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Identification of Diet with Anemia Incidence in Pregnant Women in Puuwatu

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Keywords: *Anemia, Maternal Diet, Pregnant, Women*

Abstract. *Anemia is a health problem that is experienced by many pregnant women and can cause problems for both the mother and the baby she is carrying. Anemia in pregnant women not only affects the growth and development of the fetus but also causes placental disorders such as hypertrophy and infarction that interfere with function. The purpose of this study was to determine the relationship between the prevalence of anemia in the working area of the Puuwatu Health Center and eating habits. This study used a quantitative research design with a descriptive approach and a purposive sampling strategy. The population in this study were pregnant women in the working area of the Puuwatu Health Center with a total of 41 respondents. Based on the findings of anemic pregnant women, there were 26 (61.9%) anemic pregnant women whose diet was poor, and there were 15 (35.7%) anemic pregnant women whose diet was good. Based on the research findings, it can be concluded that the majority of pre-pregnant women. A small proportion of respondents had bad eating patterns, namely 26 people (61.9 percent), while only a small number of respondents had good eating patterns, namely 15 people (35.7 percent).*

Introduction

In Indonesia, anemia is a major problem with nutrition. The risk of iron deficiency anemia results in decreased work productivity, decreased immunity to disease, weight gain related to pregnancy and premature birth. According to [1.]

Anemia during pregnancy is a serious health problem because of the high prevalence and potential complications that can affect the mother and fetus. Placental disorders such as hypertrophy and infarction, which interfere with function and affect fetal growth and development, are caused by anemia in pregnant women [2].

The mother's diet will affect the fetus in the womb, so it is important to pay attention to it during pregnancy. By consuming staple foods, the pattern of eating staple foods follows the guidelines of balanced nutrition. The development of the placenta, blood vessels and new tissues in the fetus, staple food is a very important source of energy for pregnant women [3.]

Anemia is a condition in which the body lacks hemoglobin. Hemoglobin is a metalloprotein, precisely a protein that contains iron in red blood cells which functions as a carrier of oxygen from the lungs throughout the body. Anemia caused by a deficiency of iron, which is needed to make hemoglobin (Hb), is called iron deficiency anemia. The hyperdynamic state, characterized by a rapid and strong pulse, palpitations, and ringing in the ears, is characterized by generally weak symptoms of anemia. Increased iron requirements, inadequate iron intake, infections, gastrointestinal bleeding, and a number of other factors can all contribute to iron deficiency anemia. Anemia caused by iron deficiency can be diagnosed through history, physical examination, and other tests. Iron can be given orally, intramuscularly, or through blood transfusions to treat iron deficiency anemia [4.]

According to WHO criteria, pregnant women with anemia are divided into three categories based on their severity, namely mild anemia (Hb level 10-10.9 g/dl), moderate anemia (Hb level 7 9.9 g/dl), and severe anemia (7 g/dL). /dl). Of the 26 respondents who suffered from anemia, 13 people (50 percent) were in moderate degrees. This information is consistent with the findings of a study conducted by Ramesh and Shah, who found that 52.83% and 43.8% of pregnant women were multiparous, respectively. women suffer from moderate anemia. 12,15 This is in line with the Uche-Nwachi theory in Trinidad and Tobago, which states that anemic women with at least one child are 3.2 times more likely to suffer from anemia [5].

Methods

In retrospective research, the research design is based on observing past events with the intention of finding factors related to the causes [6.] This study used a quantitative research design with a descriptive approach and a purposive sampling strategy. The population in this study were pregnant women in the working area of the Puuwatu Health Center with a total of 41 respondents.

Results

Table 1. Frequency distribution based on the characteristics of the respondents

Characteristics of the respondents	Frequency (f)	Percentage (%)	Mean ±Std. Deviation
Age (y.o)			
20-29	25	61	1.4390 ±.50243
30-39	16	39	
Education			
Junior High School	5	12,2	
Senior High School	30	73,2	
Academy/ University	6	14,6	
Occupation			
Government employees	30	73,2	
Entrepreneur	6	14,6	
Housewife	5	12,2	

Based on the results of this study, it showed that there were 25 (61.0%) respondents aged 20-29, while those aged 30-39 were 16 (39.0%). The highest level of education is high school with 30 (73.2%) people, undergraduate with 6 (14.6%) and junior high school with 5 (12.2%) people.

Table 2. Frequency Distribution of Respondents to Diet in Pregnant Women with Anemia

Dietary	N	%
Kurang	26	61,9
Baik	15	35,7
Total	41	100

Table 2. Shows that the research variable that results in pregnant women who are anemic is the research variable for pregnant women with anemia, anemia whose diet is lacking as many as 26 (61.9%) people, and 15 pregnant women with anemia, or 35.7%, eat well.

Discussion

The variables in this study showed that 26 (61.9%) pregnant women with anemia had a poor diet, and 15 (35.7%) anemic pregnant women with a good diet.Showing that the research variable for pregnant women with the incidence of anemia was the result of anemic pregnant women whose eating patterns were lacking as many as 26 (61.9%) people, including respondents aged 20-33 years, junior and senior high school education. There are 15 (35.7%) of anemic pregnant women who eat well and are respondents aged 26-39 years, high school and undergraduate education, civil servant jobs and self-employed.

Gravida, age, parity, education level, economic status, and adherence to diet and Fe tablets are several factors that contribute to the occurrence of anemia during pregnancy [8.] A good diet consists of a variety of foods in the right way. the amount and dose that do not meet the healthy needs of a person; an unbalanced diet will result in an imbalance of nutrients entering the body, which can lead to malnutrition or vice versa; an unbalanced pattern of use also binds the body [9.]

Nutrition A mother's well-being, the quality of her pregnancy, and the safety of her child are all very important during pregnancy. According to [10]. improving the nutritional status of pregnant women is beneficial not only for the mother but also for the developing baby both inside and outside the womb. Nutritional intake during pregnancy remains a concern for the mother's health, and pregnant women must accept that optimal health, growth and development, as well as good nutrition and the quantity and quality of nutrients consumed, are very important for perfect health [7.] During pregnancy, the nutritional needs of pregnant women must be met significantly.

Women who are less than 20 years pregnant need additional nutrients that are quite large because apart from being used for their own growth and development, they also have to share them with the fetus they contain. Meanwhile, individuals over the age of 35 years. requires considerable energy to support an ongoing pregnancy, This is because organ function becomes less effective and requires optimal function. Women who are less than 20 years pregnant need quite a lot of additional nutrients because apart from being used for their own growth and development, they are also required to share them with the fetus they are carrying. 35 year olds need a lot of energy because their organs are getting weaker and need to work properly, so they need more energy to maintain pregnancy [10.]

This is in line with research supported by Wigutomo Gozali's research, which showed a significant relationship (p 0.05) between the prevalence of anemia in pregnant women and their diet. Given the side effects of perception, scientists say that pregnant women who rarely eat will generally experience pain [8]. found that out of 30 respondents, half (50%) ate badly and almost half (26.7%) suffered from anemia. This finding is also consistent with the findings of this study. The chi-square test yields a p-value of 0.035. Knowledge, culture of each region, socioeconomic and social environment, and diet all have a significant impact.

Improving diet, Practicing During pregnancy, pregnant women can help prevent and treat anemia by adopting healthy eating habits and eating foods that are high in protein, iron, and folic acid [11].

CONCLUSIONS AND SUGGESTIONS

Based on the research findings, the following conclusions can be drawn: the majority of pregnant women who responded had a poor diet—as many as 26 (61.9%), while only 15 (35.7%) had a healthy diet.

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The Relationship of Mother's Perception Of Exclusive Breast Feeding at Pomalaa Health Center

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Keywords: Exlusive Breast Feeding, Mother, Perception

Abstract. *The number of exclusive breastfeeding globally, although there has been an increase, this number has not increased significantly. One of the factors that influence exclusive breastfeeding is the value or attitude of the mother. The purpose of this study was to determine the relationship between mothers' perceptions and exclusive breastfeeding at the Pomalaa Health Center. This research was carried out at the Pomalaa Health Center in June 2022 involving a sample of 51 respondents. The sampling technique used is the Saturated Sampling technique. Data collection used a research instrument in the form of a questionnaire. Data were analyzed using the chi-square test with the help of a computer. The results showed that 21 people (41.2%) gave exclusive breastfeeding and 30 people (58.8%) did not and 25 people (49%) had good perceptions and 26 people (51 %) had poor perceptions and there was a relationship between mothers' perceptions of exclusive breastfeeding in the working area of the Pomalaa Health Center based on a ρ value of 0.001 (<0.05). It is recommended that mothers add insight regarding the benefits of exclusive breastfeeding for both children and mothers*

Introduction

Breast Feeding is the best food for babies it is beneficial for the growth and development of babies and mothers without a doubt, starting from preventing the risk of breast cancer, and uterine cancer to other diseases which can increase intelligence, increase life expectancy, and reduce the risk of children getting sick. diabetes and obesity. Breastfeeding is important because it is the basis for the health and development of infants and children[1].

The number of exclusive breastfeeding globally, although there has been an increase, this figure has not increased significantly, namely around 44% of infants aged 0-6 months worldwide who received exclusive breastfeeding during the 2015-2020 period from the 50% target of exclusive breastfeeding[2].

In Indonesia, in 2020, the recall results amounted to 3,196,303 babies aged less than 6 months, of which 2,113,564 received exclusive breastfeeding or around 66.1%.

Data on the coverage of babies who are breastfed in Southeast Sulawesi while being breastfed is 74.5% and as much as 90% have been breastfed[3]. While in Kolaka in 2020 the coverage of exclusive breastfeeding reaches 70% of the number of babies <6 months of 1,755 babies[4].

The main cause of the failure of exclusive breastfeeding in the world is because the mother feels that her milk is not enough to meet the baby's [5]. It is estimated that 80% of mothers who give birth can produce enough milk for their baby's full needs without additional food during the first 6 months[6]. One of the factors that influence exclusive breastfeeding is the value or attitude of the mother such as breastfeeding changing the shape of the breast, breastfeeding making it difficult to lose weight, small breasts do not produce milk, dry milk, insufficient milk because the baby drinks a lot so the mother gives formula milk to the baby[7]. This perception causes their child not to be given breast milk and the mother is afraid that her child will look thin, not grow and develop optimally because she does not eat enough [8].

Perception occurs when a stimulus activates an emotion, or perception can be misinterpreted in situations where there is an imbalance of knowledge about objects, symbols, or people. This perception will influence the formation of attitudes and behavior in the community[9]. The guess that comes to the mind of the mother is that there is not enough milk product to meet the needs of the baby. Often because of the negative perceptions and opinions that mothers receive, mothers start giving supplements to their babies before the age of 6 months. Mothers must be optimistic that the more mother's milk, the more milk will be produced to meet the baby's needs[10].

Research conducted by Ardhita in 2012 that there is a relationship between perception and exclusive breastfeeding for mothers who work in the Wirogunan Village, Yogyakarta City, although the relationship is very low[11]. Previous research conducted by Rahayu in 2016 showed that the encouragement or motivation of mothers to breastfeed is an external factor that encourages mothers to do or not to do exclusive breastfeeding and the influence of modifying factors that hinder or support mothers in giving breast milk[12].

The number of breastfeeding mothers at the Pomalaa Health Center, the number of mothers giving exclusive breastfeeding in 2019 was 146 people, in 2020 there were 258 mothers out of 598 mothers gave birth (48.16%), and in 2021 there were 208 mothers out of 614 mothers who gave birth (33.87%), while in January 2022 there were 31 out of 51 people who gave birth (60.78%)[13].

Preliminary interviews were conducted by researchers with 5 mothers who had given birth 3 of them did not give exclusive breastfeeding and gave formula milk because the mother had the perception that her milk production was lacking while 2 others gave exclusive breastfeeding due to the mother's perception that the mother's milk production was sufficient for the baby. Based on this background, the purpose of this study was to determine the relationship between mother's perceptions and exclusive breastfeeding at the Pomalaa Health Center.

Method

This type of research is quantitative using a Cross Sectional Study approach. This research was carried out in the Working Area of Pomalaa Health on May 2 June 2022. The population in this study was all mothers who had babies 6-12 months at the Pomalaa Health Center in 2022 as many as 51 people and the sample was mothers who had babies 6-12 months. 12 months at the Pomalaa Health Center in 2022 as many as 51 people. The side technique uses saturated sampling. Data were collected using a questionnaire and analyzed using the chi-square test.

Results And Discussion

Characteristics respondent

Characteristics respondent shows that based on the age of the respondents, 22 people (43.1%) were dominated by respondents aged between 26-30 years and at least 7 people (13.7%) aged between 36-40 years. Based on their last education, the majority of respondents had completed high school education as many as 28 people (54.9%) and at least D3/S1 as many as 2 people (3.9%).

Table 1 Frequency Distribution of Respondents based on Respondent Characteristics in the Work Area of the Pomalaa Health Center

Respondent Characteristics	n	%
Age		
20-25 years old	10	19,6
26-30 years old	22	43,1
31-35 years old	12	23,5
36-40 years old	7	13,7
Last Education		
elementary school	4	7,8
Junior high school	17	33,3
diploma three / Degree one	2	3,9

Source: Primary data, 2022

The research variables in this study consisted of exclusive breastfeeding and perceptions which can be presented in the following table.

Table 2 Frequency Distribution of Respondents based on Research Variables at the Pomalaa Health Center

Research Variabel	n	%
Exclusive Breastfeeding		
Yess	21	41,2
No	30	58,8
Perception		
Good	25	49
Less	26	51

Source: Primary data, 2022

The results of this study indicate that there were 21 people (41.2%) who gave exclusive breastfeeding where the respondents did not give food or drinks such as formula milk, honey, or water to their babies for 6 months while 30 other people (58.8%) did not give Exclusive breastfeeding where the respondent gives breast milk to their baby but also gives formula milk and bananas.

Research conducted by Hamidah, et al in 2020 that the distribution of exclusive breastfeeding as many as 20 respondents (60.6%) gave exclusive breastfeeding and as many as 13 respondents (39.4%) did not give exclusive breastfeeding but the results of the study found that most mothers gave exclusive breastfeeding[14]. Exclusive breastfeeding coverage at the Mergangsan Health Center is still lacking because there are still many mothers who do not give exclusive breastfeeding[15]. Another study also showed that 31 people (44.3%) gave good exclusive breastfeeding and 39 people (55.7%) did not do well, where more than half were caused by the respondent's knowledge and attitude that was not good at 38.6%[16]. The theory states that several factors influence mothers to provide additional food such as formula milk to infants aged 0-6 months, including infant health factors, maternal health factors, knowledge factors, occupational factors, health worker factors, cultural factors, lifestyle and economic factor[17].

Based on the results of the study, researchers assume that exclusive breastfeeding by mothers to babies properly is caused by the husband's support from various aspects including emotional support, always informing about the benefits of exclusive breastfeeding and fully supporting the mother

The results of the bivariate test analysis in this study were tested using the chi-square test, namely to see the relationship between mothers' perceptions and exclusive breastfeeding at the Pomalaa Health Center, presented in the following table.

Table 3.Relationship between Mother's Perceptions and Exclusive Breastfeeding at the Pomalaa Health Center

Perception	Exclusive Breast Feeding						ρ value
	Yess		No		Total		
	n	%	n	%	n	%	
Good	16	31,4	9	17,6	25	49	
Less	5	9,8	21	41,2	26	51	0,001
Total	**21**	**41,2**	**30**	**58,8**	**51**	**100**	

Source: Primary data, 2022

Table 3 shows that out of 25 people (49%) who had a good perception, there were 16 people (31.4%) gave exclusive breastfeeding and there were 9 people (17.6%) did not give exclusive breastfeeding while out of 26 people (51 %) who had less perception, there were 5 people (9.8%) who gave exclusive breastfeeding and there were 21 people (41.2%) who did not give exclusive breastfeeding. In addition, a ρ value of 0.001 (<0.05) was obtained where H1 was accepted and H0 was rejected, which means that there is a relationship between the mother's perception of exclusive breastfeeding.

The results of this study indicate that there are 16 people (31.4%) who have a good perception that they provide exclusive breastfeeding to babies where based on the respondent's answers to the questionnaire respondents believe they can breastfeed babies until they are 2 years old and believe that babies get enough breast milk while 9 the other person (17.6%) had a good perception but did not give exclusive breastfeeding where based on the respondent's answers to the questionnaire that respondents felt they had little breast milk, were embarrassed to breastfeed and felt that breastfeeding would interfere with the beauty of their breasts.

In addition, there were respondents' perceptions that they were lacking but gave babies exclusive breastfeeding as many as 5 people (9.8%) where based on the respondent's answers to the questionnaire that respondents felt breastfeeding was a difficult and tiring thing and were not enthusiastic about breastfeeding babies while 21 others (41 .2%) who had less perception so they did not give exclusive breastfeeding where based on the respondent's answers to the questionnaire that the respondents felt awkward when breastfeeding the baby, felt that they had little milk and were not sure if the respondent could breastfeed the baby until the baby was 6 months old. In addition, based on the results of the analysis, the value of ρ = 0.000 (<0.05) is obtained, which means that there is a relationship between the mother's perception and exclusive breastfeeding for infants where based on the respondent's answers to the questionnaire, respondents believe they can breastfeed until the baby is 2 years old, believe the baby will get enough breast milk, feeling comfortable breastfeeding the baby and feeling closer to the baby when breastfeeding the baby and feeling excited when breastfeeding the baby.

The results of this study are in line with research conducted by Hidayati in 2019 showing that there is a significant and strong relationship between perceptions of adequacy of breast milk and mother's behavior in breastfeeding infants 0-6 in the Gayam sub-district in Sumenep Regency where awareness of adequacy of exclusive breastfeeding is positively related to breastfeeding behavior exclusive mother, the better the mother's behavior, the better the development and growth of the baby, and conversely the less the mother's behavior, the worse the development and growth of the baby[18].

Research conducted by Ardhita explains that there is a relationship between perception and exclusive breastfeeding for working mothers with a very low level of attachment[15]. As research conducted by Kurniawan shows that there is a significant relationship between mothers' perceptions of formula milk and formula feeding in infants aged 0-6 months [19].

The theory states that a person's perception is influenced by several factors namely, internal factors and external factors where internal factors come from within the

individual such as attitudes, habits, and will while external factors are factors that come from outside the individual which include the stimulus itself, both social and physicall[20]. The stimulus that the mother gets from experience means that the mother can perceive breast milk into a positive or negative perception based on the experience that has been passed whereas the perception is an experience about an object that has been received by concluding information and interpreting messages[21]. Based on the results of the study, the researchers assumed that the perceptions of respondents or mothers about exclusive breastfeeding were caused by respondents' perceptions of whether they had good and bad perceptions which could be influenced by internal and external factors.

Conclusion

This study concluded that 21 people (41.2%) gave exclusive breastfeeding and 30 people (58.8%) did not. Respondents who had good perceptions were 25 people (49%) and there were 26 people (51%) who had poor perceptions. There is a relationship between the mother's perception of exclusive breastfeeding in the working area of the Pomalaa Health Center.

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The Effectiveness of Early Mobilization on Length of Stay (LOS) Postoperative Appendicitis Patients at The Benyamin Guluh Kolaka Hospital

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Keywords: *appendicitis, early mobilization, length of stay, post-operation,*

Abstract. *Mobilization is an action to run as soon as possible and it is an important aspect of physiological function. Length of stay is an indicator in assessing the quality and efficiency of hospitals, but in Indonesia, the average is still not ideal. The purpose of this study was to determine the effectiveness of early mobilization on Length Of Stay (LOS) in postoperative appendicitis patients. The quantitative study used was a quasy experiment using the control time series design method which was carried out involving a sample of 34 people consisting of 17 cases and 17 controls. Withdrawal of samples using a purposive sampling technique. Data analysis used the Mann-Whitney test. The results showed that the average length of stay of postoperative appendicitis patients was 5 days, which were given effective early mobilization which had a long length of stay as many as 5 people (29.4%), while those who were fast were as many as 12 other people (70 .6%), postoperative appendicitis patients who were not given ineffective early mobilization so that they had a long length of stay were 12 people (70.6%) while those who were fast were 5 people (29.6%). The conclusion of early mobilization is effective in Length Of Stay (LOS) in postoperative patients with appendicitis from ρ value 0.036 (<0.05). It is recommended to increase the knowledge of patients regarding the implementation of early mobilization.*

Background

Appendicitis is an event of the occurrence of inflammation and blockage to appendix vermiformis that shaped like a little finger about 10 cm long (range 3-15 cm), conical, widened at the base and tip, and extends directly to the cecum under the ileocecal valve commonly called appendix where needs surgical procedures and its alarming because of the increasing the incidences of appendicitis in all countries, where the risk of contracting for lifetime [1,2].

Globally, appendicitis is a surgical procedure most often abdominal urgency, the number of patients in 2017 are 734.138 and it increase in 2018, and 1,1/1000 people per year [3]. Since 2018, 2019, 2020, and 2021 the prevalence of appendicitis in Indonesia is 28,949 patients, 30,703 patients, 65,755 patients, and 75,601.

The data showed that it was increasing year by year [4].

Postoperative appendicitis patients feel pain until fear of moving their bodies [5]. To relieve pain and also restore freedom of movement, early mobilization is carried out as soon as possible after the patient returns to the medical department [6]. The length of hospitalization is one of the indicators to assess the quality and efficiency of hospitals, but the average in Indonesia is still not ideal [4].

Previous studies have shown that the length of stay in the patient's hospital after surgery varies depending on the type of acquired appendicitis and associated complications, in patients with acute appendicitis wound healing proceeds rapidly by about 1 to 4 days to shorten the period of stay in the hospital to reduce administrative costs, but the healing process of wound patients is slightly longer, an average of > 7 days, so the treatment is long [7]. The study of early mobilization with length of stay or length of stay showed a significant relationship between early mobilization and length of hospitalization in patients who had undergone an appendectomy at Grandmed Lubuk Pakan Hospital based on a ρ value of 0.01 ($\alpha < 0.05$) [8].

Appendicitis patients treated in the treatment room of the Benyamin Guluh Kolaka Hospital in 2019 were 69 patients, in 2020 there were 69 patients and in 2021 there were 62 people [9]. Based on a preliminary study conducted on 5 patients in the treatment room of the Benyamin Guluh Kolaka Hospital, it was said that 2 people said they did early mobilization after 24 hours post-surgery on the second day, while 3 other people did not do early mobilization on Length of Stay or length of stay because the patient was worried. for surgical scar sutures that will open if early mobilization is carried out.

Based on this thought, researchers conducted a study on the effect of early mobilization during hospital stay (LOS) on postoperative appendicitis patients at Benyamin Guluh Kolaka Hospital.

Method

The type of study used a quasi-trial with a controlled time series design in June-July, 2022 where the sample was 34 people that consists of 17 cases and 17 controls. The sample of the study is used using a purposive sampling technique. The technique of data analysis used by Uji Mann Whitney.

Results and Discussion

Respondent characteristics

Table 1 Respondent Characteristics Distribution based on Characteristics Respondent at the Benyamin Guluh Kolaka Hospital

Characteristic Respondent	n (%)	Mean±SD
Respondent Age		36,94±16,786
Gender		
Male	18 (52,9)	
Female	16 (47,1)	
Education Background		
Elementary School	9 (26,5)	
Junior High School	7 (20,6)	
Senior High School	16 (47,1)	
University	2 (5,9)	

Table 1 shows that the average age score of respondents was with a standard deviation value of 16,786, the sex was dominated by men by 18 people (52.9%), and the education level of senior high school was up to 16 people (47.1%).

Table 2 Respondent Frequency Distribution Based on Research Variable at the Benyamin Guluh Kolaka Hospital

Research Variable	n (%)	Mean±SD
***Length of Stay* (cases)**		3±1,736
Long	5 (29,4)	
Rapid	12 (70,6)	
***Length of Stay* (control)**		5±1,272
Long	12 (70,6)	
Rapid	5 (29,4)	

Table 2 shows that among those who mobilized early, 5 people (29.4%) did a length of stay and 17 people (70.6%) did a quick stay with an average elementary school of 3 people while those who did not do early exercise were 17 people. (70.6%) had a length of stay and up to 5 people (29.4%) had an average stay of 5 days?

Tabel 3 The Effectiveness of early mobilization on *Length Of Stay* (LOS) to Postoperative appendicitis patients at the Benyamin Guluh Kolaka Hospital

	Median (Min-Maks)	Nilai *ρ*
Length of Stay (cases) (n=17)	5 (1-7)	0,036
Length of Stay (control) (n=17)	3 (2-7)	

Table 3 shows a p-value of 0.036 (α <0.05) which means that early mobilization is statistically effective during hospital stay (LOS) in post-operation appendicitis patients at Benyamin Guluh Kolaka Hospital.

Length Of Stay (LOS) on Postoperative Appendicitis Patients at Benyamin Guluh Kolaka Hospital Given Early Mobilization

This research result showed that in patients after appendicitis surgery, effective initial exercises and long stay in the hospital, up to 5 people (29.4%) exercise earlier than day 2 after the end of the treatment period of anesthesia time. While another 12 (70.6%) stayed fast due to the early mobilization of emergency response forces after the first and second days.

Previous studies showed that the median recovery time from defecation in patients in the intervention group had a higher amount of 214.5 than the control group, the median recovery time for patients with bowel dysmenorrhea was 761.2 [10]. The result of another study conducted in the experimental group obtained data that primary wounds healed well in 12 respondents (80%) while in the primary wound control group healed well in only 6 respondents (60%).) In this case, the mobilization of group A, was found that affects the course, duration, and extent of wound healing of appendicitis [11]. The theory explained that early mobilization can aid a patient's recovery because limb movement prevents muscle and joint stiffness, reduces pain, and improves blood flow to the injured part, allowing for faster recovery [5].

Based on the resulting study, the author argues that subjects can do gymnastics early but the rest period is long due to the subject's advanced age, making it difficult to carry out early mobilization effectively.

Length Of Stay (LOS) on Postoperative Appendicitis Patients at Benyamin Guluh Kolaka Hospital Was not Given Early Mobilization

The results of this study showed that based on subjects who did not do exercise early enough so that lying down for a long time, as many as 12 people (70.6%) subjects only did one left tilt on day 2. Study subjects who did not get early mobilization but had a quick hospitalization of 5 people (29.4%) respondents tilted left-right on the first day with a maximum. Previous research

conducted by Rizky Ananda et al in 2021 showed that the wound healing process before early mobilization is wounded with blood and stitches, soft tissues heal while the wound healing process after surgery The initial signs of motility are wound healing, hair loss, no bleeding, and no signs of infection [12].

Most patients were always worried when their body is moved to a certain position after surgery, it will affect the incision that is just made, although it is not entirely a problem, it is a scary thing. , indeed almost all types of surgery require movement or movement of the body as soon as possible [13].

Based on the result of the study, researchers hypothesized that respondents did not carry out effective early mobilization but rapid hospitalization due to the respondents' or the patient's desire to recover quickly and the age of the adult category.

Effectiveness of Early Mobilization of Length Of Stay (LOS) On Postoperative Appendicitis Patients at the Benyamin Guluh Kolaka Hospital

The result of this study showed that early mobilization was statistically effective against the length of hospital stay (LOS) in post-operation appendicitis patients at Benyamin Guluh Kolaka Hospital with a p-value of 0.036 ($\alpha<0.05$). First respondents who perform effective early mobilization correctly can be hospitalized quickly, taking only 3 days to recover and be discharged.

According to research conducted by Kurniari in 2021, it was found that the right and left side range of motion exercises have an effect on the length of hospitalization of patients after appendicitis surgery at Mangusada Hospital, where Most respondents said after performing left appendicitis surgery and tilted to the right, the pain was reduced and said that they were not worried about surgery [14].

The theory is to correct the left and right slopes every two hours to keep the patient comfortable, keep the muscles and joints flexible, be able to do things like stretch and move, prevent muscle spasms, maintain muscle tone, and help the patient feel more comfortable, make them feel healthier and stronger [5].

Moving as soon as possible after surgery can keep muscles and joints flexible, you can do things like stretching and exercising, lower the body's metabolism, and restore and promote the physiology and healing of organs [13]. Increased mobility assists postoperative patients in supporting patient wound healing [15].

Based on the result of the study, the researcher hypothesized that respondents or patients carried out effective early mobilization with the support of nurses to guide how to properly mobilize early and with family support to accelerate recovery or hospitalization.

Conclusion

Based on the research, it was found that there was a correlation between effective early mobilization on length of hospital stay (LOS). Based on the research result, it can be concluded that effective early mobilization of the length of hospital stay (LOS) in post-operation appendicitis patients at Benyamin Guluh Kolaka Hospital based on a ρ value of 0.036 ($\alpha < 0.05$). It is recommended to improve the quality of work of nurses in postoperative care, including early mobilization.

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The Description of Factors Causing Pneumonia in Toddlers at Rose Room of Kendari City Hospital

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Keywords *: Exclusive Breastfeeding, Immunization, Pneumonia, Smoking Habits, Toddlers*

Abstract*. Pneumonia is the most common disease affecting infants and children globally. It is the most common cause of under-5 (U-5) death and contributed to 15% of U-5 deaths in 2017, killing an estimated 808,920 children. World Health Organization (WHO) data showed that acute respiratory infections (ARI) are the second most common cause of disability-adjusted life years lost worldwide. During the Millennium Development Goals era from 2000 to 2015, WHO-led ARI control programs reduced the burden of pneumonia deaths from 1.7 million annual cases to 0.9 million, a reduction of 30% in load. At the same time, the pneumonia mortality rate decreased by almost 51%. This study aims to describe the factors that cause pneumonia in the rose room of the Kendari City Hospital from May to June 2022. This research is a descriptive study with a total sample of 27 toddlers suffering from pneumonia. The results of this study show that the proportion of exclusive breastfeeding for most toddlers has received exclusive breastfeeding, namely 14 toddlers (51.9%). Toddlers with pneumonia are dominated by families with a smoking history, namely 23 people (85.2%). Based on the immunization history of pneumonia sufferers with immunization status dominated by incomplete immunization, as many as 15 people (55.6%). Based on the research results, it is recommended that people live a healthy lifestyle by not consuming cigarettes in the home environment or when they are close to toddlers.*

Introduction

Pneumonia is the most common disease affecting infants and children globally. It is the most common cause of under-5 (U-5) death and contributed to 15% of U-5 deaths in 2017, killing an estimated 808,920 children. World Health Organization (WHO) data showed that acute respiratory infections (ARI) are the second most common cause of disability-adjusted life years lost worldwide. During the Millennium Development Goals era from 2000 to 2015, WHO-led ARI control programs reduced the burden of pneumonia deaths from 1.7 million annual cases to 0.9 million, a reduction of 30% in

load. At the same time, the pneumonia mortality rate decreased by almost 51% [1].

Indonesia is eighth-ranked with pneumonia sufferers that lead to death, with around 22,000 children who die. Referring to the 2017 ISPA Sub-Directorate Routine Report data, the prevalence of pneumonia was 20.54% of those suffering from pneumonia per 1000 children under five. Whereas in Southeast Sulawesi, the number of toddlers diagnosed with pneumonia ranged from 2,577 children with a percentage (26.64 %) The number of pneumonia cases in Kendari city that received successful treatment was 8.13%, which was still far from the target of 80% [2].

Pneumonia management must be done quickly and precisely before the *Sustainability Development Goals* (SDG) program is completed in 2023. There are around 11 million children under five whose lives are caused by pneumonia. There are about 30 countries that have the highest prevalence of pneumonia sufferers, with the number of children under five deaths due to pneumonia compared to 4/1000 births in 2018. Indonesia is one of three countries with good management of pneumonia [2].

Many factors can cause pneumonia, but there are no definite steps that can be taken to prevent pneumonia. But three steps can inhibit the increase in pneumonia sufferers: protect, gives protection to children through exclusive breastfeeding and nutritious food. Prevent, to carry out complete immunization prevention. Clean and healthy living behavior, namely by washing hands using soap in running water, applying the correct coughing method and minimizing the occurrence of air police, implementing the practice of washing hands with soap (CTPS) and applying good cough etiquette. Correct. Reducing air pollution, especially indoors, and early screening for pneumonia [3].

Risk factors for pneumonia in children based on [4] include children born below average weight, not being exclusively breastfed, incomplete child immunization, vitamin A deficiency and being in an environment with high levels of pollution and being in an atmosphere of smokers. Children who do not receive measles immunization have a 1.6 times risk of developing pneumonia compared to children who receive complete vaccination [5]. The factor of mothers who do not provide adequate breastfeeding for their children is due to the age factor, the mothers at a young age have not mature milk, while those aged > 35 years have experienced a decline in the function of the reproductive organs of breast milk [6].

This research is in line with the study of [7], which stated that incomplete immunization status and exposure to cigarette smoke could affect the incidence of pneumonia in children aged 12-59 months. Families who have family members who smoke will cause air pollution in the room continuously. Indoor cigarette smoke air pollution will cause a high risk of pneumonia. It is in line with research, which states that toddlers at home with families with smoking habits have a 5.7 times higher risk of developing pneumonia compared to toddlers with non-smoker family members.

A preliminary study conducted at the Rose Room at the Kendari City Regional General Hospital found that the number of pneumonia patients in 2019 was 157 of patients. In 2020, there were 70 patients, and in 2021 there was an increase of 100 cases of pneumonia. In 2022 from January to February, the number of pneumonia patients in toddlers was 38 [8].

Pneumonia ranks as the third highest disease in the Rose Room of the Kendari City Hospital. Interviews with eight mothers found that as many as five mothers did not give exclusive breastfeeding, while three others said their children's immunizations were incomplete [8]

So this study aims to report the causative factors of pneumonia in Kendari City Hospital.

Method

The approach used in this study is descriptive. The research was carried out in the rose room of the Kendari City Hospital from May 30 to July 4, 2022. The sample in this study was 27 samples that met the criteria the researchers had compiled.

Results and Discussion

Respondent Characteristics

The distribution of respondent characteristics is presented in the following table.

Table 1. Distribution of respondent characteristics in the Rose Room of the Kendari City Hospital

Characteristics of Respondents	n	(%)
Age (years)		
18-25 years	8	29,6
26-30 years	11	40,8
31-50 years	8	29,6
Last education		
S1/D3	4	14,8
Senior High School	20	74,1
Junior High School	3	11,1
Elementary School	0	
Profession		
House Wife	17	63
Government Employee	5	18.5
Self-employed	5	18.5

The table showed that the majority of parents of toddlers suffering from ISPA are 26-30 years old, as many as 11 people (40.8%), with last education dominated by high school as many as 20 people (74.1%) and work background most of them work as housewives as many as 17 people (63%).

Based on the research results are shown in the following table.

Table 2. An Overview of The Factors That Cause Pneumonia in Toddlers Based on Exclusive Breastfeeding

Category	n	Percentage (%)
Exclusive breastfeeding	13	48,1
Non-Exclusive	14	51.9
Total	27	100

Table 3. An Overview of The Causes of Pneumonia in Toddlers Based On Smoking Status In The Family

Family Smoking Status	n	Percentage (%)
There is	23	85,2
There isn't any	4	14,8
Total	27	100

Table 3 illustrates that the majority of toddlers who have pneumonia have family members who smoke as many as 23 people (85.2%) and at least no family members who smoke as many as 4 (14.8%).

Table 4 Description of Causative Factors Based On Immunization History

Immunization Status	n	Percentage (%)
Complete	12	44,4
Incomplete	15	55,6
Total	27	100

The table above shows that most toddlers who experience pneumonia have incomplete immunization status, as many as 15 people (55.6%), and there are no family members who smoke, as many as 12 (44.4%).

Factors Causing Pneumonia Based on Exclusive Breastfeeding

The results of research conducted in the children's room at the Kendari City Hospital found that several factors can cause

pneumonia, including exclusive breastfeeding. In this study, 13 infants (52.9%) were given breast milk. Exclusive breastfeeding for children is considered to provide excellent protection for them to maintain and enhance their immune systems in toddlers. The same study found that toddlers who do not get exclusive breastfeeding have the potential to experience pneumonia 45 times more than toddlers who get exclusive breastfeeding for six months [9].

Other research suggests that toddlers who are not exclusively breastfed suffer from pneumonia 22 times more than those who are exclusively breastfed. The prevalence of children under five who are not given exclusive breastfeeding is increasing along with the number of mothers who work as career women [10] . The same study also showed that toddlers who were not exclusively breastfed had a 3.1-fold risk of suffering from pneumonia compared to toddlers who were exclusively breastfed [11].

Factors Causing Pneumonia Based on Smoking Status in the Family

The smoking habits of family members show the practices of family members of toddlers with pneumonia who smoke 23 people (85.2 %) and the patterns of family members of toddlers with pneumonia who do not smoke four people (14.8%).

It is an activity that can cause certain diseases. Smoking habits can be detrimental to health, but even though people already know the terrible effects of smoking, smoking habits cannot be avoided in the community. [12].

Smoking activities are considered fun for smokers, but they will negatively impact their health and those around them who inhale the smoke from burning cigarettes. It is because cigarettes contain toxic substances [13]

The same study also found a significant relationship between smoking habits and the incidence of ARI in toddlers [14]. The higher the smoking habit of family members in the house, the higher the prevalence of ISPA sufferers in toddlers [15].

Then the results of the study explained that toddlers who live with other family members who have smoking habits have the potential to suffer from pneumonia 1.269 times compared to toddlers with families who do not have traditions of smoke. The activity of smoking indoors causes children to inhale cigarette smoke, so children become passive smokers. Exposure to cigarette smoke inhaled directly by children can interfere with children's health. The toxins contained in cigarettes that are released from the smoke from burning cigarettes will interfere with the respiratory system of children living in the house [16].

Factors Causing Pneumonia Based on Immunization Status

Based on this study, it was found that 15 children (55.6%) who suffered from pneumonia with incomplete immunization status and at least 12 people (44.4%) with complete immunization.

Pneumonia is a disease that can be prevented by immunization. Immunization is an alternative that is carried out to increase the immune system and immunity against a condition so that if someone who has been immunized is exposed to a particular disease, then he does not suffer from the disease. [7], toddlers are prone to suffering from pneumonia because children under five have respiratory system organs whose

development is immature and conditions in children still have a weak immune system, so they are prone to suffering from pneumonia. Completeness of child immunization status affects the incidence of pneumonia. Children who do not get complete immunization have a 2.39 times greater chance of suffering from pneumonia than toddlers who get full immunization.

Researchers assume that pneumonia can be caused by several factors that must be considered. The smoking habit of family members can increase the risk of toddlers suffering from pneumonia. Incomplete immunization is a very high risk for toddlers suffering from pneumonia. Exclusive breastfeeding can improve the toddler's immune system from various diseases, including pneumonia.

Conclusions and Suggestions

Research conducted in the rose room at the Kendari City Hospital, it can be concluded that several factors can cause the incidence of pneumonia in toddlers, namely that there are 13 people (51.9%) toddlers who do not give exclusive breastfeeding, the habit of smoking family members of toddlers with pneumonia is 23 15 people (55.6%) had pneumonia with incomplete immunization status, at least 12 people (44.4%) had complete immunization.

So, it is suggested that the community carry out activities that support a clean and healthy life, for example, not smoking in the house or near toddlers, and it is hoped that the role of health workers will further increase the immunization program and immunization coverage by providing health education to families about immunization itself.

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The Effectiveness of Wet Cupping Complementary Therapy to Decrease Blood Pressure in Hypertension Patients at Kolaka

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Abstract*. Cupping is one of the complementary therapies that can reduce blood pressure in people with hypertension. Wet cupping therapy is a cupping process by making a fine incision or stabbing to remove dirty blood in the epidermal capillaries and plays a role in controlling vasodilation so that blood pressure can decrease. The purpose of this study was to determine the effectiveness of complementary wet cupping therapy in reducing blood pressure in hypertensive patients at the Pomaala Public Health Center, Kolaka Regency. This study is a quantitative study, with a quasi-experimental design with a "pre-post test design" without a control group which was carried out from June to July 2022. The population in this study was carried out at the Pomalaa Health Center, Kolaka Regency with a total of 25 people. The statistical test method uses 2 different test models, namely the t-test for systole and the Wilcoxon for diastole due to the normality test with the results of systole >0.05 and diastole <0.05. The results showed that pre-post obtained p value of 0.001< 0.05, on diastolic blood pressure obtained p p-value of 0.001< 0.05 indicating that Ha was accepted. Thus, it can be concluded that there is an effectiveness of complementary wet cupping therapy on reducing blood pressure in hypertensive patients. blood at the Pomalaa Health Center.*

Background

Hypertension, known as the silent killer, is a major risk factor for life-threatening cardiovascular disease which can be found all over the world, and Indonesia is no exception[1]. Hypertension is a condition in which a patient experiences an increase in systolic blood pressure above 130 mmHg and diastolic blood pressure above 80 mmHg continuously and for a long time [2]. This can happen because the heart works harder to pump blood to meet the body's oxygen and nutrient needs[3].

Hypertension does not occur suddenly but through a long process. High blood pressure that cannot be controlled for a certain period and will cause high blood pressure to become permanent is called hypertension[4]. Hypertension can be caused by obesity (overweight), foods high in salt, stress, alcoholic beverages, coffee, genetic factors, age, or can be caused by other diseases such as kidney, heart, hormonal disorders, or the effects of drug use, if sufferers do not get treatment and control regularly it will cause strokes, heart attacks,

damage to the blood vessels of the heart, kidneys, eyes and even cause death [5].

World Health Organization (WHO) in 2019 reported that there were 839 million cases of hypertension and it is estimated to be around 1.15 billion in 2025 (29%) of the world's population. Meanwhile in Indonesia in 2019 the incidence of hypertension was 185,857 people. East Java residents in 2019 experienced hypertension as much as 20.45% of 1,828,669 residents, 20.83% for men and 20.11% for women [6]. Berdasarkan data Dinas Kesehatan ProvinsiSulawesi Tenggara bahwa hipertensi merupakan salah satu dari sepuluh besar penyakit terbesar di Sulawesi Tenggara. Based on data from the Southeast Sulawesi Provincial Health Office, hypertension is one of the top ten major diseases in Southeast Sulawesi. Based on integrated surveillance data for health center-based diseases (STP) from the Southeast Sulawesi provincial health office in 2016, it was stated that in 2013 the number of cases of hypertension was 46,656 cases, in 2014 the number of cases of hypertension was 24,419 cases and in 2015 the number of cases of hypertension was 19,743. case[7]. Data obtained from the Pomalaa Public Health Center, Kolaka Regency, in 2019 the number of cases of hypertension was 455, in 2020 the number of cases of hypertension was 1551 and in 2021 the number of cases of hypertension was 5126 cases.

Management of hypertension can be done pharmacologically or with complementary therapy. Pharmacological therapy in treating hypertension using drugs or chemical compounds such as diuretics, sympatholytics, vasodilators, angiotensin antagonists and calcium channel blockers[8], will still have adverse side effects if consumed regularly for a long time such as coughing, fatigue, dizziness, frequent urination, fluid retention, sexual dysfunction, cardiac arrhythmias and allergic reactions [9]. So that complementary therapy can be an alternative effort that can be done in dealing with hypertension so that more severe complications do not occur is to do cupping therapy (hijamaah[2]. In addition to cupping, one complementary therapy that can reduce blood pressure is physical activity, where some research results show that physical activity affects reducing blood pressure in hypertensive patients[10,11].

Muslims believe that cupping is a treatment prescribed by Allah SWT through Rasulullah SAW. Cupping (Al-Hijamah) is a method of treatment by removing dirty blood from the body through the surface of the skin. Several hadiths state about the virtues and benefits of cupping. (H.R. Muslim, Bukhari and Ahmad). "If there is goodness in something that you use for treatment, then it is cupping." (H.R. Bukhari). The hadith has shown that cupping therapy is one of the treatment methods used by Rasulullah SAW[12]. Cupping therapy or hijamah according to the Indonesian Cupping Association is a suction event to remove dirty blood from the surface of the skin using a tube or glass that is placed face down on the surface of the skin, causing a local dam[8].

In addition to cupping, several therapies can lower or stabilize blood pressure in hypertensive patients. Based on the following literature studies, some therapies that can lower blood pressure are hydrotherapy, acupressure, foot massage, stews and juices (*infused* cucumber water, cucumber juice, bananas, tomato juice, avocado leaf stew, betel leaf stew), yoga, meditation, classical music, bending and hypnosis, SEFT therapy, progressive muscle relaxation, deep breathing techniques, reflexology massage[13]. Previous research such as acupressure therapy is effective in lowering blood pressure and can be applied by nurses[14,15]. In addition, the therapy that has been done is hydrotherapy, whereby soaking in warm water affects blood pressure in people with hypertension[16].

Wet cupping therapy is a cupping process by making fine cuts or pricks to remove dirty blood in the epidermal capillaries[8]. Cupping is done so that the body can secrete substances such as serotonin, histamine, and bradykinin, slow-reacting

substances that result in improvements to blood vessel microcirculation which will have a relaxing effect on stiff muscles and stabilize blood pressure[2]. Nitric oxide (NO) obtained from wet cupping therapy can play a role in controlling vasodilation so that it can lower blood pressure, and increase the supply of nutrients and blood needed by cells and the lining of blood vessels, thus making blood vessels more elastic and strong and reducing blood pressure. Oxidation of nitrites plays a role in vasodilation so that it can lower blood pressure[17].

The results of interviews with 8 hypertension sufferers at the Pomalaa Health Center said that the therapy carried out so far besides using drugs also consumed cucumber juice, but several studies of wet cupping therapy could also reduce blood pressure. Therefore, this study will try to see the effectiveness of using wet cupping therapy to reduce blood pressure in hypertension sufferers.

Method

This research is quantitative, the design used is quasi-experimental with the design "*pre-post test design*" without a control group. The research was conducted at the Pomalaa Health Center from June to July 2022 with a sample of 25 people with hypertension. Recruitment of samples using the technique of purposive *sampling*.

The variables in this study were wet cupping and blood pressure in hypertensive patients. The data collection instrument used was an observation sheet. Data analysis using test-test and *Wilcox*.

Results and Discussion

1. Characteristics of Respondents

The description of the frequency distribution based on the characteristics of the respondents can be seen in the following table:

Table 1.1 Frequency distribution based on the characteristics of respondents at the Pomalaa Health Center

No	Variable	n	%
1	**Age (Years)**		
	30-39	7	28.0
	40-49	13	52.0
	50-59	5	20.0
2	**Gender**		
	Men	25	100.0
3	**Education**		
	Junior High School	4	56.0
	Senior High School	14	16.0
	Diplom III	4	16.0
	Bachelor	3	12.0
4	**Pekerjaan**		
	Wiraswasta	15	60.0
	Pengusaha	5	20.0
	BUMN	3	12.0
	PNS	2	8.0

Source: Primary Data 2022

Table 1.1 shows that the highest frequency is respondents aged 40-49 years, namely 13 people (52.0%). All respondents are male, namely 25 people (100.0%). The highest frequency of respondents' education was high school with 14 people (56.0%) and the highest frequency of respondents' work was Entrepreneurs, namely 15 people (56.0%).

2. Univariate analysis

A description of the distribution of respondents based on blood pressure and posttest can be seen in the table as follows:

Table 1.2 Frequency distribution of respondents based on pressure before*(pretest)* and after*(posttest)* Wet cupping was done at the Pomalaa Public Health Center.

No	Blood Pressure		Median	Min	Max
1	*Pretest*	Sistole	160	140	180
		Diastole	92	85	102
2	*Posttest*	Sistole	135	117	150
		Diastole	83	70	96

Source: Primary Data 2022

Table 1.2 shows that at the pretest, the median systolic value was 160 mmHg with the lowest value being 140 mmHg and the highest being 180 mmHg and the median Diatole being 92 mmHg with the lowest value being 85 mmHg and the highest being 102 mmHg. For the post-test, the median systolic value was 135mmHg with the lowest value being 117 mmHg and the highest being 150 mmHg, and the median diastolic was 83 mmHg with the lowest value being 70 mmHg and the highest being 96 mmHg.

3. Bivariate Analysis

Normality test performed on systolic and diastolic blood pressure data pretest and post-test using test *Saphiro Wilk* earned *p* value each systole pretest and posttest 0.426 and 0.781 > 0.05, which means that it can be concluded that the data is normally distributed, so a bivariate test can be performed using *Independent Samples Test and* values each diastole pretest and posttest 0.021 and 0.013 <0.05, which means that it can be concluded that the data is not normally distributed, so a bivariate test can be performed using the Wilcoxon *sign rank test.* Thus, the description of the distribution of the effectiveness of complementary wet cupping therapy in reducing blood pressure in patients with blood hypertension can be seen in the following table:

Table 1.3 Distribution based on the effectiveness of complementary wet cupping therapy in reducing blood pressure in blood hypertension patients at the Pomalaa Health Center

Variabel	Mean, ±SD	Median (min-maks)	*P Value*
BP Sistole Pre-test Post-test	155,64, ±10,97 134,32, ±9,36		0.001
BP Diastole Pre-test Post-test		90 (85-100) 80,66 (70-92)	0.001

Source: Primary Data 2022

Table 1.3 shows that the results of the bivariate analysis used 2 different tests, namely the t-test for systolic and the Wilcoxon for diastolic systolic blood pressure with a 95% confidence level-post value is obtained *value* 0.000 < 0.05, the value of diastolic blood pressure is obtained *p-value* 0.000 < 0.05. This shows that Ha is accepted, and Ho is rejected. Thus it can be concluded that there is the effectiveness of complementary wet cupping therapy for reducing blood pressure in blood hypertension patients at the Pomalaa Health Center.

Discussion

1. Blood pressure before the implementation of complementary base cupping therapy

Based on the results of the study it was found that at the pretest, the median systolic value was 160 mmHg with the lowest value being 140 mmHg and the highest being 180 mmHg, and the median systolic was 92 mmHg with the lowest value being 85 mmHg and the highest being 102 mmHg. It can be seen that the median systolic and diastolic blood pressure of the respondents is high.

Based on the research results in Table 4.2, as many as 52.0% of respondents were in the age group of 40-49 years, more respondents were men. This is to the theory of [9], which said that the incidence of hypertension increases with age and men have a higher risk of experiencing hypertension than women [9], the highest frequency of respondents' education was high school as much as 56.0% and the highest frequency of respondents' work was self-employed, namely 56.0%.

Hypertension is an increase in systolic and diastolic blood pressure above 140/90 mmHg based on examination at least three times at different times[18]. Hypertension can be classified into two types, namely primary or essential hypertension whose cause is unknown, and secondary hypertension which can be caused by kidney disease. , endocrine disease, heart disease, and child kidney disorders [19].

According to the researchers' assumptions, before the wet cupping therapy was carried out, the blood pressure of 25 patients was very high and there was no significant change, the respondent's blood pressure, both systolic and diastolic, showed hypertension rates. It is said to have high blood pressure if while sitting the systolic blood pressure reaches 140 mmHg or more, or the diastolic blood pressure reaches 90 mmHg or more, or both.

Along with the research conducted by Zahara Syifa Annisa[5], this result study shows blood pressure before being given cupping therapy was on average included in the category of level 1 (mild) hypertension, and level 2 (moderate). Grade 1 hypertension was 60% with an average systole of 147.67mmhg and a diastolic of 92mmHg. Grade 2 hypertension was 40%, with an average systolic of 161.69mmhg and a diastolic of 99.29mmhg. Similar result with the research conducted [20] it shows that the univariate analysis test obtained the average value of blood pressure before the intervention, namely the mean result was 168.00, the standard deviation was 12.065, the minimum value was 150 and the maximum value was 180 for systolic blood pressure and diastolic blood pressure the mean value 93.50, standard deviation 6.687, minimum value 80 and maximum 100.

2. Blood pressure after the implementation of complementary therapy wet cupping

After carrying out the wet cupping therapy, the respondent was given a break for 30 minutes and then the blood pressure was measured again. The results of the blood pressure measurements *obtained the* median systolic value was 156 mmHg with the lowest value being 149 mmHg and the highest being 165 mmHg, and the median diastolic was 88 mmHg with the lowest value being 84 mmHg and the highest being 98 mmHg. When compared with the median blood pressure showed a decrease. The conclusion was reached that the implementation of wet basking

therapy showed a decrease in blood pressure in research respondents.

The results of this study indicate that after carrying out complementary wet cupping therapy, the respondent's blood pressure value decreased both systolic and diastolic. Researchers assume that this happens because one of the bruising processes is the suction of the skin and subcutaneous tissue. In patients with hypertension, blood pressure becomes high, one of which is caused by the narrowing of the blood vessels, where the process of suctioning by the cupping glass will cause the pores and blood vessels to dilate so that blood circulation will become smooth and blood pressure will decrease. In addition, with cupping at the right point, blood pressure in hypertensive patients will drop.

Wet cupping is a type of cupping with incisions or punctures by removing dirty blood. The benefits of this wet cupping include cleaning the blood and increasing the activity of the spinal nerves, improving the permeability of blood vessels, and inflammation of the lining of the heart, kidneys, and others [21]. The effects of cupping on hypertension include: Cupping plays a role in calming the sympathetic nervous system (sympathetic nervous system). This upheaval in the sympathetic nervous system stimulates the secretion of enzymes that act as the renin-angiotensin system. Once this system calms down and its activity decreases, blood pressure will drop. Cupping plays a role in reducing the volume of blood that drains blood from the blood vessels thereby reducing blood pressure[20].

In line with the results of Susanah, Sutriningsih, and Warsono's research (2017) on 23 respondents, there was a decrease in the difference in mean values at systole (11.74) and diastole (7.39) with a p-value (0.00) <α (0.005). Respondents experienced a decrease from grade 2 hypertension to grade 1 hypertension. Puspitorini's research, 2017 shows a similar result, after being given wet cupping therapy there was a change, namely there were 2 respondents (6.9%) who were in the pre-hypertension category, and those who included stage 1 hypertension became 21 respondents (72.4%) while respondents who included stage 1 hypertension 2 only 6 respondents (20.7%)Puspitorini, 2017.

3. The effectiveness of complementary wet cupping therapy on reducing blood pressure in hypertensive patients

The results of research data analysis using the test Wilcoxon systolic blood pressure with a 95% confidence level-post obtained a p-value of 0.001 < 0.05, for diastolic blood pressure a p-value of 0.001 < 0.05 was obtained. This shows that Ha is accepted by Ho is rejected. Thus it can be concluded that there is an effect of complementary wet cupping therapy on reducing blood pressure in hypertensive patients at the Pomalaa Health Center.

Researchers also assume that wet cupping has an effect on blood pressure in hypertensive patients, one of which is reducing blood volume in the body by removing some of the blood. This is by research[6] which states that cupping can lower blood pressure in several ways, namely calming the sympathetic nerves so that the secretion of renin-angiotensin enzymes can be reduced, reducing the volume of blood flowing in the blood vessels thereby reducing blood pressure, controlling aldosterone hormone levels, removing nitric oxide (NO) so that vasodilation occurs in blood vessels, sodium levels in the blood become

proportional, increasing blood supply and nutrition, can stimulate special receptors, and increase their sensitivity to the factors that cause hypertension.

The healing mechanism of cupping in hypertension is based on the theory of organ activation, where cupping activates organs that regulate blood flow such as the liver, kidneys, and heart so that these organs remain active in regulating blood circulation so that blood pressure is maintained. The main points in hypertensive patients are the kahil point, the back liver point, and the back kidney point. The kahil point, located on the C7 spine between the right and left shoulders, is at shoulder level. small intestine, large intestine, bladder, and tripemas. The back liver point is located to the left or right of the spine, parallel to the lower end of the scapula, slightly down, between T9 and T10. The hind kidney point is located parallel to the curvature of the waist, between L2-L3, just to the right and left of the vertebrae[21].

Along with the research conducted [8]. based on the Wilcoxon statistical test on systolic blood pressure, it showed significant results with a p-value (0.003) <α (0.05), so it can be concluded that wet cupping therapy has an effect on systolic blood pressure in grade 1 hypertension patients at the Mina Healthy House. The statistical test value for diastolic blood pressure did not show significant results with a p-value (0.108) > α (0.05), so it can be concluded that wet cupping therapy does not affect diastolic blood pressure in grade 1 hypertension patients at Mina Healthy House. In line with the research conducted [19]. Dari uji statistik dengan menggunakan From statistical tests using the Wilcoxon test, Z values were -4,716 and -4,727 with a p-value (Asymp. Sig. 2 tailed) of 0.000 which is less than the critical research limit of 0.05 so that H1 is accepted and H0 is rejected. Thus it can be concluded that there is an effect of giving wet cupping therapy on blood pressure in hypertensive patients at the Kepanjen Medical Center Cupping Clinic, Malang Regency..

Conclusions and suggestions

The conclusions in this study are as follows, Before being given complementary wet cupping therapy, the mean systolic BP was 155 mmHg and the median diastolic BP was 90 mmHg.

After being given complementary wet cupping therapy, the mean systolic BP was 134mmHg and the median diastolic BP was 80mmHg. Wet cupping therapy is effective in reducing blood pressure in blood hypertension patients at the Pomalaa Health Center systolic and diastolic were 0.001 (p< α 0.05).

Suggestions in this study are as follows, the community can use wet cupping therapy as a non-pharmacological therapy and companion therapy in lowering blood pressure. Wet cupping therapy is easy to do doesn't take long and is very economical. In the field of nursing, to develop research related to efforts to reduce blood pressure non-pharmacologically. For researchers, to always add insight and skills so that they can provide education and maximum nursing services to the community.

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