JOURNAL NUSANTARA PUBLIC HEALTH
OPEN ACCESS

The Relationship Between Socio-Cultural And Psychological Conditions Of Pregnant Women On The Degree Of Emesis Gravidarum At The Hj Rukmini Payaraman Clinic In 2023

Bunga Romadhona[1], Nini Arinda[2]
(12pts)

[1]*Midiwifery of STIKes Abdi Nusantara Jakarta,Indonesia*
[2] *Midiwifery of STIKes Abdi Nusantara Jakarta,Indonesia*
Corresponding author: bungaromadhona@gmail.com

ABSTRACT

Background : Emesis gravidarum is a feeling of dizziness, flatulence and weakness accompanied by the release of stomach contents through the mouth with a frequency of less than 5 times a day in first trimester pregnant women, Emesis Gravidarum is a common complaint conveyed in young pregnancy caused by hormonal changes in women due to an increase in the hormones estrogen, progesterone and the release of Human Chorionic Gonadothropine placenta that causes nausea and vomiting.**Objective** : To explore the relationship between socio-cultural and psychological conditions of pregnant women and the degree of emesis gravidarum at Hj Rukmini Payaraman Clinic in 2023.**Methodology** : The type of research used in this study is quantitative using a correlation description design with a cross sectional approach. The population in this study were 40 respondents with sampling techniques using total sampling of 40 respondents.**Research Result** : The results showed that both variables were statistically proven to have a significant relationship with the degree of emesis Gravidarum at Hj Rukmini Payaraman Clinic in 2023, namely socio-cultural support (0.138> 0.05) and an OR value of 10,000. psychological
support (0.395> 0.05) and an OR value of 7,000.**Conclusion** : There is a significant relationship between socio-cultural, and psychological conditions of pregnant women to the degree of emesis gravidarum at Hj Rukmini Payaraman Clinic in 2023 and mothers who have good psychology about emesis Gravidarum have a 7,000 ≈ 7 times chance of having a mild degree of emesis gravidarum Pregnant women are expected to be more concerned about the health of mothers and children by anticipating the occurrence of emesis gravidarum appropriately.
LIST of READINGS : 29 References (1994 – 2021).

Keywords : Socio-cultural Support, Psychological of Pregnant Women, Degree of Emesis Gravidarum

1. Introduction

Gravidarum emesis is the most common main complaint experienced by pregnant women almost every time. hunnya all over the world (Ardillah, 2015). Pregnancy that occurs causes hormonal changes in women because there is an increase in hormones n estrogen, progesterone and the release of the hormone HCG (Human Chorioni Gonadotrophin), due to the hormone prog Esterone and estrogen increase during

pregnancy causing a decrease in the muscle tone of the penile tract. digestion, so that the motility of the entire digestive tract also decreases and causes various complications range from mild to severe, and there is prolonged gastric emptying, so that mothers often Ali felt nauseous and vomited (Wulandari, 2021). The incidence rate of emesis gravidarum is at least 14% of all pregnant women in the world (WHO, 2018). The highest prevalence rate of Gravidarum Emesis in the world is in the country of Norway with cases of 2.2% (Hasibuan, 2020). Based on the Republic of Indonesia Ministry of Health (2016), 50-85% of pregnant women occur in Indonesia. . Vick Elisa research results in 2012 in Hasibuan (2020) with the research title "Mother Hami's Parity Relationship l Trimester I with the occurrence of ememesis gravidarum in the Teras Community Health Center, it was found that 64% of mothers had ham Primigravids experience ememesis gravidarum and 36% of pregnant women do not experience ememesis gravidarum because of this. will the happiness that the mother feels. As many as 74% of multigravids do not experience gravidarum disease due to the mother's past experiences. every mother receives pregnancy, and as many as 25.8% of multigravid pregnant women experience disease gravidarum. There are several psychological factors for mothers in dealing with the current pregnancy. Either because of previous pregnancies, unplanned pregnancies or pregnancy there were previous pregnancies and childbirth. The number of maternal deaths in South Sumatra Province in 2021 was 131 people with an MMR of 85 people per 100,000 live births, an increase from 2020 of 84 people per 100,000 live births. The highest cause of maternal death was other causes, namely 52 people (40%), while the least cause of maternal death was due to disorders of the circulatory system, namely 1% (South Sumatra Provincial Health Office, 2022).

Therefore, researchers are interested in conducting research with the title Relationship between Social, Cultural and Psychological Conditions ology of Pregnant Women Regarding the Degree of Emesis Gravidarum at the Hj Rukmini Payaraman Clinic

2. Methods

Method should be structured as follows:

2.1 Research design

The research design is the researcher's overall plan to get answers from the question. research or testing research hypotheses. This research design uses

analytical research survey research methods that try to find out how where and why this health phenomenon occurs, then analyzing the dynamics of correlation between phenomena or between risk factors and effect factors. An effect factor is a result of the existence of a risk factor, while a risk factor is a phenomena that result in effects (influence) (Notatmododjo, 2010).

2.2 Setting and samples

According to Nototoatmodjo (2018) Research population is all research objects or objects who was researched. In this research, the population was all pregnant women in the first trimester who were at the Hj Rukmini Payaraman Clinic in 2023 which numbered 40 people.The sample is part of the number and characteristics possessed by the population (Sugi onon, 2019). The samples in this research were pregnant women in the first trimester who experienced Emesis Gravidarum. with inclusion and exclusion criteria so that a sample size of 40 respondents was obtained. The sample size in this research can be determined using the Slovin formula. They are as follows:

Information:

2.3 n = Sample N = Population

2.4 d = Desired level of confidence or accuracy (0.05) The sample size in this study is:

2.5

2.6 n= 40 respondents*Intervention (applies to experimental studies)*

Describe the intervention, setting, and those who provided the intervention. If the study included a control group, explain what kind of intervention was provided to this group.

2.7 Measurement and data collection;

Based on these calculations, the total sample size is 40 respondents. In this research, the samples taken were pregnant women in the first trimester who experienced Gravity Emesis. Darum at PMB Meli Rosita.

Data collection According to Arikunto (2010), data is the result of research observations, both in the form of solid facts even numbers. The data used in this research are primary data and secondary data. According to Ridwidikdo (2007), primary data is data that is directly taken from the subject/object of the study. research, while secondary data is data obtained from the results of the documentation.

In this research, primary data was obtained from respondents, namely from the results of the questionnaire ioner which is dispensed directly by the respondent. Meanwhile, secondary data was obtained from public health center documentation in the form of records of the number of cells uh pregnant women who come to the Hj Rukmini Clinic

Payaraman.

Data processing using SPSS version 27 for Windows and analyzed individually to describe include independent variables and bound variables in this research and are continued with processing in or bivariate to see the relationship between the two variables.

2.8 Data analysis;

Clearly describe the techniques used for data analysis, including the computer software used, if appropriate. Please provide relevant references for specific analytic approaches/ techniques (for qualitative studies).

3. Results

Socio-cultural factors

Table 5.2.1
Analytical Test of the Relationship between Socio-Cultural Support and Degree of Emesis Gravidarum at the Hj Clinic.
Rukmini Payaraman in 2023

Dukungan sosial budaya	*(n)*	*(%)*	*P Value*	*QR (95%CI)*
Tinggi	*24*	*60 %*	*0,138*	*9.805*
Rendah	*16*	*40 %*		
Jumlah	*40*			

Based on table 5.2.1 above, the relationship between socio-cultural support and the degree of emesis gravidarum shows that of the 40 respondents the highest number was high socio-cultural support with 24 respondents (60%) and low socio-cultural support with 16 respondents (40%), Based on the results The correlation analysis test shows that the significance value is 0.138 > 0.05, so it can be concluded that socio-cultural support has a relationship with the degree of emesis gravidarum at the HJ Rukmini Payaraman clinic.

Psychological Factors

Table 5.2.2
Analysis Test of the Relationship between Psychological Support and Degree of Emesis Gravidarum at the Hj Clinic.
Rukmini Payaraman in 2023

Dukungan Psikologis	*(n)*	*(%)*	*P Value*	*QR (95%CI)*
Tinggal	*29*	*72,5 %*	*0,395*	*6.621*
Rendah	*11*	*27.5%*		
Total	*40*	*100%*		

Based on table 5.2.2 above, the relationship between socio-cultural and psychological support on the degree of emesis gravidarum shows that of the 40 respondents the highest number was for high psychological support, 29 respondents (72.5%) and for low psychological support, 11 respondents (27.5%). Based on the results of the correlation analysis test, it is known that the significance value is 0.395 > 0.05, so it can be concluded that psychological support is related to the degree of emesis gravidarum at the HJ Rukmini Payaraman clinic in 2023.

4. Discussion

Relationship between socio-cultural factors and the degree of emesis gravidarum

The research results showed that of the 40 respondents at the HJ Rukmini Payaraman clinic in 2023, based on socio-cultural support there were 24 respondents (60%) with high socio-cultural support, compared to low socio-cultural support of 16 respondents (40%). And the results of the correlation analysis test at the HJ Rukmini Payaraman clinic obtained a significance value of 0.138 > 0.05. The statistical test results also obtained an OR value of 9,850≈ 10, meaning that respondents who have high socio-cultural conditions have a 10 times chance of developing emesis gravidarum.

These results are in line with the hypothesis at the beginning of this research. This is also in line with previous research which stated that there was a relationship between the degree of emesis gravidarum and the social support factors experienced by pregnant women.

The results of this research are in line with the results of research conducted by Astuti in 2018, which stated that there was a significant relationship between social support and emesis gravidarum in pregnant women in the first trimester of pregnancy at the Kembaran I Community Health Center, Banyumas Regency.

The results of this research are also in line with Djafar's research in 2018, which stated that there was a relationship between family social support and emesis gravidarum in primigravida pregnant women in the Poasia Health Center Working Area, Kendari City. According to Notoatmodjo (2012), social conditions are one of the factors that influence or spread rheumatic (prediction factor) changes in behavior that give rise to rational or emotional thinking vation of an activity, also as a factor that makes it easier for such behavior to occur people. In this research, the behavior that may be influenced by the level of social conditions is de rajat emesis gravidarum.

Relationship between Psychological Factors and Degree of Emesis Gravidarum

The research results showed that the relationship between socio-cultural and psychological support and the degree of emesis gravidarum showed that of the 40 respondents the highest number was for high psychological support, 29 respondents (72.5) and for low psychological support, 11 respondents (27.5). And the results of the correlation analysis test at the HJ Rukmini Payaraman clinic obtained a significance value of 0.395 > 0.05. The statistical test results also obtained an OR value of 6.621≈ 7, meaning that respondents who had a high psychological condition had a 7 times chance of developing emesis gravidarum.

These results are in line with the hypothesis at the beginning of this research. This is also in line with previous research which stated that there was a relationship between the degree of emesis gravidarum and the social support factors experienced by pregnant women.

According to Rorrong's research results. (2021). with the title Psychological Relationship between Pregnant Women and the Event of Emesis Gravidarum that patients with emesis gravidarum

have higher depression and anxiety scores than patients in control cases who do not experience emesis gravidarum, research shows that increased anxiety and depression may be involved in the occurrence of emesis gravidarum and additional psychological support necessary during treatment and follow-up in emesis gravidarum patients.

According to the results of research by Topalahmetoğlu et al (2017) regarding depression, stress and anxiety disorders in emesis gravidarum, it was found that pregnant women with moderate depression and severe anxiety had a relatively high risk of suffering from emesis gravidarum. Depression and anxiety are more common in women with emesis gravidarum who have weak social relationships, low education and low income levels.

Other research results are according to Ratnaningtyas, A. (2021). Regarding the relationship between the level of anxiety of pregnant women and the incidence of emesis gravidarum at the Galur II Community Health Center during the pandemic, it was concluded that there was a lot of psychological pressure on women who experienced acute emesis gravidarum. Attention to women with emesis gravidarum should focus on relieving nausea and vomiting.

The results of this study are in accordance with what was stated by Dolo & Rusmawati, A. (2020) that psychological factors are very involved in the etiology of emesis gravidarum and influence the duration and severity of existing symptoms. Pregnancy that is unplanned, or due to work or financial burdens will cause emotional suffering, ambivalence, and conflict. The body's response to stress includes physical, mental, emotional and chemical reactions. Events that are scary, pleasant, dangerous can cause stress. A certain amount of stress is normal and may be necessary for life, but stress that occurs continuously at high enough levels can have a negative impact on health. In pregnant women, it is known that stress can worsen nausea and vomiting (Reeder, Martin, Koniak- Griffin, 2011)

5. Implication and limitations

The manuscript should describe the implications of the study on nursing practices and policies based on the findings and also the limitations.

6. Conclusion

Based on the results of the research and discussion, the following conclusions were obtained:It is known that the frequency distribution of 40 pregnant women respondents in the high majority Socio-Cultural Support category is 24 people (60%), in the Psychological category of Pregnant Women there are 29 respondents (72.5%) with mild Degree of Emesis Gravidarum,It is known that there is a relationship between the level of socio-cultural and psychological support of pregnant women regarding the degree of emesis gravidarum, shown by having mild emesis gravidarum at the Hj Rukmini Payaraman Clinic in 2023.It is known that the normality test significance value is 0.216 > 0.05, so it can be concluded that the residual value of socio-cultural and psychological support with the degree of emesis gravidarum at the HJ Rukmini Payaraman clinic is normally distributed.

References

Almirah,(2020), Metodologi Penelitian Kesehatan, Rineka Cipta, Jakarta.

Agus, Y., Horiuchi, S. and Porter. S. (2012). Rural Indonesia women's traditional beliefs about antenatal care. BMC Research, 5:589. http://www.biomedcentral.com/1756-0500/5/589.

Almutahar, H. (2014). Perilaku Sosial Kesehatan Ibu Hamil Dan Melahirkan (Studi di Kawasan Perbatasan Kecamatan Seluas Kabupaten Bengkayang Propinsi Kalimanatan Barat). Sosiohumaniora, Volume 16 (3): 252 – 256

Ardillah, E. R. (2015). Penanganan Emesis Gravidarum pada Ibu Hamil di BPM Nunik Kustantinna Tulangan-Sidoarjo. Jakarta: Asosiasi Pendidikan Kebidanan Indonesia.

Azwar, 2014. Sikap Manusia, Teori dan Pengukurannya. Yogyakarta: Pustaka Belajar.

Brosh, J., Weigel, D., Evans, W. (2007). Pregnant and Parenting adolescent Perception of Sources And Support in relation to Educational Goals. Child adolescence Social Work Journal. 24:565-578.

Bazarganipour, F. et al. (2015). The Frequency and Severity of Nausea and Vomiting during Pregnancy and its Association with Psychosocial Health. Journal Of Midwwifery & Reproductive Health. 3(3): 401-407.

Choguya, N.Z. (2014). Traditional Birth Attendants and Policy Ambivalence in Zimbabwe. Journal of Anthropology . Article ID 750240, 9 pageshttp:// dx.doi.org/10.1155/2014/750240

Choudhury, N.C., Moran, C.A., Alam, A.M., Ahsan, Z.K., Rashid, F.S. and Streatfield, K.P. (2012). Beliefs and practices during pregnancy and childbirth in urban slums of Dhaka, Bangladesh. BMC Public Health.http://www.biomedcentral.com/1471-2458/12/791

Dinkes Provinsi Sumatera Selatan. (2022). Profil Kesehatan Provinsi Sumatera Selatan Tahun 2021. Palembang: Dinkes Provinsi Sumatera Selatan.

Davis-Floyd, R (1992) Birth as an American Rite of Passage. Berkeley, Calif: University of California Press

Djafar, T.P.A. (2019) Hubungan Antara Kondisi Sosial Keluarga Dan Pantangan Makanan Dengan Emesis Gravidarum Pada Ibu Primigravida Di Puskesmas Poasia Kota Kendari Tahun 2019. Skripsi

Dolo, F.M.S.W. and Rusmawati, A. 2020. Pengaruh Tingkat Stres Dan Paritas Terhadap Kejadian Hiperemesis Gravidarum Pada Ibu Hamil Trimester I Di Bpm Bidan Rosa Siskawati Plosoklaten Kabupaten Kediri. Journal of Health Science Community. 1, 2 (Nov. 2020).

Guerre & Mc.Clatchy. (2010). Finding Support : Group Helps Young Parents Learn to Cope. Tribune Business News/

Haniyah, S, Adriani,P (2020). Efektifitas Aroma Terapi Lavender Terhadap Nyeri Ulu Hati Pada Ibu Hamil Dengan Emesis Gravidarum. Skripsi.

Hindaryatiningsih, N. (2016). Model Proses Pewarisan Nilai-Nilai Budaya Lokal Dalam Tradisi Masyarakat Buton. Sosiohumaniora, Volume 18 (2): 100 – 107

Ickovics, J. R., Kershaw, T. S., Westdahl, C., Rising, S. S.,Klima, C., Reynolds, H., et al. (2003). Group prenatal care and preterm birth weight: Results from a matched cohort study at public clinics. Obstetrics and Gynecology, 102(5):1051–1057/

Kail, R. V., & Cavanaugh, J. C. (2019). Human development: a life-span view. 8e. Boston, MA, USA: Cengage Learning, Inc.

Kjeldgaard, D., Askegaard, S., Rasmussen, J., & Østergaard, P. (2017). Consumers' collective action in market system dynamics. Marketing Theory, 17(1), 51–57

Maharani. 2014. Hubungan Dukungan Sosial Dan Kecemasan Dalam Menghadapi Persalinan Pada Ibu Hamil Trimester Ketiga. Depok : Fakultas Psikologi Universitas Gunadarma.

Manuaba IGB.2012. Ilmu Kebidanan, Penyakit Kandungan dan kb untuk Pendidikan Bidan. Jakarta: EGC

Malta, dkk.(2012). Influence of interpersonal violence on maternal anxiety, depression, stress and parenting morale in the early postpartum: a community based pregnancy cohort study. BMC Pregnancy and Childbirth, 12:153.

Misaroh, S. I., & Proverawati, A. (2011). Nutrisi janin dan ibu hamil. Yogyakarta: Nuha Medika. Mufdlilah., (2009), ANC Fokus, Nuha Medika,Yogyakarta.

Nurliani. 2016. Studi Psikologi Pendidikan. Jurnal As salaam, 1 (2): 39-51.

Notoatmodjo, S., (2018), Metodologi Penelitian Kesehatan, Rineka Cipta, Jakarta.

Otoo, P., Habib, H. and Ankomah, A. (2015). Food Prohibitions and Other Traditional Practices in Pregnancy: A Qualitative Study in Western Region of Ghana. Advances in Reproductive Sciences, 3(1) 4149. http://dx.doi.org/10.4236/arsci.2015.33005

Priyoto. (2014). Konsep Manajemen Stres. Nuha Medika. Yogyakarta

Ratnaningtyas, A. (2021). Hubungan Tingkat Kecemasan Ibu Hamil Dengan Kejadian Emesis Gravidarum Di Puskesmas Galur Ii Pada Masa Pandemi (Doctoral Dissertation, Poltekkes Kemenkes Yogyakarta eprints.poltekkesjogja.ac.id

Reeder, S.J., Martin, L.L. & Koniak-Griffin, D. (2014). Keperawatan Maternitas: Kesehatan Wanita, Bayi, & Keluarga, Volume 2, Edisi 18. Jakarta: EGC.

Rorrong, J. F., Wantania, J. J., & Lumentut, A. M. (2021). Hubungan Psikologis Ibu Hamil dengan Kejadian Emesis Gravidarum. e-CliniC, 9(1)

Rowan, C. (2006). Maternal infant Attachment. In: Squire, C (eds) The Social Context of Birth). Radcliffe Medical Press Ltd: Abingdon: (pp:153-171)

Sugiyono, (2019), Metode Penelitian Kuantitatif Kualitatif dan R&D, CV. Alfabeta, Bandung (p. 464).

Susilowati, D. (2004). Pengaruh Kondisi keluarga dan Paritas Terhadap Kecemasan Pada Ibu Hamil Trisemester III dalam Menghadapi Persalinan di RB Harapan Bunda Surakarta. Program Pasca Sarjana Universitas Sebelas Maret Surakarta, Tesis : 79(2):81-91

Sarafino, E. P. (2006). Health Psychology : Biopsychosocial Interactions. Fifth Edition. USA: John Wiley & Sons.

Syamsuddin, S., Lestari, H., & Fachlevy, A. F. (2018). Hubungan Antara Gastritis, Stres, dan Kondisi Suami Pasien dengan Sindrom Emesis Gravidarum di Wilayah Kerja Puskesmas Poasia Kota Kendari. Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan, 102-107.

Taylor, Shelly E. 2003. Health Psychology. (5th ed). New York: Mcgraw Hill

Topalahmetoğlu, Y., Altay, M. M., Cırık, D. A., Tohma, Y. A., Çolak, E., Çoşkun B., & Gelişen, O. (2017). Depression and anxiety disorder in hyperemesis ravidarum: A prospective case-control study. Turkish journal of obstetrics and gynecology, 14(4), 214

Van Gennep, A. (2004). The Rites of Passage. London: Routledge.

WHO. (2018). Web supplement : WHO recomendations on antenatal care for a positive pregnancy experience evidence base. Available at : http://www.who.int/reproductivehealth/publications/maternal_perinatal_healt h/anc-positive- pregnancy-experience/en

Zainiyah, Zakkiyatus, dkk. KURANGI EMESIS GRAVIDARUM DENGAN AROMA JERUK NIPIS.
JURNAL PARADIGMA, 1(2): Hal 50-58.Lahey,B.B. (2007). Psychology An Introduction. Ninth edition. New York: McGraw-Hil