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by Devita Elsanti

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The Social Support and Level of Stress Among Pregnant Mother in First Trimester I With Emesis Gravidarium

Devita Elsanti, Health Science Faculty University of Muhammadiyah Purwokerto, Let. Jend Soepardjo Roestam Street KM.7 Purwokerto, Central Java, Indonesia, elsanti.devita@gmail.com,
Diyah Yulistika Handayani, Health Science Faculty University of Muhammadiyah Purwokerto, Let. Jend Soepardjo Roestam Street KM.7 Purwokerto, Central Java, Indonesia, d.yulis21@gmail.com

INTRODUCTION

Maternal Mortality Rate (MMR) served as a basis or benchmark for the country's welfare. Based on estimation made from the Demographic and Health Survey Indonesia (IDHS) 1990 to 2007, it showed that the maternal mortality ratio (MMR) in Indonesia in 2015 reached 161 / 100,000 live births, while the MDG targets Indonesia is 102 / 100,000 live births (Health Dept, 2013). The data from WHO Maternal Mortality Rate (MMR) in Indonesia in 2013 shows that as many as 8,800 by the Maternal Mortality Ratio (MMR) of 190 (120-300) per 100,000 live births (WHO, 2013). The maternal mortality rate in Central Java Province in 2012 based on reports from regency / city was 116.34 / 100,000 live births, an increase compared with MMR in 2011 was 116.01 / 100,000 live births. Most maternal deaths are in Brebes with 51 deaths. Salatiga is the Regency with the least number of maternal deaths with only 2 cases. According to the Central Java Provincial Health Office, there were 32 maternal deaths (Central Java Health Office, 2012). Additionally, it was noted that there were maternal mortality by 711 cases and in 2015 there were 115 cases in 2014 (Nurdin, 2015).

The reason of the high death toll in Indonesia is due to the low quality of life, the average low education, health status and poor nutrition, anemia, iron deficiency, and the incidence of chronic malnutrition (Amaludin, 2015). Pregnant women are in need of adequate nutrition even doubled because nutrition is needed by pregnant women to meet the needs not only for the fetus but also the mother. However, sometimes pregnant women experience nausea and excessive vomiting so that nutrition cannot be fulfilled. Rose & Neil (2006) states that *emesis gravidarium* pregnant women can cause a variety of negative effects, one of which is a decrease in appetite that result in changes in the electrolyte balance of potassium, calcium, and sodium causing changes in the body's metabolism. It affects the fetus, it will be lack of nutrients and fluids needed by the body, the baby will be born will in low birth weight and impaired growth process. Excessive nausea and vomiting can also reduce body fluid, so that the blood becomes thick (hemoconcentration) and blood circulation to tissues is late. If that happens, then the consumption of oxygen and nourishment to the tissues also reduced (Anggarani and Subekti, 2013, Jeffrey et al, 2003).

Lack of oxygen and food to the network will cause tissue damage that could reduce maternal health and fetal development in the womb. In such cases, it needs serious treatment (Hidayati, 2009).

PURPOSES

The purposes of this research are:

1. To find out the characteristics of pregnant women consisting of age, education level and occupation.
2. To find out the status of social support for pregnant women in the first trimester.
3. To find out the level of stress among first trimester pregnant mother with emesis gravidarium.
4. To find out the correlation between social support and *emesis gravidarium* in the first trimester of pregnant women in Puskesmas Kembaran I Banyumas.

METHODS

This research is a quantitative method using descriptive correlation design with cross sectional approach. The study began on January 20 until February 15, 2016. The location of research took place in Puskesmas Kembaran I Banyumas. The number of samples taken in this study were 42 pregnant women by simple random sampling technique. The inclusion criteria sample includes first trimester pregnant women who can read and write, aged above 20 years old and willing to become respondents. While the sample exclusion criteria include pregnant women who had a miscarriage, pregnant women with complications of the disease, as well as hospitalizing pregnant women. Instruments used in this study are three kinds of demographic data questionnaire consisting of age, education, employment. The questionnaire of *emesis gravidarium* with social support questionnaire was to measure social support for pregnant women. Social support questionnaire is a questionnaire adapted by Aspuah (2013) with a validity value of 0.475 and is said to be reliable with a Cronbach alpha of 0.939. Analysis of the data in this study used univariate analysis variables which were analyzed using univariate such as the characteristics of the respondent, social support and the incidence of *emesis gravidarium* in the form of frequency and percentage. Furthermore, bivariate analysis of chi square is used to find out the correlation of social support and *emesis gravidarium*.

RESULT

The results of the research has been carried out are as follows:

The description of Participants Characteristics

The characteristic feature of participant consisting of age, education, occupation, are described in table 1:

Table 1. Characteristics of Participants

Respondents' Characteristic	Frequency	Percentage (%)
Umur		
a. 20-30 years old	35	83,3
b.> 30 years old	7	16,7
Education		
a. SD (Primary School)	15	35,7
a. SMP (Junior High School)	17	40,5
b. SMA (Senior High School)	8	19,0
c. PT (Academic Degree)	2	4,8
Job		
a. MRT (Housewives)	23	54,8
a. Swasta (private)	12	28,6
Wiraswasta (entrepreneurs)	7	16,7
Total	42	100

Table. 1 shows that the majority of respondents aged 20-30 years old are 35 respondents (83.3%), a junior high school are 17 respondents (40.5%) and the housewives are 23 respondents (54.8%).

Table 2. Status of Social Support in Pregnancy Mother

Social support	Frequency	Percentage (%)
High	26	61.9
Average	11	26.2
Low	5	11.9
Total	42	100

Table 2 shows that the vast majority of women with high social support are 26 respondents (61.9%), 11 respondents (26.2%) with moderate social support and 5 respondents (11.9%) with low social support.

Table 3 Prevalence of Emesis Gravidarum

Emesis Gravidarum	Frequency	Percentage (%)
a. No experience	24	57.1
b. Experiencing	18	42.9
Total	42	100

The table shows that most respondents or 24 respondents (57.1%) did not experience *emesis gravidarum* and 18 respondents (42.9%) experienced *emesis gravidarum*.

Table 3 Comparison between group without emesis gravidarum and social support in pregnancy trimester I Puskesmas Kembaran I Banyumas

Social support	<i>Emesis gravidarum</i>				Total		<i>p value</i>
	Non-experiencing		Experiencing				
	F	%	f	%	f	%	
a. high	20	76,9	6	23,1	26	100	0,04
b. moderate							
c. low	3	27,3	8	72,7	11	100	
	1	20,0	4	80,0	5	100	
Total	24	57,1	18	42,9	42	100	

Table 3 there were 20 (76.9%) of pregnant women with high social support and did not experience *emesis gravidarum*.

DISCUSSION

The Description of Participants' Characteristics

The results showed that the most participants' age are 20-30 year old included in the category of young adults. Marshall (2004) explains that the age factor is often associated with the woman's mental readiness to become a mother, less mental readiness is usually possessed by the mother at a young age. Based on the research result of Said et al. (2013), it showed that that most respondents, 21 women (58.3%) were classified as low risk category to the occurrence of *emesis gravidarum* when assessed from a lifespan of 20-35 years and there are also 15 respondents (41.7%) belong to the category of high risk for the incidence of *emesis gravidarum* when assessed from <20 years old. Elsa and Pertiwi (2012) in their study explains that education is the guidance given by a person to the development of others toward a certain ideals. The higher a person's education level, the more easily in obtaining information, so that the mother's ability to think is more rational. The economic ability of a person is affected by the income earned from his/her job for a living every day (Soekanto, 2006).

Status of Social Support In Pregnancy Trimester Puskesmas Kembaran I Banyumas

Social support given to the mother during pregnancy is based on the results obtained by high social support by 26 people. Novitasari (2014) in her research explains that social support for pregnant

women is one of the important things to help deal with physical and psychological changes during their pregnancy. Feelings of pleasure experienced by pregnant women are also affected by social support received, one of which comes from the husband. Therefore, social support is one of the essential components for pregnant women.

Social Support and Emesis Gravidarum Prevalence in Pregnant Women in the First Trimester Puskesmas Kembaran I Banyumas

Based on the research has been done, it shows that most respondents, 24 participants (57.1%) did not experience *emesis gravidarum* but 18 participants did. These results are in line with the results of research Nababan (2008) saying that there is a significant correlation (0.029) between family social supports with *emesis gravidarum* in pregnant women at the Maternity Clinic of Kasih Ibu Delitua 2008.

Results of cross tabulation analysis showed that there were 20 (76.9%) of pregnant women who received social support high and did not experience *emesis gravidarum*, 8 (72.3%) of pregnant women who receive moderate social support experienced *emesis gravidarum*, and 4 (80, 0%) pregnant women with low social support experienced *emesis gravidarum*. Besides, researcher also found 6 respondents with social support high but they still experience *emesis gravidarum*. This may be due to other factors, such as poor adaptation, the first of her pregnancy and hormonal factor. In addition, there are also one respondent with low social support did not experience *emesis gravidarum*. This is because the mother has experienced for more than 2 times so they can adapt well when pregnant. Moreover, women who have experienced pregnancy more than two times are experienced so psychologically they are ready. This is in line with research Ruding et al. (2012) that the pregnancy is the beginning of many changes the body, both physically and psychologically change. The various physical and psychological changes are actually to support fetal growth and development hence it will be better if a woman is aware of this change, so pregnant women can face the uncomfortable (sometimes) and annoying changes. Pregnancy requires adaptation of the physical, psychological and social aspects of the couple and families.

CONCLUSION

Based on the research of social support on the incidence of *emesis gravidarum* in pregnant women in the first trimester in Puskesmas Kembaran I Banyumas, it was obtained 26 people with high social support without *emesis gravidarum* experience. It is suggested that pregnant mothers should get social support from her husband and his family members during her pregnancy. The nurse's role is also hoped to educate the family member of the pregnant woman to support not only in the form of material and moral but also spiritual support.

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