

## **The Relationship of Husband's Support and the Attitudes of Pregnant Women in the 1st Trimester in Overcoming Emesis Gravidarum in the Working Area of the Kasiyan Health Center**

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### **ABSTRACT**

**Introduction:** Emesis Gravidarum in pregnancy is one of the complaints that is often experienced by pregnant women in the first trimester. Emesis gravidarum can be overcome, among other things, by consuming food and drinks in the right way according to recommendations, and this is influenced by attitude. Husband's support plays an important role in shaping the attitudes of pregnant women. Research Objective: to analyze the relationship between husband's support and the attitude of pregnant women in the first trimester in dealing with emesis gravidarum in the working area of the Kasiyan Community Health Center.

**Method:** The research design is an analytic survey with a cross-sectional approach, with a population of 40 pregnant women and a sample of 36 pregnant women using proportionate random sampling technique. The data collection tool used is a questionnaire.

**Result:** Based on the calculations, almost all pregnant women received support from their husbands 55.56%, and almost all first-trimester pregnant women had a positive attitude in dealing with emesis gravidarum 55.56%.

**Conclusion:** The Chi-Square test results showed a p-value of  $0.009 < 0.05$ , indicating a significant relationship between husband's support and the attitude of first-trimester pregnant women in dealing with emesis gravidarum in the working area of Kasiyan Health Center, with a strong correlation.

**Keywords:** *Husband's Support; Pregnant Women; Emesis Gravidarum*

## Introduction

Pregnancy is a very important thing for all prospective mothers, where prospective mothers will definitely give the best attention and care to the womb. The normal pregnancy process occurs for 40 weeks between the last menstrual period and birth (38 weeks from fertilization). The phase of pregnancy is divided into 3 phases, namely the first trimester starting in the period of the first week to the 12th week of pregnancy, the second trimester starting in the 13th week to the 26th week, and the third trimester starting in the 28th week to 40 weeks. Physiologically, pregnant women will experience anatomical and physiological changes in almost all maternal organ systems (Mariantari and Lestari 2014).

The first trimester is the beginning of the trimester which causes various responses in pregnant women. One of the changes experienced by pregnant women is nausea and vomiting caused by hormonal changes in the body. As many as 50%-75% of pregnant women will experience symptoms of nausea and vomiting in the first trimester or early pregnancy. Nausea and vomiting in pregnancy is called *emesis gravidarum*. Usually nausea and vomiting occur in the morning so it is often called morning sickness (Gulo 2018). This is in line with research conducted by Senda et al (2023) entitled Overview of the Incidence of *Emesis Gravidarum* in Trimester I and Trimester II at the Amalkota Tarakan Beach Health Center, which states that 26 people (86.7%) of pregnant women will experience symptoms of nausea and vomiting in the first trimester or early pregnancy (Senda, Ariyanti, and Retnowati 2023).

Pregnancy with *emesis gravidarum* according to the World Health Organization (WHO) in 2019 in Retni et al 2020 reached 14% of all pregnancies in the world with varying numbers starting from 0.3% in Sweden, 0.5% in California, 0.8% in Canada, 10.8% in China, 0.9% in Norway, 2.2% in Pakistan, and 1.9% in Turkey (Retni et al 2020).

Based on the Ministry of Health in 2019 in Retni et al. 2020, the incidence of *emesis gravidarum* in Indonesia, namely out of 2,203 pregnancies that were observed in full, it was found that around 543 pregnant women or approximately 25% of pregnant women suffered from *emesis gravidarum* in the early period of pregnancy. Where, 60-

80% of this incidence rate occurs in mothers with primigravida, and 40-60% of this incidence rate occurs in pregnant women with multigravida (Retni et al, 2020).

Data from East Java Province in 2011 in Munisah et al. in 2023 showed that there were 50-90% of mothers experiencing emesis gravidarum and there were 10-15% of mothers experiencing hyperemesis gravidarum from 182,815 pregnant women (Munisah et al, 2023). Based on data from the Jember District Health Office in 2023, there were 404 cases of pregnant women with hyperemesis gravidarum. While the data obtained in the Kasiyan Health Center daily visit register book in 2023, there were 320 first trimester pregnant women visits, where the incidence of emesis gravidarum was 295 (92%) pregnant women, then the data for January - March 2024 in the Kasiyan Health Center visit register there were 50 first trimester pregnant women, where of the 50 first trimester pregnant women found as many as 30 (75%) experienced emesis gravidarum (Kasiyan Health Center Visit Register, 2024).

The problem of emesis gravidarum in pregnant women if not immediately overcome will risk more severe to become hyperemesis gravidarum. Hyperemesis gravidarum that is not treated properly has a negative impact on the pregnant mother and fetus. The impacts that will arise in pregnant women include causing dehydration and weight loss in the mother due to inadequate nutritional intake, and causing negative effects on the fetus, such as low birth weight and prematurity (Rudiyanti and Rosmadewi 2019).

The cause of emesis gravidarum is often associated with changes in pregnancy hormones, one of which is due to an increase in the level of the hormone Human Chorionic Ganodotrophin (HCG) during pregnancy which causes stomach acid to increase, until complaints of nausea appear, this hormone is produced by young placental tissue which is then excreted through urine (Retnoningtyas and Dewi 2021).

This physiological condition can be overcome by consuming the right foods, drinks and medicines as recommended. One factor that can influence how pregnant women cope with emesis gravidarum is husband support. Emotional, physical, and psychological support provided by husbands can affect the attitude of pregnant women in dealing with these conditions. Husbands who are actively involved can provide a

sense of security and comfort, which plays a role in reducing maternal anxiety, as well as encouraging mothers to be more patient and accept the pregnancy conditions they experience (Mariantari and Lestari 2014).

Husband's support has a very important role in influencing the attitude and psychological condition of pregnant women. Attitude is a person's view or feeling towards something that affects the way they behave. This attitude can be a tendency to respond to an object, person, situation, or problem in a certain way, be it positive, negative, or neutral. Attitudes include feelings, beliefs, and actions that a person has in the face of something (Irawan and Friandi 2022). Attitude is a person's response or reaction to something that happens around his environment (Hendrawan and Sirine 2017).

Attitudes are formed by social interactions in their environment. In these social interactions, individuals form certain patterns of attitudes towards the psychological objects they face. One of the factors in attitude formation is other people who are considered important (significant other), namely people whose approval we expect for every action and opinion, people who don't want to be disappointed, and who mean something special. For example, parents, girlfriends, husbands/wives, close friends, teachers, leaders. Generally, the individual will have an attitude that is in line with the person who is considered important (Hargi, 2013).

An attitude is not formed by itself, but occurs in human interaction and in relation to a specific object. Social interactions within or outside a group can change attitudes and create new attitudes that come from internal and external factors. One of the factors that can change attitudes is support or stimulation from the closest person, namely the husband (Hargi, 2013).

Based on preliminary studies conducted at the KIA clinic of the Kasiyan health center in March 2024, data were obtained as many as 20 first trimester pregnant women who experienced emesis gravidarum. Then of the 20 first trimester pregnant women, the researcher took 10 people to be interviewed. The result of the interview was 5 pregnant women had a positive attitude where pregnant women agreed and accepted the husband's opinion to take the medicine given by the midwife as recommended, this

happened because they got support from their husbands. While the other 5 pregnant women have a negative attitude where pregnant women do not agree if they avoid acidic foods that can aggravate the condition of nausea and vomiting and increase stomach acid, this could be due to lack of support from their husbands.

Mariantari and Lestari (2014) said that during pregnancy support from family members is needed by pregnant women, especially husband support. Husband support for pregnant women is one of the important factors that also affects mothers in overcoming emesis gravidarum. A mother who has a positive attitude and good support from her husband will make the pregnancy process enjoyable and the condition of the fetus is always strong and healthy (Mariantari and Lestari 2014).

According to Gulo in 2018 in his research said that husband support is needed to provide peace to the mother, so that the mother can accept her pregnancy, and accept physiological changes in pregnancy (Gulo, 2018). Support and affection from husbands can provide a feeling of comfort and security when the mother feels afraid and worried about her pregnancy. The husband is in charge of providing attention and fostering a good relationship with the mother, so that the mother consults every problem she experiences during pregnancy (Mariantari and Lestari 2014).

Support provided by husbands is expected to help mothers go through pregnancy feeling happy, comfortable, confident and without depression. This can help mothers avoid stress, because the mother's psychological condition and acceptance of pregnancy will greatly affect emesis gravidarum. Psychological stress conditions caused by the absence of support from husbands can cause mothers who initially can adapt to hormonal increases and do not experience nausea and vomiting to experience nausea and vomiting (Mariantari and Lestari 2014).

There are several types of husband support that can be given to pregnant women with emesis gravidarum, such as emotional support, namely when pregnant women experience disorders related to their pregnancy, emotional support from their husbands is needed by pregnant women, especially when their husbands make them feel loved and cherished, keeping away the causes of anxiety, sadness that they are experiencing due to emesis gravidarum. Instrumental support where support is real in the form of

material and time. Information support where the husband acts as a provider of advice and information that can be useful for pregnant women. Assessment support where the husband acts as a guide in problem solving and the family can provide support to pregnant women to be more enthusiastic in dealing with their pregnancy problems (Mariantari and Lestari 2014).

Treatment methods that can be done by midwives to pregnant women who experience emesis gravidarum in pregnancy include pharmacological treatment by giving vitamin B6, iron tablets as a blood enhancer, antihistamines, ondansentron, and corticosteroids. While non-pharmacological treatment is to provide IEC to eat often but in small portions, avoid foods that smell pungent, eat high carbohydrate foods, drink juices, reduce stress, and do complementary therapies (acupuncture, drink peppermint tea, consume mint candy, aromatherapy ginger, lemon, and ginger tea) and so the other. (Retnoningtyas and Dewi 2021).

Based on the description above, the researcher is interested in conducting research on “the relationship between husband support and the attitude of first trimester pregnant women in overcoming emesis gravidarum in the Kasiyan puskesmas work area”.

## **Method**

The research method used in this study is analytic survey research using a cross sectional approach. The cross sectional approach is a study to study the dynamics of the correlation between risk factors and effects, by means of an approach, observation or data collection at one time (Tiranda, 2023). This study aims to find the relationship between husband support as an independent variable and attitude in overcoming emesis gravidarum in first trimester pregnant women as a dependent variable, each of which data is collected at the same time.

The research population is generally a large collection of individuals or objects that are the main focus of the research question (Tiranda, 2023). The population in this study were all first trimester pregnant women who experienced emesis gravidarum in the Kasiyan health center working area, totaling 40 respondents in the January-April 2024 period.

The location of this research was conducted in the Kasiyan Health Center Work Area of Jember Regency in June - August 2024. Data processing methods are Editing, Coding, Tabulating, Data Entry, and cleaning.

After data processing, then data analysis was carried out to see the relationship between husband support and the attitude of first trimester pregnant women in overcoming emesis gravidarum in the Kasiyan Health Center working area. There are two data analysis used in this study, namely univariate and bivariate analysis.

In conducting the research, the researcher applied for permission from the Head of the Health Office through an application letter from the Malang Health Polytechnic, Jember Midwifery Study Program with 2 steps, namely anonymity and confidentiality.

## Result

### 1. Husband's Support

Table 1 Frequency Distribution And Percentage Of Husband's Support In First Trimester Respondents With Emesis Gravidarum In The Kasiyan Health Center Work Area In 2024

Husband's Support	Frequency	Percentage (%)
Good Support	20	55.60%
Less Support	16	44.40%
<b>Total</b>	<b>36</b>	<b>100,00%</b>

In the table above, the results show that most of the 20 respondents or 55.60% received good support and 16 respondents or 44.40% received less support.

### 2. Respondent's Attitude

Table 2. Frequency Distribution And Percentage Of Respondents Based On Attitudes In Overcoming Emesis Gravidarum In The Kasiyan Health Center Working Area In 2024.

Respondent's Attitude	Frequency	Percentage (%)
Positive	20	55.60%
Negative	16	44.40%
<b>Total</b>	<b>36</b>	<b>100.00%</b>

The table above shows the results that most of the 20 respondents or 55.60% had a positive attitude and as many as 16 respondents or 44.40% had a negative attitude in overcoming emesis gravidarum.

### 3. The relationship between husband's support and the attitude of first trimester pregnant women in overcoming emesis gravidarum

Table 3. Cross Table Of The Relationship Between Husband Support And The Attitude Of First Trimester Pregnant Women In Overcoming Emesis Gravidarum In The Kasiyan Health Center Working Area In 2024.

Husband's Support	Sikap ibu				Total	P value
	Positif		Negatif			
	f	(%)	f	(%)	f	(%)
<b>Baik</b>	15	41.67%	5	13.89%	20	55.56%
<b>Tidak baik</b>	5	13.89%	11	30.55%	16	44.44%
<b>Total</b>	<b>20</b>	<b>55.56</b>	<b>16</b>	<b>44.44</b>	<b>36</b>	<b>100.%</b>
		%		%		

The cross table above shows that good husband support is 15 respondents (41.47%) with positive maternal attitudes, while the most unfavorable husband support is 11 respondents (30.55%) with negative maternal attitudes.

Based on the Chi Square test results, the p value is 0.009, meaning that  $H_a$  is accepted  $H_o$  is rejected, it can be concluded that there is a relationship between husband's support and the attitude of first trimester pregnant women in overcoming emesis gravidarum in the Kasiyan Health Center work area. For the value of the Contingency Coefficient (KK) on the variable of husband's support is 0.401, which means that the closeness of the relationship between husband's support and the attitude of first trimester pregnant women in overcoming emesis gravidarum is quite strong.

## Discussion

### 1. Husband support for first trimester pregnant women with emesis gravidarum in the Kasiyan Health Center working area in 2024

The results of the study showed that quite a lot of pregnant women in the first Trimeseter in the Kasiyan Health Center working area who received support from their husbands in the bad category, namely 16 respondents or 44.40%. This research is in line



with Gulo's research, 2018 which states that pregnant women with emesis gravidarum handling who get husband support are not good as many as 7 respondents or 21.90%.

Support is an effort given to someone both morally and materially to motivate others to carry out an activity. Support can be obtained from anywhere, for example family, husband, parents, relatives and friends. Husband support is the support given by husbands to pregnant women which is a tangible form of husband's concern and responsibility in pregnancy and wife's life (Mail et al, 2023). Husband support is assistance that can be given to families in the form of information and advice, which makes the recipient of support feel loved and valued (Puspitasari, 2019).

Husband support is expected to provide benefits to first trimester pregnant women who experience emesis gravidarum. Husband support consists of four types, namely information support, assessment support, instrumental support, and emotional support (Swarjana 2022).

The four categories of husband's support are very influential on the lives of pregnant women who are experiencing emesis gravidarum. This emotional support is a form of support in the form of expressions of empathy, care, and concern for the person concerned. The husband here becomes a facilitator as a safe and peaceful place for rest and recovery and helps control emotions. People who get high emotional support tend to feel heard, understood, cared for, comfortable, safe, secure and loved (Nurjanah 2022).

Factors other than emotional support, first trimester pregnant women with emesis gravidarum need instrumental support, information and valuation support. This instrumental support makes the husband a source of assistance in the form of material and time which aims to ease the burden for individuals who need others to fulfill it. The support received by pregnant women in this case includes tangible assistance and services provided directly by the husband (Swarjana, 2022).

Behavioral information support related to providing information and advice. Information support is providing an explanation of the situation and symptoms of something related to the problems being faced by pregnant women. This support includes giving advice, suggestions, knowledge, and information and instructions. So

the husband functions as a collector and disseminator of information about the world. The last factor is appraisal / appreciation support is a type of support where the husband acts to guide and mediate problem solving and as a source of validator of the identity of members in the family including problem solving, guiding and providing feedback, providing support, appreciation and attention (Friedman, 2010).

Factors that affect husband's support include the level of education where the level of education will affect the insight and knowledge of the husband as the head of the household, the lower the husband's knowledge, the less access to health information for his wife so that the husband will have difficulty making decisions quickly and effectively (Nurjanah, 2022). The amount of husband's income is also one of the factors that influence husband's support because in the majority of the community 75%-100% of his income is used to finance his life needs, even many families have low monthly income so that pregnant women are not checked to health services because they do not have the money.

Researchers argue that quite a lot of about 16 or (44.40%) pregnant women who get husband support are not good, this is mainly because pregnant women in the Kasiyan Health Center working area sometimes or never get emotional support from their husbands, for example reminding their wives to apply a small but frequent eating pattern, listening when their wives complain or stress about nausea and vomiting. Husbands sometimes never even provide information to their wives if nausea and vomiting during pregnancy are normal and remind their wives to take anti-nausea medication on schedule.

According to the researchers, the results of this study show that there are several factors that influence the lack of husband's support for first trimester pregnant women, including: The level of husband's education as the results of the study showed that the majority of respondents' husbands in this study had elementary school education. Husbands who only have elementary school education will affect the ability to think in overcoming nausea and vomiting in their wives. The other factor is the husband's income, which shows that the majority of respondents' husbands have low income. Low

husband's income will affect the husband's ability to access health services, especially in terms of transportation and treatment costs.

## **2. Attitudes of first trimester pregnant women in overcoming emesis gravidarum in the working area of the Kasiyan Health Center in 2024**

The results showed that pregnant women in Trimester 1 in the Kasiyan Health Center work area had a negative attitude, namely 16 respondents or 44.40%. The results of this study are in accordance with Sipayung, 2022 which states that almost all respondents had a negative attitude, namely 30 or (60.00%) respondents.

Attitude is a predisposition to respond to environmental stimuli that can initiate or guide the person's behavior. By definition, attitude means a state of mind that is prepared to respond to an object that is organized through experience and influences directly or indirectly on practice or action (Irawan and Friandi, t.t. 2022).

Attitudes can be said to be positive if pregnant women have a tendency to act close to, like, expect certain objects. Meanwhile, attitudes can be said to be negative if pregnant women have a tendency to stay away, avoid, dislike certain objects (A. Wawan, 2010).

Attitudes are not formed by themselves but take place in human interaction and are related to certain objects. Social interactions in groups or outside groups can change attitudes and form new attitudes derived from internal factors and external factors. Internal factors originate in the individual in the form of a response to receive, process, and select everything that comes from outside and determine which ones are not in accordance with what is in the individual. External factors come from outside the individual in the form of a stimulus to form and change attitudes, for example from friends, family (husband / wife), and the media (Hargi, 2013).

Researchers argue that quite a lot, namely around 16 or 44.40% of respondents in the Kasiyan Health Center work area who have a negative attitude. This negative attitude occurs because there are still quite a lot of first trimester pregnant women who disagree and even strongly disagree if emesis gravidarum needs to be overcome. For example, pregnant women disagree that to overcome nausea and vomiting, they can

choose several alternative staple foods that can be consumed so that the stomach is not empty. Pregnant women disagree that acidic foods do not need to be avoided because they will not increase stomach acid which will exacerbate nausea and vomiting due to emesis gravidarum.

### **3. The relationship between husband's support and the attitude of first trimester pregnant women in overcoming emesis gravidarum in the Kasiyan Health Center working area in 2024.**

The results of the study listed in the cross table show that most good husband support with the attitude of pregnant women is positive. Whereas in the unfavorable husband's support the most with the negative attitude of pregnant women, with the direction of the relationship showing a positive relationship. This means that pregnant women who get good support will have a positive attitude and vice versa. The results of the Chi Square test can be concluded that there is a significant relationship between husband support and the attitude of first trimester pregnant women in overcoming emesis gravidarum in the Kasiyan Health Center working area. The results of the calculation of the Contingency Coefficient (KK) obtained a value of 0.401 which means that there is a fairly strong relationship between husband's support and the attitude of first trimester pregnant women in overcoming emesis gravidarum. The results of this study are in line with research conducted by Gulo (2018) which states that there is a relationship between husband support and the handling of emesis gravidarum in the first trimester at the Leventri Clinic. The criteria for the relationship between variables are positive or unidirectional, which means that if the husband's support is good, the attitude of pregnant women will be positive and vice versa.

The relationship between husband support and attitude according to Hargi, (2013) is a form of interaction in which there is a relationship that gives and receives real help. This assistance will place individuals involved in the social system who will ultimately provide love, attention to families and couples (Hargi, 2013). The support provided by the husband will help the wife in undergoing her pregnancy who is experiencing emesis gravidarum, such as making her feel calm and comfortable and

helping to reduce anxiety which can cause decreased appetite, fear and confusion about the complaints she is undergoing, fulfilling the wife's cravings, paying attention to the wife's nutrition, taking the wife to check her pregnancy (Gulo, 2018).

Researchers argue that the results of the study show that there is a relationship between husband support and the attitude of first trimester pregnant women in overcoming emesis gravidarum with a positive correlation, where pregnant women who get good support will increasingly have a positive attitude and where pregnant women who do not get husband support have a negative attitude. Husbands who provide good support in the form of emotional support such as reminding their wives to apply a small but frequent diet and listening when their wives complain or stress facing nausea and vomiting so that the pregnant woman will respond well, where the pregnant woman's response will always remember and appreciate the attention conveyed from the husband. Conversely, if the husband does not provide support as above, the wife's response will not apply a small but frequent diet and the wife will feel neglected because the husband does not listen when the wife complains or stresses about nausea and vomiting.

## **Conclusion**

Based on the results of the research and discussion that have been described, it can be concluded that the majority of pregnant women in the first trimester with emesis gravidarum received positive husband support but there were still quite a lot who received poor support. The majority of pregnant women in the first trimester with emesis gravidarum had a positive attitude but quite a lot still had a negative attitude. There is a relationship between husband's support and the attitude of pregnant women in the first trimester in dealing with emesis gravidarum in the working area of the Kasiyan Community Health Center.

## References

- Amalia dan Sunarti, 2019.” Hubungan Dukungan Teman Sebaya dengan Perilaku Merokok Pada Remaja di SMP Negeri 29 Samarinda” *Borneo Studies and Research* : <https://journals.umkt.ac.id/index.php/bsr/article/view/385>.
- Wawan dan Dewi, 2010, *Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia*, Yogyakarta : Nuha Medika
- Bobak, Lowdwermlk, Jasen. 2018. *Buku Ajar Keperawatan Maternitas*. Jakarta: EGC
- Fauziah, Nur Alfi, K. Komalasari, dan Dian Nirmala Sari. 2022. “Faktor–Faktor Yang Mempengaruhi Emesis Gravidarum Pada Ibu Hamil Trimester I.” *Majalah Kesehatan Indonesia* 3 (1): 13–18. <https://doi.org/10.47679/makein.202227>.
- Gulo, Resi Sastri. 2018. “Hubungan Dukungan Suami Dengan Penanganan Emesis Gravidarum Pada Kehamilan Trimester I Di Klinik Leventri Desa Afia Kecamatan Gunungsitoli Utara Kota Gunungsitoli Tahun 2018.” Undergraduate, Institut Kesehatan Helvetia Medan. <http://repository.helvetia.ac.id>.
- Hargi, Jayanta Permana. 2013. “Hubungan Dukungan Suami Dengan Sikap Ibu Dalam Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Arjasa Kabupaten Jember.” Undergraduate, Program Studi Ilmu Kepawatan, Universitas Jember. <https://repository.unej.ac.id/handle/123456789/3219>.
- Hendrawan, Josia Sanchaya, dan Hani Sirine. 2017. “Pengaruh Sikap Mandiri, Motivasi, Pengetahuan Kewirausahaan Terhadap Minat Berwirausaha (Studi Kasus Pada Mahasiswa FEB UKSW Konsentrasi Kewirausahaan).” *AJIE (Asian Journal of Innovation and Entrepreneurship)* 2 (03): 291–314.
- Irawan, Ade, dan Riris Friandi. 2022. “Hubungan Pengetahuan Dengan Sikap Masyarakatterhadap Penderita Skizofrenia Di Wilayah Kerja Puskesmas Kumun Tahun 2022.”
- Mail, Erfiani, Sulis Diana, Zulfa Rufaida, Farida Yuliani, dan Fitria Edni Wari. 2023. *Buku Ajar Asuhan Kebidanan Kehamilan*. Rena Cipta Mandiri.
- Mariantari, Yunia, dan Widia Lestari. 2014. “Hubungan Dukungan Suami, Usia Ibu, Dan Gravida Terhadap Kejadian Emesis Gravidarum” 1 (2).
- Ningsih, Dewi Aprilia, Metha Fahriani, Melly Azhari, dan Mika Oktarina. 2020. “Efektivitas Pemberian Seduhan Jahe terhadap Frekuensi Emesis Gravidarum Trimester I.” *Jurnal SMART Kebidanan* 7 (1): 1. <https://doi.org/10.34310/sjkb.v7i1.320>.
- Notoatmodjo, S. 2010. *Metode Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Patimah, Meti. 2020. “Pendidikan Kesehatan Ibu Hamil Tentang Ketidaknyamanan Pada Kehamilan Trimester I Dan Penatalaksanaannya.” *Dinamisia : Jurnal Pengabdian Kepada Masyarakat* 4 (3): 570–78. <https://doi.org/10.31849/dinamisia.v4i3.3790>.
- Retnoningtyas, Risma Dwi Sura, dan Ratna Kumala Dewi. 2021. “Pengaruh Hormon Human Chorionic Gonadotropin Dan Usia Ibu Hamil Terhadap Emesis Gravidarum Pada Kehamilan Trimester Pertama.” *Jurnal Tadris IPA Indonesia* 1 (3): 394–402. <https://doi.org/10.21154/jtii.v1i3.306>.

- Sari,et.al.2023. "Kejadian Emesis Gravidarum pada Ibu Hamil Trimester I di Desa Suciharjo Kecamatan Parengan Kabupaten Tuban".*Indonesian Health Science Journal* 2 (3) : 1925.<https://ojsjournal.unt.ac.id/index.php/ihsj/article/view/41>.
- Sebtalesy, Cintika Yorinda. 2012. “Hubungan Antara Pengetahuan Dengan Sikap Dalam Upaya Penanganan Emesis Gravidarum Pada Ibu Hamil Trimester I.” <https://digilib.uns.ac.id/dokumen/26373/Hubungan-Antara-Pengetahuan-Dengan-Sikap-Dalam-Upaya-Penanganan-Emesis-Gravidarum-Pada-Ibu-Hamil-Trimester-I>.
- Senda, Marcelina, Ririn Ariyanti, dan Yuni Retnowati. 2023. “Gambaran Kejadian Emesis Gravidarum Pada TM I Dan TM II Di Puskesmas Pantai Amal Kota Tarakan.” *Bunda Edu-Midwifery Journal (BEMJ)* 6 (2): 133–39. <https://doi.org/10.54100/bemj.v6i2.104>.
- Sugiyono .2019. *Metode Penelitian Kuantitatif*. CV.ALFABETA
- Swarjana, I ketut. 2022. *Konsep Pengetahuan, Sikap, Perilaku, Presepsi, Stres, Kecemasan, Nyeri, Dukungan Sosial,Kepatuham,Motivasi,Kepuasan,Pandemi Covid-19,Akses Layanan Kesehatan Lengkap dengan Konsep Teori,Cara Mengukur Variabel, dan Contoh Kuisioner*.
- Syapitru.2020.*Metode Penelitian Kesehatan*. Ahlimedia Press (Anggota IKAPI: 264/JTI/2020)
- Tiranda, Yulius. 2023. *Metodologi Penelitian*. CV.Trans Info Media.
- Ulfa, Rafika. 2021. “Variabel Penelitian Dalam Penelitian Pendidikan.”
- Utamingtyas, Farida, dan Lola Pebrianthy. 2020. “Gambaran Pengetahuan Ibu Hamil Trimester I Tentang Emesis Gravidarum.” *Bali Health Published Journal* 2 (1): 37–43. <https://doi.org/10.47859/bhpj.v2i1.190>.
- Walyani, Elisabeth Siwi. 2022. *Asuhan Kebidanan Pada Kehamilan*. PT.Pustaka Baru Press.