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USE OF HERBAL PLANT FOR CHILDREN'S HEALTH

Penggunaan Tanaman Herbal untuk Kesehatan Anak

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ABSTRACT

Abstract: Use of herbal plants, children's health. *Herbal plants are an alternative to maintaining children's health traditionally done by the Indonesian people. The use of herbal plants is influenced by the knowledge of the community in using herbal plants that can be empirically healthy for children's health. This study aims to determine the use of herbal plants for children's health. This research method was descriptive, a sample of 53 respondents, simple random sampling. Data obtained from direct interviews with respondents and open observations. The research instrument used a questionnaire. The results of the study, all respondents had used herbal plants for their children's health. The conclusion of the study was that the use of herbal plants for children's health needs to be further improved by increasing the knowledge, awareness, willingness and ability of the community to use herbal plants.*

Keywords: *herbal, children's health, ginger, guava leaves*

PRELIMINARY

Increased public awareness of health, also affects the use of herbal plants derived from plants in traditional and natural ways that have been used by Indonesian people since our ancestors. This is done by many people because its properties have been proven to cure disease, are cheaper and have fewer side effects compared to conventional medicines. Medicinal plants come from plants both from the roots, leaves, fruit, flowers and bark.

In Indonesia there are 20,000 species of medicinal plants. There are about 1,000 species recorded, and only about 300 species have been used for traditional medicine.

At the age of children there is still growth and development, which is the golden age of development. All of his organs are not optimal when compared to adults and his immune system is still unstable. Therefore, to optimize growth, development and increase endurance, it is necessary to have a good environment, behavior, nutritional intake, education, parenting and health protection.

In general, health problems that are often experienced by children are malnutrition, diet, lack of exercise and health problems (Yusuf, 2002). Balanced nutrition will affect the growth and development of children can be optimal. The number of fast food instant foods that many children like, greatly affects the health of children so that children get sick easily.

If the child has a health problem, the parents will seek treatment as soon as possible which is considered to be able to immediately cure the child's illness, including going to the hospital, to the puskesmas, to the doctor, to the midwife or using family medicinal plants.

RESEARCH METHODS

The type of research used is descriptive research with a quantitative approach. The research design used cross sectional. The population in this study were all parents who have children in Duwet, Ngawen, Klaten. The sampling in this study used purposive sampling, which is a sampling technique with certain considerations (Soegiono, 2011). The sample in this study was 53 respondents.

RESULTS AND DISCUSSION

Of the 53 respondents studied, the number of respondents with age > 40 years is the largest age group, namely 40 people (75.5%), ages 30-40 years as many as 9 people (17%) and the smallest is age <30 years as many as 4 people (7.5 %).

Table 1. Frequency Distribution of Parents' Age

No	Respondent's Age	Amount	Percentage (%)
1.	< 30 Years	4	7,5
2.	30 – 40 Years	9	17
3.	> 40 Years	40	75,5
	TOTAL	53	100

The majority of respondents with elementary education as many as 37 people (69.8%), while the smallest respondents with higher education levels are 2 people (3.8%), junior high school as many as 3 people (5.7%) and high school 11 people (20,7%).

Table 2. Frequency Distribution of Education Level

No	Level of education	Amount	Percentage (%)
1.	Primary school	37	69,8
2.	Junior high school	3	5,7
3.	Senior High School	11	20,7
4.	College	2	3,8
	TOTAL	53	100

Respondents with female gender were 36 people (67.9%), while male respondents were 17 people (32.1%).

Table 3. Frequency Distribution of Gender

Num	Gender	Amount	Percentage (%)
1.	Man	17	32,1
2.	Woman	36	67,9
	TOTAL	53	100

45 children (84.9%), and 8 children (15.1%) who had never experienced health problems.

Table 4. Distribution of the Frequency of Health Disorders

No.	Children who have experienced health problems	Frequency	%
1.	Yes	45	84,9
2.	No	8	15,1
Total		53	100

There were 38 children (71.7%) who had experienced parotitis and 15 children (28.3%) who had never had parotitis.

Table 5. Distribution of Parotitis Disease Frequency

No	Parotitis what the child has experienced	Frequency	%
1.	Yes	38	71,7
2.	No	15	28,3
	Total	53	100

42 children (79.2%) were given shallots when they were hot and 11 children (20.8%) who did not give shallots when they were hot.

Table 6. Distribution of the frequency of giving shallots

No	Giving Onions	Frequency	%
1.	Yes	42	79,2
2.	No	11	20,8
	Total	53	100

Parents who gave limes when their children coughed were 42 respondents (79.2%) and 11 respondents (20.8%) who did not give limes when their children had coughs.

Table 7. Distribution of the Frequency of Giving Lime

No.	Giving Lime Orange	Frequency	%
1.	Yes	42	79,2
2.	No	11	20,8
	Total	53	100

Parents who gave ginger when their child had a cold were 29 respondents (54.7%) and parents who did not give ginger when their child had a cold were 24 respondents (45.3%).

Table 8. Frequency Distribution of Ginger Pemberian

No	Giving Ginger	Frequency	%
1.	Yes	29	54,7
2.	No	24	45,3
	Total	53	100

Parents who gave kencur when their child had strep throat were 39 respondents (73.6%) and parents who did not give kencur when their child had strep throat were 14 respondents (26.4%).

Table 9. Distribution of the Frequency of Giving Kencur.

No	Giving Kencur	Frequency	%
1.	Yes	39	73,6
2.	No	14	26,4
	Total	53	100

There were 14 respondents (26.4%) of parents who gave Temu giring when their child had intestinal worms and 39 respondents (73.6 %).

Table 10. Distribution of Frequency of Giving Meetings Giring

No	Giving Meet Giring	Frequency	%
1.	Yes	14	26,4
2.	No	39	73,6
	Total	53	100

50 respondents (94.3%) gave betel leaves when their children had nosebleeds and 3 respondents (5.7 %).

Table 11. Frequency Distribution of Betel Leaves

No	Giving Belt Leaves	Frequency	%
1.	Yes	50	94,3
2.	No	3	5,7
	Total	53	100

Parents who gave guava leaves when their children had diarrhea were 43 respondents (81.1%) and parents who did not give guava leaves when their children had diarrhea were 10 respondents (18.9%).

Table 12. Distribution of the Frequency of Giving Guava Leaves

No.	Giving Guava Leaves	Frequency	%
1.	Yes	43	81,1
2.	No	10	18,9
	Total	53	100

The parents who gave papaya when their child was constipated were 48 respondents (90.6%) and parents who did not give guava leaves when their child had diarrhea were 5 respondents (9.4%).

Table 13. Distribution of Papaya Giving Frequency

No	Giving Papaya	Frequency	%
1.	Yes	48	90,6
2.	No	5	9,4
	Total	53	100

There were 37 respondents (69.8%) who gave bele leaf when their child had red eyes/belekan, and 16 respondents (30.2%) did not give betel leaf when their child had red eyes.

Table 14. Frequency Distribution of Betel Leaves

No	Giving Belt Leaves	Frequency	%
1.	Yes	37	69,8
2.	No	16	30,2
	Total	53	100

Parents who gave galangal when their child had itching were 21 respondents (39.6%) and parents who did not give galangal when their child had itching were 32 respondents (60.4%).

Table 15. Distribution of the Frequency of Giving Galangal

No	Giving Galangal	Frequency	%
1.	Yes	21	39,6
2.	No	32	60,4
	Total	53	100

Parents who gave beluntas when their children had smallpox were 13 respondents (24.5%) and parents who did not give beluntas when their children had smallpox were 40 respondents (75.5%).

Table 16. Distribution of Beluntas Giving Frequency

No	Giving Beluntas	Frequency	%
1.	Yes	13	24,5
2.	No	40	75,5
	Total	53	100

7 respondents (13.2%) gave gotu kola leaves when their children had measles and 46 respondents (86.8 %).

Table 17. Frequency Distribution Giving of Gotu kola

No	Giving gotu kola leaves	Frequency	%
1.	Yes	7	13,2
2.	No	46	86,8
	Total	53	100

Parents who gave turmeric when their children had tonsils were as many as 8 respondents (15.1%) and parents who did not give turmeric when their children had tonsils were 45 respondents (84.9%).

Table 18. Distribution of the Frequency of Turmeric Administration

No	Giving Turner	Frequency	%
1.	Yes	8	15,1
2.	No	45	84,9
	Total	53	100

Parents who gave noni when their child had parotitis were 16 respondents (30.2%) and parents who did not give noni when their child had parotitis were 37 respondents (69.8%).

Table 18. Frequency Distribution giving of Noni

No	Giving noni	Frequency	%
1.	Yes	16	30,2
2.	No	37	69,8
	Total	53	100

Parents who are able to mix family medicinal plants to overcome children's health problems are 11 respondents (20.8%) and parents who are not able to mix family medicinal plants are 42 respondents (79.2%).

Table 20. Frequency Distribution of Ability to Mix Family Medicinal Plants

No	Giving Noni	Frequency	%
1.	Yes	11	20,8
2.	No	42	79,2
	Total	53	100

Research conducted in Duwet, Ngawen, Klaten, with 53 respondents obtained the characteristics of the respondents and an analysis of the use of family medicinal plants by parents for children's health.

Every individual from birth is in a group, especially the family environment. A group in this environment will open the possibility to be influenced and influence other group members (Notoatmodjo, 2007). Social factors are also caused by informational influences, namely the influence that information obtained from others is accepted as fact so that with this influence individuals have two sources of information about reality, personal sensory experiences and reports and the behavior of those around them.

Most respondents are more than 40 years old, with a percentage of 75.5% and the least respondents are less than 30 years old, with a percentage of 7.5%.

Elementary education level as many as 37 respondents, with a percentage of 69.8% and the least respondents with a tertiary education level were 2 respondents, with a percentage of 3.8%.

There were 36 female respondents, with a percentage of 67.9% and the least respondents with male sex were 17 respondents, with a percentage of 32.1%.

There are 45 children who have experienced health problems with a percentage of 84.9% and 8 children who have never experienced health problems with a percentage of 15.1%.

There were 38 children who had had parotitis (mumps) with a percentage of 71.7% and 15 children who had never had parotitis with a percentage of 28.3%.

Parents who gave shallots when their children were hot were 42 respondents with a percentage of 79.2% and parents who did not give red onions when their children were hot were 11 respondents with a percentage of 20.8%. This volatile propyl disulfide and propyl metal disulfide when applied to the body will cause accelerated heat transfer from the body to the skin (Faridah, et. al., 2018).

Those who gave lime when their child had a cough were 42 respondents with a percentage of 79.2% and parents who did not give lime when their child had a cough were 11 respondents with a percentage of 20.8%.

Giving ginger when a child has a cold is 29 respondents with a percentage of 54.7% and those who do not give ginger when a child has a cold are 24 respondents with a percentage of 45.3%.

Giving kencur when children have strep throat as many as 39 respondents with a percentage of 73.6% and parents who do not give kencur when children have strep throat as many as 14 respondents with a percentage of 26.4%.

There were 14 respondents who gave giring meeting when their child had intestinal worms with a percentage of 26.4% and parents who did not give a sleigh meeting when their child had intestinal worms were 39 respondents with a percentage of 73.6%.

There were 50 respondents who did not give betel leaves when their children had nosebleeds with a percentage of 5,7%. Eugenol found in betel leaf is useful for preventing premature ejaculation, killing the fungus *Candida albicans*, anti-convulsant, analgesic, anesthetic, relieving spasms in smooth muscles, and suppressing motion control (Jannah & Primawati, 2019).

Widyawati and Rizal (2015) mention the types of traditional medicinal plants found in urban communities and can be recommended as family medicinal plants because they have properties including turmeric (*Curcuma domestica*), temulawak (*Curcuma xanthorrhiza* Roxb.), kencur (*Kaempferia galanga* L.), ginger (*Zingiber officinale*), galangal (*Alpinia galanga*), bay leaf, noni, cat whiskers, crown of the gods, asoka (*Saraca indica*), jasmine (*Jasminum officinale*), papaya (*Carica papaya* L.), cocor duck (*Kalanchoe pinnata* Syn.), guava (*Psidium guajava* L.), star fruit (*Averrhoa carambola*), betel (*Piper betle*), bitter melon, lime (*Citrus aurantfiola*), katuk, white turmeric, aloe vera (*Aloe vera* L.), reeds alang, wuluh starfruit (*Averrhoa bilimbi* L.), temu giring, sweet potato, and beluntas.

Several types of medicinal plants that are often used by Indonesian people include turmeric (*Curcuma domestica*), temulawak (*Curcuma xanthorrhiza* Roxb.), kencur (*Kaempferia galanga* L.), ginger (*Zingiber officinale*), galangal (*Alpinia galanga*), salam (*Syzygium polyanthum*).), pace, pyanghong, cat's whiskers (*Orthosiphon aristatus*), asoka (*Saraca indica*), star fruit (*Averrhoa carambola*), betel (*Piper betle*), meniran (*Phyllanthus urinaria*), amethyst (*Datura metel*), kemlanding, water spinach (*Ipomea reptana*), white turmeric, cinnamon, gotu kola, reeds and white tread (*Catharanthas reseus*) (Syarif et al., 2011).

Some herbaceous plants that have bitter substances such as brotowali (*Tinospora crispa*), and also aromatic-smelling herbaceous plants such as betel (*Piper betle*) are medicinal herbs (Kurdi, 2011). Examples of other herbs that are familiar and have medicinal properties are cat's whiskers (*Orthosiphon aristatus*), ceplukan (*Physalis angulata*), gotu kola (*Centella asiatica*), and babandotan (*Ageratum conyzoides*). Each herb contains substances that have potential as drugs, including anti-bacterial, anti-inflammatory, analgesic, anti-hyperglycemic, anti-viral, and able to neutralize toxins (Aspan et al. 2008).

Giving guava leaves when their children had diarrhea were 43 respondents with a percentage of 81.1% and parents who did not give guava leaves when their children had diarrhea were 10 respondents with a percentage of 18.9%.

Giving papaya when their child is constipated are 48 respondents with a percentage of 90.6% and those who do not give papaya when their child is constipated are 5 respondents with a percentage of 9.4%.

There were 37 respondents who gave bele leaf when their child had red eyes with a percentage of 69.8% and parents who did not give bele leaf when their child had red eyes were 16 respondents with a percentage of 30.2%.

Giving galangal when their child has itching as many as 21 respondents with a percentage of 39.6% and parents who do not give galangal when their child has itching as many as 32 respondents with a percentage of 60.4%.

Beluntas when their child had smallpox were 13 respondents with a percentage of 24.5% and parents who did not give beluntas when their child had smallpox were 40 respondents with a percentage of 75.5%.

Giving gotu kola leaves when their children had measles as many as 7 respondents with a percentage of 13.2% and parents who did not give gotu kola leaves when their children had measles as many as 46 respondents with a percentage of 86.8%.

Parents who gave turmeric when their children had tonsils were 8 respondents with a percentage of 15.1% and parents who did not give turmeric when their children had tonsils were 45 respondents with a percentage of 84.9%.

Giving noni when their child has parotitis as many as 16 respondents with a percentage of 30.2% and parents who do not give noni when their child has parotitis as many as 37 respondents with a percentage of 69.8%.

Parents who are able to mix family medicinal plants used to treat children's health problems are 11 respondents with a percentage of 20.8% and parents who are not able to mix family medicinal plants used to treat children's health problems are 42 respondents with a percentage of 79.2%.

CONCLUSIONS AND RECOMMENDATIONS

A. Conclusion

Family medicinal plants that are often used by parents for the health of their children are shallots, limes, ginger, kencur, temu giring, betel leaf, guava leaves, papaya, galangal, beluntas, gotu kola leaves, turmeric and noni.

Health problems that are often experienced by children are parotitis (mumps), fever, cough, runny nose, sore throat, intestinal worms, nosebleeds, diarrhea, constipation, sores/red eyes, itching, smallpox, measles (gabagen) and tonsils.

The use of onion to treat when a child has fever, lime to treat when a child coughs, Ginger to treat when a child has a cold, kencur to treat when a child has a sore throat, temu giring to treat when a child has intestinal worms, betel leaf to treat when a child have nosebleeds, guava leaves to treat when a child has diarrhea, papaya to treat when a child is constipated, betel leaf can also be used to treat when a child has red eyes/belekan, galangal to treat when a child has itching, beluntas to treat when a child have smallpox, gotu kola leaves to treat when a child has measles/gabagen, turmeric to treat when a child has tonsils, noni to treat when a child has parotitis/mumps.

Parents who were able to properly mix family medicinal plants to cope when their children had health problems were only 20.8% and parents who were unable to properly mix family medicinal plants to cope when their children had health problems were 79.2%.

B. Suggestion

1. The use of family medicinal plants by parents to treat children with health problems is still widely used. Therefore, it is better for parents who have children in particular and the community in general to cultivate and develop family medicinal plants independently in their respective yards and yards, especially those that are beneficial for children's health and public health in general.
2. Parents who have children should increase their awareness, willingness and ability to use family medicinal plants for their children's health, by adding more insight, knowledge, technology and information about family medicinal plants to blending, consuming and their benefits.
3. Parents in using family medicinal plants for children's health are still limited to treating when children have health problems, even though it is best to use family medicinal plants since the child is still in good health by providing family medicinal plants that are efficacious to improve children's health. promotive) and efficacious to prevent the occurrence of various diseases in children (preventive).
4. Parents should increase the use of family medicinal plants which are relatively safer, easier, cheaper and have fewer side effects, besides that it is an effort to achieve optimal public health status independently.
5. For researchers, to add insight, knowledge and skills in research, especially regarding the use of family medicinal plants for children's health. For other researchers, it can be considered and studied in in-depth research on the use of family medicinal plants.

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