

DIFFERENCES BETWEEN MASSAGE TUI NA AND ACQUISIT POINT BL 20, BL 21 AND SP 6 IN OVERCOMING EATING DIFFICULTY

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The growth and development of children is very dependent on the fulfillment of nutrients, so the problems in the fulfillment of nutrients such as feeding difficulties in infants can cause growth disorders. Eating difficulties are often experienced by children, especially the 1-3-year age range that is also called the age of food jag, ie children only eat on foods that are liked or even difficult to eat. Nowadays, development efforts have been made to overcome the difficulty of eating on toddlers through Tui Na massage by improving blood circulation in the spleen and digestion. In addition, there are also methods through acupressure BL 20, BL 21, and SP 6. The general purpose of analyzing the differences of Tui Na massage and acupressure at point BL 20, BL 21, SP6 in overcoming feeding difficulties in infants at RW 02 Wonokromo Surabaya.

The method of research for this paper is the Quasi Experimental research design. Population and sample of research are toddlers who have difficulty eating. Samples were taken using simple random sampling. The study was conducted for 3 months. Direct data collection using questionnaire and observation, then data analyzed using Mc Nemar test then continued with chi-square test.

The statistical test of difference between Tui Na and Acupressure BL 20, BL 21, SP 6 on feeding difficulty was obtained by probability value 0,046, then $P < 0,05$, it means there is difference between Tui Na massage with Acupressure BL 20, BL 21, SP 6 against Difficulty eating.

Based on that, midwife is expected to apply Tui Na massage as one of effort in overcoming feeding difficulty in toddler. While midwifery education institutions are expected to equip students to apply Tui Na massage method as one of upbringing in toddlers.

Keywords: Massage Tui Na, Acupressure, difficulty eating toddler

PRELIMINARY

Every parent wants her child to grow normally. Growth is related to the problem of changes in the amount, size or dimension of cell, organ and individual levels, which can be measured by weight (grams, pounds, kilograms), length (cm, meters), bone life and metabolic equilibrium / Retention of calcium and nitrogen of the body. (Soetjningsih, 2008). Growth and development of children is very dependent on the fulfillment of nutrients, so the problems in the fulfillment of nutrients, such as feeding difficulties, in toddlers can cause growth disorders, among others: decreased

immune system, sleep disturbance, disturbance of balance and coordination, also children become aggressive, Impulsive and stunting.

In Indonesia out of 23 million children under five, about 7.6 million are classified as failing to grow or stunting (35.6%) consisting of 18.5% very short children and 17.1% short toddlers. This prevalence is above the universally agreed threshold, the limit of non-public health problems tolerated by the World Health Organization (WHO) is only 20% or one fifth of the total number of under-fives in a country (Depkes RI, 2010). Meanwhile, according to Azwar

(2008) More than one third (36.1%) of Indonesian children are short in school age. The prevalence of short children is increasing with age, both in boys and girls. Children with stunting risk having an IQ of 5-10 points lower than that of a normal child (Puspita Y, 2015). Stunting occurs due to malnutrition and recurrent illness for a long time during fetal life until the first 2 years of a child's life. Children who experience stunting due to lack of food intake and recurrent diseases, especially infectious diseases that can increase metabolic needs and reduce the child's appetite. (Puspita Y, 2015)

The symptoms of difficulty eating found in children aged 9-12 months ie by 25%, the number increase around 40-70% in children aged 1-3 years. This is also what often makes a problem for parents. (Azwar, 2008). Difficulty eating is often experienced by children, especially 1-3-year gestal range, which is also called the age of food jag, that is, children only eat on the preferred food or even difficult to eat. This is oftenly considered as reasonable. However, the prolonged. (L. Afiani, Ika et al., 2003)

Research conducted by Joko Widodo in Jakarta in 2012 also mentioned in pre-school children aged 2-3 years, obtained prevalence of difficulty of eating equal to 33,6%. Most of the 79.2% has lasted more than 3 months. In general, the common causes of feeding difficulties in infants are distinguished in 3 factors, such as loss of appetite, impaired gastrointestinal function, and eating disorders or motor oral disorders. (Widodo, 2012).

Impaired function of the spleen and digestion is the most dominant cause in children with difficulty eating. Impaired chronic gastrointestinal function such as food allergy, food intolerance, and celiac disease. The food intersection reaction appears to be the main cause of the disorders. This can be seen with the emergence of this problem of difficulty eating mostly, at children age over 6 months when the introduction of new variations of food additions. (Yulia Rita, 2012)

Efforts to overcome the difficulty of eating can be done through pharmacological and *non-pharmacological* efforts. Efforts with pharmacology include the provision of multivitamin, and other micronutrients. While *non pharmacology* among others through herbal drinks / herbal medicine, massage, acupressure, and acupuncture. (Wong, 2011). Massage and acupressure is a long-standing method, but very rarely done in providing toddlers, in the community children would only get newborn massage up to the age of 40 days or if there are any muscular problems. (Shoim, 2006)

Currently most parents overcame the difficulties of eating in children by giving multivitamins regardless of the cause. This will have a negative impact if it's done a long term. Today, baby massage techniques had been developed, one of which is the Tui Na massage." This Massage is done with massage techniques (Effleurage or Tui), massage (Petrissage or Nie), tap (tapotement or Da), friction, pull, twist, shake, and vibrate a certain point so that it will affect the body's energy flow by holding and pressing the body On certain body parts. Tui Na massage is a massage technique that is Specially made to overcome to overcome the difficulty of eating in toddlers by improving blood circulation in the spleen and digestion.

In addition to Tui Na massage, the way to overcome eating difficulties can also be accomplished through acupressure. Acupressure method is acupuncture without needles, this technique uses the emphasis on the point of meridian body or energy flow line so relatively easier to do than acupuncture (Sukanta, 2010). Acupressure has a system and quite alot of points of therapy so if acupressure should be done at the whole point then this method will be quite difficult to be implemented by midwives or family patients as a routine care in children under five, but basically every point on acupressure method has a specific function as needed. This acupressure can be verry easy to do if

centered on the corresponding point that suits the needs only. For example, the acupressure meridian point associated with digestion is the point ST 25, ST 26, HT7, BL 15, BL 20, BL 21, PC 6, P 6 and SP 6. The point lies in the lower back, legs, hands and abdomen. The way of emphasis is also very easy, simply by emphasizing at that point 20x count for 5-10 minutes.

Research result by Zhen Huan Liu and Li ting Cen in Guangzhou said that Tui na massage has a positive effect on the development of nerves and blood circulation in infants. Similar research conducted by Joko Widodo et al (2012) found that acupressure at certain meridian points can facilitate the flow of blood to the digestion.

Based on the society's need to study more about the influence of each method with a particular system focused to overcome feeding difficulties in toddlers, while still prioritizing security and care of children. Therefore, the authors feel the need to analyze the effect of Tu Ina massage and acupressure at point BL 20, BL 21, SP 6 in overcoming feeding difficulties in toddlers.

METHODS

In this research, the research design used is *Quasy Experimentis*. With pre post test design. Population and sample of research are toddlers who have difficulty eating. Samples were taken using simple random sampling. Independent variables are Tui Na massage method and acupressure technique meridian point BL 20, BL 21, SP 6 while the dependent variable is the difficulty of eating. The research was conducted in RT 07 Wonokromo Surabaya. Implemented for 3 months. The researcher submitted a request for data collecting from LPPM Universitas Nahdatul Ulama Surabaya to the Chairman Posyandu in RT 07 RW 02 Wonokromo Surabaya, after obtaining the data collection permit and then approached the mother and explained about the acupressure method and informed consent.

The research instrument for the implementation variables of Tui Na massage

and meridian method acupressure method at point BL 20, BL 21 and SP 6 using SOP and, while to measure dependent variable of difficulty level of eating using questionnaire sheet Data collection was done directly / primary data, and analyzed with Mc Nemar test then continued with Chi Square test

RESULTS AND DISCUSSION

This research had been done in RT 07, Wonokromo Village, Surabaya. The research data is collected by giving questionnaires for the variables of feeding difficulties in toddlers filled by the mothers of the children under five, while the variable of Tui Na massage and acupressure used SOP. Previously socialized by the researcher to mother toddler with media leaf let. The samples received Tui Na massage for 19 people, and the sample received acupressure treatment for 19 people.

A. Results

1. Meal assessment after Tui Na massage

Category of eating assessment after Tui Na massage is as follows:

Table 1 Distribution of feeding category frequencies after Tui Na massage

Eat Category	Frequency	Percentage (%)
Difficult	4	21
Not Difficult	15	78,9
Total	19	100

Source: primary data on march 2017

Table 1 shows the distribution of food category frequencies after Tui Na massage that almost all (78.9%) of respondents did not have difficulty eating

2. Assessment of eating after done Acupressure BL 20, BL, 21 and SP 6

Category of eating assessment after Tui Na massage is as follows:

Table 2 Distribution of feeding category frequencies after Tui Na massage

Eat Category	Frequency	Percentage(%)
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Difficult	11	57
Not	8	42
Difficult		
Total	19	100

Source: primary data on march 2017

Table 2 shows the distribution of feeding category frequencies after BL 20, BL 21, SP 6 acupressure that more than half (57%) of respondents still have difficulty eating.

3. Cross-tabulation of differing feeding difficulties in groups with Tui Na massage treatment and with acupressure treatment group BL 20, BL 21 and SP 6.

Category assessment of feeding difficulties with Tui Na massage and Acupressure BL 20, BL 21, SP 6 as follows:

Table 3 Frequency distribution of assessment of feeding difficulties with Tui Na massage and Acupressure BL 20, BL 21, SP 6

		Group		Total
		Tui Na (%)	Akupresur BL 20, 21, SP 6 (%)	
Eat Category	Difficult	4 (21,1)	11 (57,9)	15 (39,5)
	Not	15 (78,9)	8 (42,1)	23 (60,5)
	Difficult			
Total		19 (100)	19 (100)	38 (100)

Source: primary data on march 2017

Table 3 shows that from 38 respondents, there is improvement in the category of food after treatment, either through Tui Na massage treatment or Acupressure BL 20, BL 21 and SP 6. Of the 23 respondents who improved the food category, 15 of them through massage treatment Tui Na, and the other 8 through acupressure BL 20, BL 21 and SP 6.

The result of statistical test of Tui Na massage influence to feeding difficulty using Mc test. Nemar obtained the value of probability (sig) = 0.000, then P <0.05 which

means that there is influence of Tui Na massage to feed difficulty. And the effect of Acupressure BL 20, BL 21 and SP 6 on feeding difficulties was obtained probability value (sig) = 0,008, then P <0,05 which means that there is influence of giving of acupressure BL 20, Bl 21 and Sp 6 to feeding difficulty.

The result of statistical test of difference between Tui Na massage and acupressure BL 20, Bl 21, SP 6 to feeding difficulty through Chi-Square test got probability value = 0,046, then P <0,05, it means there is difference between Tui Na massage with acupressure BL 20 , Bl 21, SP 6 To the difficulty of eating

A. Discussion

1. Effect of Tui Na Massage on feeding difficulties.

Statistical test results using Mc. Nemar with SPSS for Windows obtained probability value (sig) = 0,000, then P <0,05 which means that there is influence of Tui Na massage to difficulty to eat.

Difficulty eating is a condition when children do not want to or refuse to eat, or have difficulty consuming foods or drinks with physiologically appropriate types and amounts of age, ranging from open mouth without coercion, chewing, swallowing until well absorbed digestion without coercion and without the provision of certain vitamins and medications. (Widodo, 2012)

Some signs and symptoms of eating difficulties includes: Difficulty in chewing, sucking, swallowing food or only able to consume soft food or liquid at the age of 9 months should eat unfiltered rice teas can not, spewing or spraying food that has been in the mouth, eating lingering And play food, not wanting to put food in your mouth or closing the mouth shut, vomiting or spilling food, dismissing mouthfuls from parents, not liking a lot of food variety, unusual eating habits.

The symptoms of difficulty eating found in children aged 9-12 months ie by 25%, the number will increase around 40-70% in children aged 1-3 years. This is also

what often makes a problem for parents. (Azwar, 2008). Difficulty eating is often experienced by children, especially 1-3-year gestal range, which is also called the age of food jag, that is, children only eat on the Preferred food or even difficult to eat. This is oftenly considered as reasonable. However, the prolonged will cause problems of growth and child development. (L. Afiani. Ika et all., 2003).

Tui Na massage is one of the non-pharmacological methods that can increase appetite. One of the advantages of Tui Na massage over other massage is its ability to focus on specific problems and not only work on muscles, bones, and joints but also work with the body's energy at a deeper level so as to keep the body's energy in balance. In addition, Tui Na massage has far fewer side effects compared to modern treatments based on chemical drugs. This massage consists of 8 steps, given to the child every day for 6 days in a row. Respondents do this Tui Na massage for at least 2 weeks or 2 x protocol. In this research, the client or the mother of the toddler does the massage on her own child, armed with the knowledge and skills that have been given by the researcher and with the leaflet media which contains the method of massage. Through this Tui Na massage, the function of digestion and nutrient absorption in children is getting better.

Feeding difficulties in toddlers are generally associated with gastrointestinal disorders, this is the most important factor in the interruption of the process of eating in the mouth. This can be explained by the theory of "Gut Brain Axis". This theory suggests that if there is gastrointestinal disturbance, it affects the function of the central nervous system or brain. Impaired central nervous system function in the form of neuroanatomical and neurofunctional disorders. The effects and benefits of Tui Na Massege is mainly to open the body's defense chi (wei) and make the energy move in both meridians, which then make the muscles stimulate the flow of chi and blood so that it can stimulate digestion smother and

decompose food that has not Digested. (Widodo, 2012)

1. Influence of Acupressure BL 20, BL 21 and SP 6 on feeding difficulties

Based on statistical test results Mc. Nemar with SPPS for Windows obtained a probability value (sig) = 0.008, then $P < 0.05$ means that there is an effect of giving acupressure BL 20, Bl 21 and Sp 6 to lessens feeding difficulties

Some of the factors that caused feeding difficulties in toddlers include: loss of appetite, impaired gastrointestinal function and eating disorders or oral motor. When a toddler has difficulty eating while he is in good health, is not sick of heat, inflammation or swallowing, nor suffering from mouth ulcers, then most likely the difficulty eating is caused by impaired gastrointestinal function, which can affect the loss of lust or desire to eat. Researchers have focused the respondents on this research, namely toddlers who have difficulty eating not due to motor oral disorders.

In this research variable, the researcher gave treatment to the respondents with acupressure at point BL 20, BL 21 and SP 6. The acupressure technique at these three points is simpler and easier to do than the Tui Na massage. Clients apply pressure using the thumb or forefinger at the points BL 20, BL 21 and SP 6 on the respondent for 60 seconds. Especially at point SP 6, if the client wants to put pressure on the other foot, then then a pause of 20-30 minutes should be given.

Acupressure BL 20, BL 21 and SP 6 is effective to overcome the difficulty of eating in children through its effect that can facilitate the functioning of the gastrointestinal tract, and reduce nausea. Point BL 20 and BL 21 can strengthen pancreatic organs and affect the regulation in the stomach, eliminate stagnation, digestion. While point SP 6, which lies in the spleen meridians, has the most powerful action in aligning all the functions of the spleen. Spleen dominates in the transport

and transformation, and is thus the main organ responsible for the formation of qi and blood.

Differences between Tui Na Massage and Acupressure BL 20, BL 21 and SP 6 on feeding difficulties

The statistical result of the test of difference between Tui Na massage and acupressure BL 20, BL 21, SP 6 to feeding difficulty through Chi-Square test got probability value = 0,046, then $P < 0,05$, it means there is difference between Tui Na massage with acupressure BL 20, BL 21, SP 6 To the difficulty of eating.

The approach to overcome feeding difficulties that proves to be the more effective between the two is the approach using Tui Na massage methods compared to acupressure BL 20, BL 21, SP 6. Through Tui Na massage, some organs associated with digestion can be touched, such as fingers, palms, stomach, and back.

Techniques in this Tui Na massage are glide (known as Effleurage or Tui), massaging (Pettrissage or Nie), tapping (tapotement or Da), friction, pulling, twisting, shaking, and shaking dots, resulting in blood circulation, intestine, stomach and especially the spleen to get stronger, incoming foods will be more easily digested, so stagnation and accumulation of food can be minimized in the digestive tract, in addition to increasing stamina and immune system, which later strengthens the constitution of the child's body, supports the flow of chi's health, and improve the child's appetite. By minimizing stagnation and accumulation of food distributed digestion, then the nausea and reluctance to eat in children can be overcome. (Widodo, 2012). This is in line with the results of research by Zhen Huan Liu and Li ting Cen in Guangzhou states that Tui na massage has a positive effect on the development of nerves and blood circulation in infants.

CONCLUSION

The results of research that has been done, it can be concluded as follows:

1. There is influence of giving Tui Na massage to difficulty eating.
2. There is an effect of giving acupressure BL 20, BL 21 and SP 6 to feeding difficulties.
3. There is a difference between Tui Na massage with acupressure BL 20, BL 21, SP 6 against feeding difficulties

SUGGESTION

Midwifery education institutions are expected to equip students to apply Tui Na massage method as one of upbringing in toddlers.

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