

Nausea and Vomiting Handling Behavior in terms of Parity and Level of Knowledge of First Trimester Pregnant Women in the Ngajum Health Center Work Area

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ABSTRACT

Background: Nausea and vomiting are normal and often found in pregnancy, especially in the first trimester of pregnancy. Prevention and treatment of nausea and vomiting carried out by pregnant women is strongly influenced by the knowledge possessed by pregnant women and parity. This study aimed to determine nausea vomiting handling behavior in terms of parity and knowledge level of first trimester pregnant women.

Methods: This study used an observational analytic design with a cross sectional time approach. The population and sample in this study were all pregnant women who had experienced nausea and vomiting as many as 35 people in the Ngajum Health Center Work Area. The sample of this study were some pregnant women who had experienced nausea and vomiting, as many as 30 people were taken according to the researcher's criteria. Sampling using purposive sampling. Collecting data using a questionnaire and analyzed using the Spearman rank test.

Results: This study showed that respondents with primigravida parity almost all had negative nausea and vomiting handling behavior, as many as 10 respondents (33.3%). All respondents with poor knowledge have negative behavior in handling nausea and vomiting, as many as 4 respondents (40%). The results of this study indicate that there is a significant relationship between the behavior of handling nausea and vomiting in terms of knowledge and attitudes with a P value < 0.05 ($0.000 < 0.05$).

Conclusion: The behavior of pregnant women in the first trimester in handling nausea and vomiting is strongly influenced by the knowledge of pregnant women about nausea and vomiting and parity of pregnant women.

I. Introduction

Pregnant women experienced nausea and vomiting 2% in the morning and 80% throughout the day and 18% continued until delivery. Mothers in the first trimester of adjustment period, experience discomfort, headache, dizziness, fatigue, frequent urination, shortness of breath, stomach cramps, and hyperemesis gravidarum. The causes of nausea and vomiting are various, among others due to hormonal changes in the body, psychological, lack of sleep, lack of rest and stress can aggravate nausea and vomiting.

Nausea and vomiting if it is within normal limits and does not interfere with the activities of pregnant women and can be handled properly will not affect the condition of the mother and fetus, while the impact of nausea and vomiting if not handled properly is dehydration to coma, while the fetus occurs with low birth weight. Judging from this problem, pregnant women should be able to handle nausea and vomiting properly so that hyperemesis gravidarum does not occur, but the fact is that many pregnant women do not know how to handle nausea and vomiting.

The incidence of emesis gravidarum in East Java Province is 10-15% of the total number of pregnant women, namely 183,645 people in 2016, (Dinkes, 2016). Research by Ririn I. (2015) knowledge about emesis gravidarum is good for 4 (12.5%) pregnant women, sufficient knowledge is 24 (75%) pregnant women, lack of knowledge 4 (12.5%) pregnant women. Data from the Malang District Health Office the number of pregnant women in 2018 was 21,672 people, who experienced emesis gravidarum 271 pregnant women (1.25%). The number of pregnant women in 2019 was 14,967 people. Those who experienced emesis gravidarum were 281 pregnant women (1.8%). Data from the Ngajum Health Center in 2019 as many as 345 people, 43 who experienced emesis gravidarum pregnant women (12.5%).

According to a preliminary study, 30 pregnant women in the first trimester experienced emesis gravidarum. A total of 18 pregnant women do not know how to handle nausea and vomiting, 7 have low behavior and 11 have good behavior. The relationship between nausea and vomiting prevention behavior and parity of pregnant women, whether the stages of knowledge of pregnant women from the results of tofu make mothers want to do so, so that an action and behavior affects the parity and level of knowledge of pregnant women. Provide counseling to pregnant women about nausea and vomiting and its handling. Handling of nausea and vomiting physiologically can be done by encouraging the mother to eat as often as possible in small amounts, avoiding foods or drinks that stimulate vomiting (fat, sugar, alcohol, caffeine), taking vitamin B complex with additional B6 and magnesium, adequate rest, giving aromatherapy, and visiting health workers if nausea and vomiting persist.

Based on the background or phenomenon above, researchers are interested in taking research with the title: "Nausea Vomiting Handling Behavior in terms of Parity and Knowledge Level of First Trimester Pregnant Women in the Ngajum Health Center Work Area"

II. METHODS

This research uses an observational analytic design with a cross sectional time approach. The population and sample in this study were all pregnant women who experienced nausea and vomiting as many as 35 people in the Ngajum Health Center Work Area. The sampling technique used in this research is purposive sampling. The number of samples as many as 30 people was taken according to the criteria of the researcher. Data collection using questionnaires. Bivariate analysis to see the relationship between the independent variable and the dependent variable using the test spearman rank with a significant level of = 0.05. In the calculation process, it is assisted by using the help of the Statistical Program for Social Science (SPSS) Windows.

III. RESULTS

Parity

Table 1. Frequency distribution of respondents based on Parity in Work Area Ngajum Health Center, Ngajum District, Malang Regency

No	Parity based on currently pregnant	F frequency	Percentage (%)
1	Primigravida	16	53.3%
2	multigravida	13	43.3%
3	Grandemultigravida	1	3.3%
	Amount	30	100%

The results of the study can be seen that some respondents are currently pregnant with primigravida as many as 16 respondents (53.3%) of a total of 30 respondents.

Knowledge of Pregnant Women

Table 2. Frequency distribution of respondents based on Knowledge in Work Area Ngajum Health Center, Ngajum District, Malang Regency

No	Knowledge	F frequency	Percentage (%)
1	Well	16	53.3%
2	Pretty good	10	33.3%
3	Not good	4	13.3%
	Amount	30	100%

The results showed that it can be seen that some of the respondents have good knowledge about nausea and vomiting as many as 16 respondents (53.3%) of a total of 30 respondents.

Nausea Vomiting Behavior

Table 3. Frequency distribution of respondents based on Nausea and Vomiting Behavior in the Work Area of the Ngajum Health Center, Ngajum District, Malang Regency

No	Behavior	N	%
1	Negative	10	33.3%
3	Positive	20	66.7%
	Amount	30	100

The results showed that most of them had positive nausea and vomiting behavior, as many as 20 respondents (66.7%) out of a total of 30 respondents.

Parity Against Nausea Vomiting Behavior

Table 4. Frequency distribution of respondents based on parity on the behavior of handling nausea and vomiting in the Ngajum Community Health Center Work Area

No	Vomiting Behavior	Nausea		parity				Total	
		Primigravida	multigravida	Grandemultigravida	N	%			
1	Negative	10	33.3	0	0	0	0	10 33.3	
2	Positive	6	20	13	43.3	1	3.3	20 66.7	
	Total	16	53.3	13	43.3	1	.3	30 100	

The results showed that almost all respondents with primigravida parity had negative nausea and vomiting handling behavior, as many as 10 respondents (33.3%) out of a total of 30 respondents

Knowledge of Nausea Vomiting Handling Behavior

Table 5. Frequency distribution of respondents based on knowledge of nausea and vomiting handling behavior in the Ngajum Community Health Center Work Area

No	Nausea Behavior	Knowledge			Total			N	%		
		Not good		Pretty good		Well					
		N	%	N	%	N	%				
1	Negative	4	40	6	60	0	0	10	33.3		
2	Positive	0	0	4	20	16	80	20	66.7		
	Total	4	13.3	10	33.3	16	53.3	30	100		

The results showed that respondents with poor knowledge, all had negative nausea and vomiting handling behavior, namely 4 respondents (40% %) of a total of 30 respondents. Respondents who have good knowledge, all have positive nausea and vomiting handling behavior, namely as many as 16 respondents (80%).

Statistical Test Results

Table 6. Statistical test results of Nausea and Vomiting Handling Behavior in terms of Parity and Level of Knowledge of First Trimester Pregnant Women in the Ngajum Health Center Work Area

No	Variable	P-Value
1	Behavior of handling nausea and vomiting in terms of parity	0.000
2	Behavior of handling nausea and vomiting in terms of knowledge	0.000

Based on data analysis using the *Spearman rank test* using SPSS shows the behavior of handling nausea and vomiting in terms of parity, the P value < 0.05 ($0.000 < 0.05$) and the behavior of

handling nausea and vomiting in terms of the level of knowledge obtained P value < 0.05 ($0.000 < 0.05$) meaning H_1 is accepted. So that there is a significant relationship between the behavior of handling nausea and vomiting in terms of parity and the level of knowledge of pregnant women in the first trimester in the work area of the Ngajum Health Center.

IV. DISCUSSION

Parity of pregnant women in the working area of the Ngajum Health Center

The results showed that most of the respondents were currently pregnant with primigravida, as many as 16 respondents (53.3%) out of a total of 30 respondents. Parity is the condition of a mother giving birth to more than one fetus. Parity is the status of a woman in relation to the number of children she has ever given birth to. Mothers who are pregnant for the first time are very new things so they are motivated to have their pregnancy checked by health workers. Research conducted by Elfanny, et al (2014) stated that the majority of cases of nausea and vomiting were experienced by the primigravida group of mothers. Primigravida mothers have a tendency to suffer from hyperemesis gravidarum due to lack of experience in pregnancy.

Mothers who have experienced both pregnancy and childbirth will be relaxed compared to mothers who have never experienced pregnancy. Bad experiences in pregnancy and childbirth will also affect the behavior of mothers in pregnancy. Mothers who experience pregnancy for the first time generally experience anxiety in dealing with pregnancy. This will trigger nausea and vomiting during pregnancy. Unlike mothers who have experienced pregnancy, they will be more relaxed in dealing with the pregnancy (Vicki, EW & Pertiwi , HW, 2012).

This study is in line with research conducted by Yunia mariantari, et al, 2014, which showed that respondents who experienced emesis gravidarum were primigravida. Based on the results of statistical tests, it is known that there is a relationship between gravida and the incidence of emesis. In this study, there were 16 respondents (53.3%) of primigravida pregnant women from a total of 30 respondents. Most of the respondents in this study were primigravida. According to the researcher's assumptions based on previous research, primigravida is more common than multigravida, this is related to the level of stress and the mother's age at the time of her first pregnancy, primigravida mothers have not been able to adapt to the hormones estrogen and chorionic gonadotropin. The increase in this hormone makes stomach acid levels increase, until complaints of nausea appear. Multigravida and grandemultigravida have been able to adapt to the hormones estrogen and hCG because they already have experience with pregnancy and childbirth.

The level of knowledge of pregnant women in the first trimester in the working area of the Ngajum Health Center

The results showed that it can be seen that some of the respondents have good knowledge about nausea and vomiting as many as 16 respondents (53.3%) of a total of 30 respondents. Sufficient knowledge about nausea and vomiting is thought to be influenced by age, education, and experience. The first thing that can affect the respondent's knowledge is age. Based on the results of the study, it was found that most of the respondents (56.3%) were between 20-25 years old. The more old enough, the level of maturity and strength of a person will be more mature in thinking. A person's memory is one of them influenced by age, with increasing age a person will affect the increase in knowledge he gains. The older a person's age, the processes of mental development get better (Nursalam, 2011). The age of the respondent is a productive age and a good age for pregnancy so that this young age shows that the respondent is still experiencing their first pregnancy. This shows that the mother still does not have sufficient experience and knowledge about nausea and vomiting.

The respondent's education level can also affect a person's knowledge. Based on the results of the study, it was found that most of the respondents (36.7%) had elementary education. A person's education will affect knowledge because in the educational process there is a learning process for something. However, in elementary education, information is not given about the pregnancy of someone who has nausea and vomiting, but mothers are certainly easier to understand some things related to handling nausea and vomiting.

The third factor that influences knowledge is experience. Based on the results of the study, it was found that most of the respondents (73.3%) were housewives. Experience is the best teacher. Through sharing information with colleagues, people can get answers to questions and problems they face more easily. In contrast to mothers who do not work, who only share information with neighbors who do not necessarily have the accuracy and truth of an information.

Handling behavior of nausea and vomiting in first trimester pregnant women in the work area of the Ngajum Health Center

The results showed that most of them had positive nausea and vomiting behavior, as many as 20 respondents (66.7%) out of a total of 30 respondents. The behavior of pregnant women when experiencing nausea and vomiting is a form of a person's response to the occurrence of emesis gravidarum that he feels in dealing with these complaints. The behavior of pregnant women when experiencing nausea and vomiting tends to do active things such as eating a little but often when experiencing nausea and vomiting and having regular pregnancy checks so that positive behavior is obtained.

The behavior of pregnant women when experiencing nausea and vomiting is formed due to a process of awareness, interest (feeling happy), evaluation (considering), trial (trying), adaptation (accepting) in a person. This positive behavior shows the awareness of pregnant women to always pay attention to the complaints they feel when they are pregnant. From this awareness arises a sense of interest in knowing the causes and actions that can be taken to treat nausea and vomiting so that in the end they can anticipate and handle nausea and vomiting independently.

The Relationship of Parity to the Behavior of Handling Nausea and Vomiting in First Trimester Pregnant Women in the Working Area of the Ngajum Health Center

The results showed that almost all respondents with primigravida parity had negative nausea and vomiting handling behavior, as many as 10 respondents (33.3%) out of a total of 30 respondents. Based on the results of the spearman rank test, a p-value = 0.000 was obtained, which means that there is a relationship between the behavior of handling nausea and vomiting in terms of parity in first trimester pregnant women in the Ngajum Health Center Work Area.

This study is in line with research conducted by Zaerotun and Rejeki (2015), which found that there was a significant relationship between parity and efforts to overcome nausea and vomiting of pregnant women in the first trimester at PKU Muhammadiyah Gubug Hospital, Grobogan Regency with p value = 0.009. According to the researcher's assumptions based on previous research, mothers who are pregnant for the first time are very new things so they are motivated to have their pregnancy checked by health workers. Most of the respondents experienced primigravida parity so that complaints of nausea and vomiting were often found. In primigravida women, a small proportion have not been able to adapt to hormones and a previous pregnancy history can also affect their current pregnancy. On the other hand, mothers who have given birth to more than one person have the assumption that they have experience so they are not motivated to have their pregnancy checked. In this case, respondents with primigravida parity have negative behavior in handling nausea and vomiting due to lack of experience, so this shows that the higher the parity of the respondents, the better the effort to overcome nausea and vomiting will be.

Relationship between Knowledge and Behavior in Handling Nausea and Vomiting in First Trimester Pregnant Women in the Ngajum Health Center Working Area

The results showed that respondents with poor knowledge, all had negative nausea and vomiting handling behavior, namely 4 respondents (40%) of a total of 30 respondents. Respondents who have good knowledge, all have positive nausea and vomiting handling behavior, namely as many as 16 respondents (80%). Based on the results of the spearman rank test, p-value = 0.000 was obtained, which means that there was a statistically significant relationship between the behavior of handling nausea and vomiting in terms of the level of knowledge of first trimester pregnant women in the Ngajum Health Center Work Area. The results of the study are in line with research conducted by Isnawati (2015), there is a significant relationship between the level of knowledge of pregnant women in the first trimester about Emesis Gravidarum at Bps Hartatik Kedungsoko Plumpang Tuban

In addition, there is a strong positive relationship between maternal knowledge and the behavior of pregnant women when experiencing nausea and vomiting, which is indicated by the correlation value of $r_s = 0.724$. The existence of a relationship between knowledge and behavior indicates that knowledge is an important basis for realizing positive behavior when experiencing nausea and vomiting. Mothers who have good knowledge have good handling behavior towards nausea and vomiting. Vice versa, mothers who have less knowledge tend to have negative nausea and vomiting handling behavior as well. So the better the mother's knowledge about nausea and vomiting, the better the behavior for handling nausea and vomiting will be

Healthy behavior will not just happen, but is a learned process because individuals understand the positive or negative impact of a related behavior. With the knowledge possessed by pregnant women

about handling nausea and vomiting, it becomes the basis for the formation of behavior when experiencing nausea and vomiting. Although in this study the formation of positive behavior due to the response of pregnant women in order to have a healthy pregnancy. Positive behavior will increase if pregnant women have good knowledge, while the level of knowledge that is lacking can make pregnant women have behaviors that have the potential to cause health problems.

By looking at the results of the study, the researcher is of the opinion that most of the mothers' knowledge about emesis gravidarum is sufficient. Therefore, to increase respondents' knowledge is to provide counseling about emesis gravidarum in pregnancy. Because behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Therefore, providing knowledge about the diagnosis of emesis gravidarum is very important.

V. CONCLUSION

The results showed that almost all respondents with primigravida parity had negative nausea and vomiting handling behavior, as many as 10 respondents (33.3%). Based on the results of the Spearman rank test, the p-value parity = 0.000 which means that there is a relationship between the behavior of handling nausea and vomiting in terms of parity in first trimester pregnant women in the Ngajum Health Center Work Area. Then for the level of knowledge, all respondents with poor knowledge have negative nausea and vomiting handling behavior, as many as 4 respondents (40%) out of a total of 30 respondents. All respondents who have good knowledge have positive behavior in handling nausea and vomiting, namely 16 respondents (80%). Based on the results of the spearman rank test, the p-value of knowledge level = 0.000 which means that there is a statistically significant relationship between the behavior of handling nausea and vomiting in terms of the level of knowledge of first trimester pregnant women in the Ngajum Health Center Work Area. The results of this study are expected that health workers can provide midwifery care about nausea and vomiting in the first trimester of pregnancy, especially in primigravida and can increase efforts to overcome nausea and vomiting experienced by pregnant women in the first trimester. according to their needs during pregnancy and frequent pregnancy check-ups.

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