection tools to acupressure the body and knowledge first before making observations with an emphasis on research ethics. Provide a letter of consent to be a respondent willing to be a respondent and the respondent is willing to sign an informed consent letter to participate in this study, then the researcher explains the purpose, benefits, and process of filling out the questionnaire. After the respondent has finished observing, the observation sheet is checked for the completeness of the required data. Furthermore, the data that has been collected will be analyzed. Giving a letter of approval to become a respondent is willing to become a respondent and the respondent is willing to sign an informed consent letter to participate in this study, then the researcher explains the purpose, benefits, and process of filling out the questionnaire. After the respondent has finished observing, the observation sheet is checked for the completeness of the required data. Then the data that has been collected will be analyzed. Giving a letter of approval to become a respondent is willing to become a respondent and the respondent is willing to sign an informed consent letter to participate in this study, then the researcher explains the purpose, benefits, and process of filling out the questionnaire. After the respondent has finished observing, the observation sheet is checked for the completeness of the required data. Then the data that has been collected will be analyzed.

## RESULTS AND DISCUSSIONS

### Demographic Data

After conducting research on the Effect of Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at the Wulandari Purba Clinic in 2022, the following results were obtained: Respondent characteristics include age, education, work, and mothers living together. The results showed that the majority of respondents aged > 25 years were 15 people (60%), for education the majority of respondents had higher education as many as 18 people (72%), for jobs the majority of respondents did not work as many as 15 people (60%). The distribution of the characteristics of the respondents is presented in table 1 below.

**Table 2.** Distribution of respondent characteristics

Category	Amount	Percentage (%)
<b>Age</b>		
<25 Years	10	40
>25 Years	15	60
<b>Amount</b>	<b>25</b>	<b>100</b>
<b>Education</b>		
Low	7	28
Tall	18	72
<b>Total</b>	<b>25</b>	<b>100</b>
<b>Work</b>		
Doesn't work	15	60
Working	10	40
<b>Amount</b>	<b>25</b>	<b>100</b>

### Univariate analysis

- a. Tui Na Acupressure Pree for Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022

**Table1 3.** Distribution of Tui Na Pree Acupressure Against Increased Lust Eating in Children Aged 1-3 Years at the Wulandari Purba Clinic in 2022

No	Category	Amount	Percent (%)
1	Lack of appetite	14	56
2	Good appetite	11	44
	<b>Amount</b>	<b>25</b>	<b>100</b>

Based on table 2, it can be seen that the distribution of Pree acupressure tui na increases appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022 from 25 respondents (100%), namely the majority have less appetite as many as 14 (56%) respondents with a score Mean 0.44, Standard Deviation value 0.507, Standard Error value 0.101.

- b. Post Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022

**Table1 4.** Distribution of Post Acupressure Tui Na on Increased Appetite In Children Aged 1-3 Years at the Wulandari Purba Clinic in 2022

No	Category	Amount	Percent (%)
1	Lack of appetite	7	28
2	Good appetite	18	72
	<b>Amount</b>	<b>25</b>	<b>100</b>

Based on table 3, it can be seen that the distribution of post acupressure tui na on increasing appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022 from

25 respondents (100%) namely the majority experienced a good appetite as many as 18 (72%) respondents with a score of The mean is 0.72, the Standard Deviation value is 0.458, the Standard Error value is 0.092.

### Bivariate Analysis

Bivariate analysis is useful to find out the significance of the Effect of Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022 by using the T test:

**Table 1 5.** Frequency Distribution of the Effect of Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022

Variable	Means	std. Error	Std. Deviation	p-values	CI-95%
Pre-Post acupressure tuinato increase the appetite of children aged 1-3 years	-0.280	0.092	0.458	0.005	-0.469 - - 0.091

Based on the results of the study in table 4, it can be seen that the average acupressure loss of 25 respondents with a mean - 0.280, a standard error of 0.092, and a standard deviation of 0.458. statistical test results obtained  $p$ -value = 0.005, which means that there is an effect of tui na acupressure on increasing appetite in children aged 1-3 years.

### Discussion

#### a. Tui Na Acupressure Pree for Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022

Based on the distribution table of Pree acupressure tui na on the increase in appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022 of 25 respondents (100%), the majority experienced a lack of appetite as many as 14 (56%) respondents. This is in accordance with the theory that children often have difficulty eating, especially in the 1-3 year age range, which is also called the age of food jag, that is, children only eat the food they like or even have difficulty eating (Afiani, 2013). Eating difficulties were categorized if the mother answered the questionnaire with more than 2 signs/indicators of eating difficulties.

Some indicators of signs of difficulty eating in toddlers are: difficulty chewing, sucking, swallowing, regurgitating or spitting out food that has entered the mouth, playing with food or eating for a long time, not wanting to put food in the mouth at all or closing the mouth tightly, vomiting or spilling eating, resisting mouthfuls, disliking a wide variety of foods, and unusual eating habits. (Joko Widodo. 2012).

#### b. Attitudes of Mothers Regarding the Use of the Lactational Amenorrhoea Method as Contraception in Breastfeeding Mothers UPTD Kotanopan Health Center in 2022

The results of the study showed that the majority of respondents had good knowledge. This can be seen from the results of the study that the majority of respondents have an attitude about the use of the lactational amenorrhoea method as a contraceptive in breastfeeding mothers with a good attitude category as many as 25 people (62.5%). According to Mualana (2016), attitude is a tendency to respond positively or negatively to a person, situation or certain object. A person's attitude can change by obtaining additional information about a particular object, through persuasion and pressure from his social group. One of the factors that influence attitude is personal experience and the influence of other people who are considered important (Azwar, S., 2011).

This is in accordance with that attitude is a level of affection, both positive and negative in relation to psychological objects, such as symbols, phrases, slogans, people, institutions, ideals and ideas. Meanwhile, Kendler argues that attitude is a tendency to approach (approach), or avoid (avoid), or to do something, either positively or negatively towards an institution, event, idea or concept. This opinion is in line with Sarwono's opinion, which states that attitude is a person's readiness to act on certain things.

**c. Post Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022**

Based on the post acupressure tui na distribution table for increased appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022, out of 25 respondents (100%), namely the majority had a good appetite, as many as 18 (72%) respondents. In toddlers there are several factors that cause appetite problems such as nutritional factors, psychological factors and organic factors. The most common cause of cases of appetite in children under five is due to impaired spleen and digestive function. So that food that enters the stomach is not digested immediately, which results in stagnation of food in the digestive tract, complaints that parents convey about this problem are that children often vomit, feel nauseous when fed, and the stomach feels full, thereby reducing appetite or even no appetite at all. once (Dobner, 2018). Increased appetite in toddlers is caused by tuina massage. This is because giving tuina massage helps improve blood circulation and can maximize organ function, one of the organs that can be maximized is the digestive organs. Where by massaging intestinal motility will increase and will improve the absorption of nutrients by the body and increase appetite.

**c. The Effect of Tui Na Acupressure on Increasing Appetite in Children 1-3 Years Old at Wulandari Purba Clinic in 2022**

Based on the results of the study in table 4, it can be seen that the average acupressure loss of 25 respondents with a mean - 0.280, a standard error of 0.092, and a standard deviation of 0.458. statistical test results obtained  $p$ -value = 0.005, which means that there is an effect of tui na acupressure on increasing appetite in children aged 1-3 years. The results of this study are also in line with the research conducted by Kusuma et al., in 2015, it was found that 35.4% of toddlers experienced an appetite. 13 toddlers (86.7%) who do not have difficulty eating. The results of this study are in line with Zaidatul Amaliyah's research in 2017, baby massage is effective for increasing appetite and nutrition for infants under five years old (toddlers).

The results of this study are in line with Roeslesmana & Noor's research in 2014 which stated that there was an increase in the number of toddlers who had no difficulty eating after regular massage was given to them. (34) Based on bivariate analysis using the Wilcoxon Signed Ranks Test, the  $p$ -value results were obtained. of 0.000. Results  $<0.05$  so that  $H_0$  is rejected or  $H_a$  is accepted, there is an effect of tuina massage on increasing toddler's appetite after and before tuina massage is done. Excessive stimulation of the nerve endings found on the surface of the skin (massage) will result in thinning of cell membrane permeability so that it will facilitate the exchange of Sodium (Na) and Potassium (K) ions which will stimulate potentials in muscles and nerves. peristalsis so that gastric emptying increases due to hunger (appetite will increase) and the food becomes ravenous. aside from that there will be an increase in the production of digestive enzymes that will help the absorption of nutrients. Nutrients that are absorbed will enter the blood circulation which also increases due to stimulation from the sympathetic nerves.

The results of this study are in accordance with the results of Annif's study entitled the effectiveness of tuina massage in overcoming feeding difficulties in toddlers in RW 02 Wonokoromo Sub-District Surabaya in August 2015 which states that tuina massage has a positive effect on eating difficulties in toddlers (Anif, 2015). Similarly, the results of Dewi's research, 2015 suggest that there is a significant relationship between tuina massage and increased appetite in toddlers.

## CONCLUSION

After conducting research on "The Effect of Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at Wulandari Purba Clinic in 2022" the researchers can conclude that: The results of Pree Tui Na's research on increasing appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022 out of 25 respondents (100%), namely the majority experienced a lack of

appetite Post acupressure results for increased appetite in children aged 1-3 years at the Wulandari Purba Clinic in 2022 out of 25 respondents (100%), namely the majority have a good appetite. There is an Effect of Tui Na Acupressure on Increasing Appetite in Children Aged 1-3 Years at the Wulandari Purba Clinic in 2020.

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