

**THE RELATIONSHIP OF THE LEVEL OF KNOWLEDGE AND ATTITUDES  
OF PREGNANT WOMEN WITH THE INCIDENT OF HYPEREMESIS  
GRAVIDARUM IN PMB FITRIANI AM.KEB DUSUN 1  
VILLA GESUKA BERAS PERBAUNGAN  
DISTRICT, SERDANG BEDAGAI  
DISTRICT, 2023**

**Sri eviani<sup>1</sup>, Eva Ratna Dewi<sup>2</sup> Tetti Seriati Situmorang<sup>3</sup>, Nopalina Damanik<sup>5</sup> Markus Doddy  
Simanjuntak<sup>5</sup>, Febriyanti Panjaitan<sup>6</sup>  
STIKes Mitra Husada Medan**

**email: [srieviani7@gmail.com](mailto:srieviani7@gmail.com), [evaratna.dewi87@gmail.com](mailto:evaratna.dewi87@gmail.com)**

**ABSTRACT**

Excessive nausea and vomiting during the day is a pregnancy complication that can affect a woman's health and the growth and development of the fetus. Hyperemesis gravidarum is the medical term for this condition. These difficulties can be experienced and can be prevented during pregnancy (Syamsuddin, 2018). Research Design and Type This research uses a descriptive research design with a cross-sectional quantitative approach in which all variable data is examined simultaneously. Descriptive-quantitative research aims to explain or describe a social phenomenon without using statistical techniques or other quantification (measurements) to find relationships between variables. it was found that eight of the 42 respondents who had good knowledge did not experience hyperemesis gravidarum; six respondents (14.24 percent) and two respondents (4.76%). Apart from that, it was also stated that 34 respondents (81.00%) had poor information, especially 9 respondents (21.48%) had not experienced hyperemesis gravidarum and 25 respondents (59.52%) had experienced hyperemesis gravidarum. The Fisher Exact test with a value of  $p = 0.016$  was used for statistical tests based on the Chi-Square test. It appears that there is a relationship between the prevalence of hyperemesis gravidarum in PMB Fitriani Am and the level of knowledge of pregnant women with  $p < 5\%$ ,  $0.016 < 0.05$ . Perbaungan District. In 2023, Serdang Bedagai. Pregnant women who have knowledge about hyperemesis gravidarum are better than pregnant women who have less knowledge.

**Keywords: level of knowledge, attitudes of pregnant women and the incident of hyperemesis gravidarum**

## INTRODUCTION

Suriasumantri (in Nurroh: 2017) explains that knowledge is the result of human information from a mixture or coordinated effort between the subject who knows and the objects that are known. Everything that can be learned about a particular object. According to Notoatmodjo (in Yuliana: 2017) explains that information is the result of human detection, or the result of individuals recognizing an object through their senses (eyes, nose, ears, and so on). Therefore, various things that humans learn through their senses are knowledge.

True knowledge is what happens when people understand and see what they want to know more about. The five senses that humans have, hearing, smell, sight, touch, and taste are all involved in creating this sense. However, education, own and other people's experiences, media and the environment are mostly obtained by individuals (Retnaningsih: 2016).

Due to the influence of hCG, pregnant women experience nausea and vomiting. This happens because hormones damage the muscles of the digestive tract, making it difficult for the entire digestive tract to move (Kusmiyati, 2015).

Hyperemesis gravidarum is an unnatural disease and vomiting in pregnant women which hinders daily activities due to the patient's general condition due to lack of hydration. Nausea and regurgitation are normal and common side effects in the first trimester of pregnancy. Nausea usually occurs in the morning, but can also occur at any time and at night. According to Goodwin (2018), symptoms usually start six weeks after the first day of the last menstruation and last for about ten weeks.

The exact cause of hyperemesis gravidarum is not yet known. No biochemical abnormalities were found, and there was no evidence that the disease was caused by toxic factors. Physical changes in the mind, heart, liver and sensory systems, due to lack of nutrients and different substances due to the absence of life (Kusmiyati: 2015).

A Canadian study of 1,301 cases of hyperemesis gravidarum found that complications from hyperthyroidism, psychiatric disorders, digestive disorders, and pregestational diabetes were risk factors for hyperemesis gravidarum. According to Tresnawati (2016), several factors found to be predisposing are Predisposing Factors: Primigravida, Overdistension of the uterus: hydramnios, multiple pregnancies, estrogen, high HCG, and molhydatidiform and Organic Factors: Entering the mother's circulation through the chorialis villi, Metabolic changes due to pregnancy, decreased maternal immunity and allergies.

Psychological factors: Broken family, acute birth, fear of mother's responsibilities, loss of job. Without treatment, constant vomiting can cause long-term weight loss and increase the risk of impaired fetal growth in the womb (Andria: 2017).

Signs and symptoms of hyperemesis gravidarum according to Varney (2015) hyperemesis gravidarum has the following signs and symptoms: lots of vomiting, loss of appetite, poor nutrition, weight loss, dehydration, electrolyte irregularities, excessive reaction to underlying psychosocial disease, vomiting that cannot be stopped with the treatment of morning sickness, acidosis due to starvation, Alkalosis due to vomiting and loss of hydrochloric acid, Hypokalemia

Hyperemesis gravidarum according to Khumaira (2012) can be divided into 3 levels:

Grade I: Frequent vomiting can result in: Low skin turgor or dehydration, loss of appetite, Losing weight, Dry tongue and squinting eyes, Pain in the epigastrium due to an enlarged stomach and vomiting in the throat, Increased heart rate and reduced blood pressure, Pulse pulse about one hundred beats per minute, Seems weak.

Level II: As a result of increased dehydration: Reduced skin turgor, Dry and dirty tongue, Sunken and slightly icteric eyes, Cardiovascular, More than 100 beats per minute, increased pulse rate, Slight heart rate due to decreased blood volume, Increased internal heat levels, Blood pressure decreased, liver, Liver ability is impaired, causing jaundice, Renal Oliguria and anuria are symptoms of impaired kidney function caused by dehydration, There is a collection of ketone bodies  $\text{CH}_3\text{CO}$   $\text{CH}_3\text{CO}$  can be smelled in the breathing air, because it has a distinctive aroma and can also traced through urine. In Mallory Weiss syndrome, the esophagus and stomach mucosa can rupture, causing vomit that sometimes contains blood.

Level III: General condition is more severe, Vomiting stops, fainting, drowsiness or coma, Rapid and small pulse, Increased internal heat, Decreased blood pressure, Jaundice gets worse, Widespread accumulation of  $\text{CH}_3\text{CO}$  occurs accompanied by an unpleasant odor, Disease soul, oliguria gets worse and turns into anuria.

According to Khumaira (in Kusmiyati: 2015), hyperemesis gravidarum can be treated with medication, isolation, psychological therapy, parenteral fluids, or termination of pregnancy as follows:

1. Medicines: a. B complex vitamins, such as B1 and B6,

b. Chlorpromazine or dicyclomine hydrochloride may be used as an antiemetic in more severe cases.

c. Dramamine and avomin are antihistamines.

d. Narcotics: phenobarbital e. More severe hyperemesis gravidarum is best treated in hospital.

2. Isolation

a. In a quiet, well-lit and well-ventilated room, the patient is alone.

b. Pay attention to the fluid coming out and going in

c. Only specialist doctors and birth attendants/assistants are allowed to enter the patient's room until the coughing stops and the patient needs to eat.

d. No food or drink for 24 hours. Without treatment, symptoms sometimes improve with isolation alone.

3. Psychological Therapy

a. The victim must be convinced that the disease can be cured.

b. Eliminate your fear of pregnancy.

c. Reduce work and reduce problems and conflicts

4. Enteral fluids: a. adequate fluids with physiological amounts of electrolytes, carbohydrates and proteins and 5% glucose

b. Potassium and vitamins (vitamin B complex, vitamin C) can be added as supplements. c. Amino acids can be given intravenously if protein deficiency occurs.

d. If the patient does not vomit for 24 hours and the general condition improves, then non-liquid food and drinks can be given.

5. Terminating the Pregnancy. If treatment is ineffective, and the side effects worsen to the point of jaundice, dizziness, unconsciousness, tachycardia, anuria, and retinal hemorrhage, consider medical removal of the fetus.

### Hypothesis:

A hypothesis is a temporary response to a research problem formulation, where the problem formulation is stated in a response sentence. This is only temporary because the responses are only based on relevant theory and not based on actual data or questionnaire responses (Sugiyono, 2017). The author combines researchers' hypotheses based on explanations and findings of previous research conducted by experts and researchers.

Ho: There is no relationship between the prevalence of hyperemesis gravidarum and the level of knowledge and attitudes of pregnant women.

Ha: There is a relationship between the level of information and mental health of pregnant women and the incidence of hyperemesis gravidarum.

## RESULTS AND DISCUSSION

From the results of research conducted by researchers regarding the relationship between the level of knowledge and attitudes of pregnant women with the incidence of hyperemesis gravidarum at PMB Fitriani Am.Keb with 42 respondents.

**Tabel 4.1.1**

### Karakteristik Responden Dengan Kejadian Hiperemesis Gravidarum Di PMB Fitriani Am.Keb

	Variabel	N	%
<b>Pendidikan</b>	SMP	2	4.80
	SMA	31	73.80
	PT (Perguruan Tinggi)	9	21.40
	<b>Total</b>	<b>42</b>	<b>100.00</b>
<b>Pekerjaan</b>	IRT	18	42.90
	Wiraswasta	18	42.90
	PNS	6	14.30

	<b>Total</b>	<b>42</b>	<b>100.00</b>
<b>Pengetahuan</b>	Baik	8	19.00
	Tidak Baik	34	81.00
	<b>Total</b>	<b>42</b>	<b>100.00</b>
<b>Sikap</b>	Positif	25	59.50
	Negatif	17	40.50
	<b>Total</b>	<b>42</b>	<b>100.00</b>
<b>Hiperemesis</b>	Hiperemesis	27	64.30
	Tidak Hiperemesis	15	35.70
	<b>Total</b>	<b>42</b>	<b>100.00</b>

Based on the data presented in table 4.1.1 above, it can be understood that the respondents of this study have several characteristics, including level of education, work experience, knowledge and attitudes, as well as the frequency of hyperemesis gravidarum. There were 42 respondents (73.80%) who had a high school education, while 18 respondents from the business.

world (42.90%). In addition, according to the characteristics of pregnant women, 34 respondents (81%) lacked knowledge. A total of 25 respondents (59.50 percent) and 27 respondents (64.30 percent) experienced hyperemesis even though they had a positive attitude.

Is known that eight of the 42 respondents who had good knowledge did not experience hyperemesis gravidarum; six respondents (14.24 percent) and two respondents (4.76%). Apart from that, it was also stated that 34 respondents (81.00%) had poor information, especially 9 respondents (21.48%) had not experienced hyperemesis gravidarum and 25 respondents (59.52%) had experienced hyperemesis gravidarum.

The Fisher Exact test with a value of  $p = 0.016$  was used for statistical tests based on the Chi-Square test. It appears that there is a relationship between the prevalence of hyperemesis gravidarum in PMB Fitriani Am and the level of knowledge of pregnant women with  $p = 0.016 < 0.05$ . Perbaungan District. In 2023, Serdang Bedagai..

**Tabel 4.1.3**  
**Hubungan Sikap Ibu Hamil Dengan Kejadian Hiperemesis Gravidarum Di PMB Fitriani Am.Keb**

Sikap	Hiperemesis		Tidak Hiperemesis		Jumlah
	Hiperemesis	Tidak Hiperemesis	Hiperemesis	Tidak Hiperemesis	
	n	%	n	%	
Negatif	20	47.62	5	11.88	25
Positif	7	16.70	10	23.80	17
Jumlah	27	64.32	15	35.68	42

Based on table 4.1.3 above, it shows that of the 42 respondents who had negative maternal attitudes, 25 people did not experience hyperemesis gravidarum, 5 people (11.88 percent) and 20 people (47.62 percent).

Apart from that, it was found that 17 respondents (40.50 percent) had positive characteristics, including 10 respondents (23.80 percent) who did not experience hyperemesis gravidarum and 7 respondents (16.70 percent). The Fisher Exact test with a score of  $p = 0.012$  was used as a statistical test based on the Chi-Square test. It is proven that there is a relationship between the attitude of pregnant women and the occurrence of hyperemesis gravidarum in

PMB Fitriani Am, as evidenced by the  $p$  value of  $0.006 < 0.05$ . Perbaungan District. In 2023, Serdang Bedagai.

#### 4.2 Discussion

Based eight of the 42 respondents who had good knowledge did not experience hyperemesis gravidarum; six respondents (14.24 percent) and two respondents (4.76%). Apart from that, it was also stated that 34 respondents (81.00%) had poor information, especially 9 respondents (21.48%) had not experienced hyperemesis gravidarum and 25 respondents (59.52%) had experienced hyperemesis gravidarum. The Fisher Exact test with a value of  $p = 0.016$  was used for statistical tests based on the Chi-Square test. It has been proven that there is a relationship between the prevalence of hyperemesis gravidarum in PMB Fitriani Am and the level of knowledge of pregnant women. The significance level of this relationship is  $p = 0.016 < 0.05$ . Perbaungan District. In 2023, Serdang Bedagai.

Notoatmodjo's (2010) theory which states that knowledge (cognitive) is a very important domain for the order of social action (overt behavior), supports this research. Society is more receptive to new technology and smarter ideas. So that mothers know more about hyperemesis gravidarum, pregnant women's knowledge about this condition is very important. Women's expectations about pregnancy change as knowledge increases. It is important to have knowledge about the causes, signs, and symptoms of hyperemesis gravidarum, as well as its prevention and treatment. A person's attitude towards an object is inversely proportional to their level of knowledge.

Information placed in the mental domain has six levels, mainly knowing, understanding, applying, testing, combining, and judging.

Based on the data presented in table 4.1.3 above, 25 of the 42 respondents who stated they had a positive maternal attitude did not experience hyperemesis gravidarum. There were 5 respondents (11.88 percent) and 20 people (47.62 percent). Apart from that, it was found that 17 respondents (40.50 percent) had a negative attitude, including 10 respondents (23.80 percent) who did not experience hyperemesis gravidarum and 7 respondents (16.70 percent).

The Fisher Exact test with a score of  $p = 0.012$  was used as a statistical test based on the Chi-Square test. It is proven that there is a relationship between the attitude of pregnant women and the occurrence of hyperemesis gravidarum in PMB Fitriani Am, as evidenced by the  $p$  value of 5% 0.006 0.05. Perbaungan District. In 2023, Serdang Bedagai. Based on previous research findings, pregnant women's attitudes towards hyperemesis gravidarum are inversely proportional to their level of knowledge about this condition. However, pregnant women's attitudes towards hyperemesis gravidarum tend to be negative if they lack knowledge about this condition. The consequences of this research are also supported by Wa Janar 2017 who quotes Azwar, 2014 who says that perspectives can be positive and negative. Pregnant women can have pleasant insights in dealing with hyperemesis gravidarum because it is considered common and always occurs

in all women, not to worry, and know what to do when experiencing hyperemesis gravidarum. When facing hyperemesis gravidarum, pregnant women can also show negative attitudes characterized by fear, confusion, uncertainty, and lack of alertness.

## CONCLUSIONS AND SUGGESTIONS

From the following description, conclusions can be drawn from the results of the research and discussion as follows:

1. Pregnant women who have knowledge about hyperemesis gravidarum are better than pregnant women who have less knowledge.
2. Positive attitudes towards hyperemesis gravidarum during pregnancy are more common than negative attitudes during pregnancy.
3. Awareness of pregnant women about hyperemesis gravidarum is related to the incidence of hyperemesis gravidarum in PMB Fitriani Am.Keb
4. The attitude of pregnant women towards hyperemesis gravidarum is related to the prevalence of hyperemesis gravidarum at PMB Fitriani Am.Keb. There is a relationship between the attitude of pregnant women about hyperemesis gravidarum and the incidence of hyperemesis gravidarum at PMB Fitriani Am.Keb

To prevent complications that arise in pregnant women who experience hyperemesis gravidarum or those who do not and in order to improve the quality of human resources in the future:

1. To the officers of PMB Fitriani Am.Keb also to further develop health services in reducing the rate of hyperemesis gravidarum

- Pregnant women should always seek information about pregnancy complications, especially hyperemesis gravidarum, and be ready to respond well to all pregnancy complications.

## Reference

- Andria. Pengetahuan Ibu Hamil Tentang Hiperemesis Gravidarum di RSUD Roka Hulu. *Jurnal Maternity and Neonatal*. 2017
- Annisa Revo Ramaninda, Asfeni, Vella Yovinna Tobing **Jurnal Keperawatan Hang Tuah (Hang Tuah Nursing Journal) e-ISSN 2776-6306**  
<https://jom.htp.ac.id/index.php/jkh>
- Ariel, C. Hubungan antara karakteristik ibu hamil dengan kejadian hiperemesis gravidarum di RSUD Ujung Berung. *Jurnal Riset Kesehatan*. elibrary.unisba.id. 2017
- Arikunto, S. *Prosedur Penelitian Suatu Pendekatan Praktek Edisi Revisi*. Jakarta: Rineka Cipta. 2013
- Azwar, S. *Metodologi Penelitian*. Yogyakarta: Pustaka Pelajar. 2016
- Azwar. *Sikap Manusia, Teori dan Pengukurannya*. Yogyakarta: Pustaka Belajar. 2014
- Handayani, Sri. (2015). Efektifitas pemberian minuman jahe ekstrak terhadap hiperemesis gravidarum ringan. *Jurnal Ilmiah Kesehatan Media Husada*. 2015.
- Hubungan Dukungan Suami, Pengetahuan, dan Sikap Ibu Hamil Trismester I Terhadap Upaya Pencegahan Hiperemesis Gravidarum. Annisa Revo Ramaninda<sup>1</sup>, Asfeni<sup>2</sup>, Vella Yovinna Tobing<sup>3</sup> 1,2,3Program Studi Keperawatan STIKes Hang Tuah Pekanbaru, Email: [1annisa.revo98@gmail.com](mailto:1annisa.revo98@gmail.com)
- Maryunani, A. *Manajemen Kebidanan Terlengkap*. Jakarta Timur: CV. Trans Info Media. 2016
- National Center for Biotechnology Information. Quantifying the global rates of nausea and vomiting of pregnancy. *FormaldehydePubChen Compound Database*. USA: PubMed.  
<https://pubmed.ncbi.nih.gov/23863575/>. 2018
- Nisak, W. A. *Status kadar hemoglobin pada ibu hamil trimester I dengan hiperemesis gravidarum*. *Indonesia Jurnal Kebidanan*. 2018
- Notoatmodjo, S. *Metode Penelitian Kebidanan*. Jakarta: PT. Rineka Cipta. 2014
- Reeder, S.J., Martin, L.L., & Griffin, D. K. *Keperawatan maternitas: Kesehatan wanita, bayi, & keluarga edisi 18*. EGC. 2011 Repository.poltekkeskdi.ac.id pertama kali diindeks oleh Google 2018.  
<http://repository.poltekkeskdi.ac.id/79/1/SKRIPSI%20WA%20JANARI%20RUMBIA.pdf>
- Rofi'ah, S., Widatiningsih, S., & Arfiana. Studi fenomenologi kejadian hiperemesis gravidarum pada ibu hamil trimester I. *Jurnal Riset Kesehatan*, 8(1), 41–52.  
<https://doi.org/10.31983/jrk.v8i1.38442019>
- Rofi'ah. *hiperemesis gravidarum*. *Pustaka Panase*. 2019
- Rofi'ah, S., Widatiningsih, S., & Arfiana, A.. *Studi Fenomenologi Kejadian Hiperemesis Gravidarum Pada Ibu Hamil*

- Trimester I. *Jurnal Riset Kesehatan*.  
<https://doi.org/10.31983/jrk.v8i1.3844> 2019
- Sastroasmoro, Prof.Dr.Sudigdo dan Ismail,  
Prof.Dr.Sofyan. *Dasar-Dasar  
Metodologi Penelitian Klinis*. Jakarta:  
Sagung Seto. 2014
- Sugiyono. *Metode Penelitian Kuantitatif,  
Kualitatif, Dan R&D*. Bandung:  
Alfabeta. 2017
- Syamsuddin, S., Lestari, H., & Fachlevy, A.  
F. *Hubungan antara gastritis, stres,  
dan dukungan suami pasien dengan  
sindrom hiperemesis gravidarum di  
wilayah kerja Puskesmas Poasia Kota  
Kendari. Jurnal Penelitian Dan  
Pengembangan Pelayanan  
Kesehatan*. 2018
- Varney, Helen. *Buku  
Ajar Asuhan Kebidanan*. Jakarta:  
EGC. 2007

MiHHICo-3  
2023  
STIKes Mitra Husada Medan