

# Analysis Of Husband And Attitude Support To Pregnancy Of Pregnant Women Gravidarum Hyperemesis In Kertosono Hospital

*by IJMR IIKNU*

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## Analysis Of Husband And Attitude Support To Pregnancy Of Pregnant Women Gravidarum Hyperemesis In Kertosono Hospital

Retro Pulupi Yenni Suci<sup>1</sup>, Yarna Retnaningtyas<sup>2</sup>, Anggrawati Wulandari<sup>3</sup>  
Institute of Health Sciences STRADA Indonesia



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### ABSTRACT

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Every woman who is pregnant will experience a process of adjusting her body to pregnancy according to the stage of her current trimester. The first trimester is the beginning of the trimester which causes various responses in pregnant women. The occurrence of hyperemesis can increase anxiety in pregnant women. The purpose of this study is to analyze the influence of the influence of attitudes and support from husbands on anxiety of hyperemesis gravidarum pregnant women in Kertosono Hospital. The design of this research is a quantitative observational study with a cross sectional approach with the focus of the research being directed to analyze the influence of attitudes and support from husbands on the anxiety of hyperemesis gravidarum pregnant women at Kertosono Hospital with a population of 36 respondents and a sample of 32 respondents who were drawn using **Accidental Sampling** technique. Most of the respondents have a positive attitude as many as 23 respondents (71.9%). Half of the respondents have sufficient husband's support as many as 16 respondents (50%). Most of the respondents had moderate anxiety as many as 10 respondents (59.4%). The results of the study used the test **Linear Regression** shows that the p-value is 0.000 < 0.05, then H1 is accepted, so it can be concluded that there is an effect simultaneously attitudes and support of husbands on anxiety of pregnant women with hyperemesis gravidarum in Kertosono Hospital with a magnitude of the influence of 86.5%. The existence of a good attitude from someone when experiencing an adverse event will determine the continuity in the future. And also with complaints of hyperemesis gravidarum that he experienced. So pregnant women are very important to be able to behave well and get support from their husbands well in order to control the anxiety experienced by pregnant women.

### INTRODUCTION

Pregnancy is a natural event, from conception to the process of fetal growth in the womb. The normal process of pregnancy occurs in 40 weeks between the time of the last menstrual period from birth (38 weeks from conception). The pregnancy phase is divided into three phases or what is more commonly known as the trimester (Bobek, 2015).

Every woman who is pregnant will experience a process of adjusting her body to pregnancy according to the stage of her current trimester. The first trimester is the beginning of the trimester which causes various responses in pregnant women. The most influential responses

in pregnant women are nausea and vomiting. Nausea and vomiting in pregnancy is called *emesis gravidarum*. Nausea usually occurs in the morning, but can occur at any time of the day and night (Winkjondito, 2012). Every pregnant woman will have a different degree of nausea, some don't really feel anything, but there are also those who feel nauseous and some feel very nauseous and want to vomit all the time (Maulina, 2013).

According to WHO, as the United Nations agency that deals with health issues, says that Hyperemesis Gravidarum occurs throughout the world, including countries in the Americas with varying incidence rates. Meanwhile, Hyperemesis Gravidarum events also occur in Asia, for example in Pakistan, Turkey and Malaysia. Meanwhile, the incidence of Hyperemesis Gravidarum in Indonesia is ranging from 1% to 3% of all pregnancies (Ari, Et al, 2010).

Data obtained at the Kertosono Regional General Hospital for the period January 1, 2017 to December 30, 2019, there were 5,683 pregnant women and 120 (3.4%) pregnant women with hyperemesis gravidarum or around 21 cases per 1,000 pregnancies, 101 (84.2%) of them had to be treated in the hospital because of the Hyperemesis Gravidarum (Medical Record of Kertosono Hospital, 2019).

Based on the results of a preliminary study conducted by researchers on January 21, 2020 at Kertosono Hospital, Nganjuk Regency to 10 mothers with hyperemesis, it was found that 7 respondents (70%) said they often felt more anxiety than usual where these feelings arose because of the lack of food they consumed which food after consumption will be vomited so that pregnant women with hyperemesis feel worried about the health of the fetus later. In addition, mothers are often confused about what to do and from the husband's side are also confused about what to do so that pregnant women can feel calmer even though they have to feel intense nausea and vomiting.

Vomiting more than ten times a day or continuous nausea that occurs during the last 20 weeks of pregnancy will cause hyperemesis gravidarum so that the mother's body becomes weak, the face is pale, and the frequency of urination decreases dramatically. Excessive nausea and vomiting also causes body fluids to decrease and hemoconcentration occurs which can slow blood circulation so that it can affect fetal growth and development. The first trimester is the phase where the fetal organs are formed (Hidayati, 2014).

Anxiety in pregnancy is an emotional reaction that occurs in pregnant women related to the concern of the mother with the welfare of herself and her fetus, the continuation of pregnancy, childbirth, the period after childbirth and when she has a role as a mother (Schetter & Tanner, 2012). Anxiety during pregnancy can be caused by physical changes, fear of childbirth and the transition to parenting (Varnay et al., 2010). According to Mapiere in Rahni (2009), there are various factors that can influence anxiety during pregnancy including maternal age, education level and family support including husband's support. Based on the results of research by Wanda et al (2014), gravidity and occupation are related to anxiety of pregnant women in facing childbirth.

The bad impact of pregnant women anxiety triggers the stimulation of uterine contractions. The result of this condition can increase blood pressure so that it can trigger preeclampsia and miscarriage (Maharni, 2008 in Norriani, 2017). Hyperemesis gravidarum is also a negative impact of anxiety in pregnant women (Spitz, 2013).

The causative factor in the occurrence of hyperemesis gravidarum is psychosocial factors. Pregnancy is a period of crisis for a woman which can be followed by stress and anxiety. During the pregnancy period, support from family members is needed by the mother, especially the support from the husband. Support and affection from the husband can provide a feeling of comfort and security when the mother is afraid and worried about her pregnancy. The husband's task is to pay attention and maintain a good relationship with the mother, so that the mother will consult any problems she experiences during pregnancy (Lana, 2011).

The support that can be provided by the husband is to provide peace to the mother, take her for pregnancy check-ups, fulfill her cravings during her cravings, remind her to take iron tablets, help carry out household activities, and give light massage when the mother feels tired. The little things that the husband does have meaningful meaning in improving psychological health towards a better direction. It is hoped that the support provided by the husband can help mothers through pregnancy feeling happy and without depression. Psychological stress conditions that can be caused due to 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 these events (Jhaquin, 2010).

The husband must help and assist the mother in dealing with her pregnancy complaints so that the mother does not feel alone because her continued anxiety will cause decreased appetite, physical weakness, and excessive nausea and vomiting (Jhaquin, 2010). Related research on husband support for pregnancy with the incidence of hyperemesis gravidarum conducted by Octaviana (2011) showed that 54.54% of respondents who received support from their husbands did not suffer from hyperemesis gravidarum. Another study according to Hernawati (2013) is about the relationship between husband and family support with the incidence of hyperemesis gravidarum. Based on the above conditions, the researcher is interested in researching the analysis of husbands' attitudes and support for the anxiety of hyperemesis gravidarum pregnant women at Kertosono Hospital.

## METHODS

In this study, researchers used a quantitative analytic design with a cross sectional approach, which is a study to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data at once (point time approach), that is, each subject. The research was only observed once and measurements were made of the character status or subject variables at the time of examination. This does not mean that all research subjects were observed at the same time (Soekidjo, 2017). This study will analyze the influence of husband's attitude and support on the anxiety of hyperemesis gravidarum pregnant women in Kertosono Hospital with a population of 36 respondents and a sample of 32 respondents who were taken using the Accidental Sampling technique.

## RESULTS

Table 1 Results of Linear Regression analysis of husbands' attitudes and support for anxiety of pregnant women with hyperemesis gravidarum at Kertosono Regional Hospital which was held on July 3-20 2020 with 32 respondents.

No.	Variable	Sig.	R	Sig.
1	(Constant)	0.435		
2	Attitude	0.000	86.5%	0.000
3	Husband's Support	0.003		

### 4. Partial

#### a. The Effect of Attitude on Anxiety

Based on the results of Linear Regression analysis, it shows that the p-value is 0.000 < 0.05, then H1 is accepted, so it can be concluded that partially there is an effect attitudes towards anxiety of pregnant women hyperemesis gravidarum at Kertosono Hospital.

#### b. The Effect of Husband's Support on Anxiety

Based on the results of Linear Regression analysis, it shows that the p-value is 0.003 < 0.05, then H1 is accepted, so it is concluded that partially there is

an effect Husband's support for the anxiety of hyperemesis gravidarum pregnant women at Kertosono Hospital

## 2. Simultaneoudy

Based on the results of Linear Regression analysis, it shows that the p-value is 0,000 <0,05, then H1 is accepted, so it is concluded that simultaneously there is effect attitudes and support of husbands on anxiety of pregnant women with hyperemesis gravidarum in Kertosono Hospital with a magnitude of the influence of 86,5%

## DISCUSSION

### A. Attitude of Pregnant Women With Hyperemesis Gravidarum at Kertosono Hospital

The results showed that most respondents had a positive attitude category as many as 23 respondents (71,9%). Meanwhile, 9 respondents (28,1%) had negative attitudes.

Hyperemesis gravidarum that continues without treatment is feared to interfere with the health of the mother and fetus. For mothers who experience hyperemesis gravidarum it can cause fluid loss in the body and lack of nutritional intake and in more severe conditions it can cause weight loss. The dangerous effects of hyperemesis gravidarum are experiencing dizziness, low blood pressure, fainting and lack of nutrition in the mother, which results in the baby not developing optimally (Rahmawati, 2011).

The results of this study are in line with previous research conducted by Wiwik (2015), which shows that there is a relationship between knowledge and attitudes of pregnant women in preventing the incidence of hyperemesis gravidarum in the Puskesmas Padalarang Work Area, so it can be concluded that the better the level of knowledge of pregnant women about hyperemesis gravidarum, then the more positive the attitude shows towards hyperemesis gravidarum. However, if the level of knowledge of pregnant women about hyperemesis gravidarum is getting less, the more negative the attitude is shown towards hyperemesis gravidarum. The results of this study are also in line with research conducted by Andra (2016) which states that there is a relationship between the knowledge of pregnant women about hyperemesis gravidarum at the Rokan Hulu regional public hospital.

The results of this study are also supported by theory (Azwar, 2014) which states that attitudes can be positive and can also be negative. A pregnant woman can be positive in dealing with hyperemesis gravidarum because she considers it a natural thing and must happen to all women, is not afraid, and knows what to do when she has hyperemesis gravidarum. A negative attitude can also be shown by pregnant women in dealing with hyperemesis gravidarum, which is shown by feeling, afraid, confused, not knowing what will happen, and not ready for what they will experience.

Social attitudes are formed from the social interactions experienced by individuals. Social interaction means more than just social contact and relationships between individuals as members of social groups. In social interaction, there is an interplay between individuals with one another. Various factors that influence the formation of attitudes are personal experience, knowledge, culture, other people who are considered important, mass media, educational and religious institutions, emotional factors in oneself (Azwar, 2014).

According to researchers, attitudes are evaluative statements about objects, people or events. This reflects a person's feelings for something. Attitudes may result from behavior but attitudes are not the same as behavior. Attitude is a learned emotional predisposition to respond consistently to an object. Based on the research results, it was found that most of the respondents had a positive attitude category, but there were still

many respondents who had a negative attitude category. Where this is due to ignorance of what respondents should do when experiencing hyperemesis gravidarum.

#### B. Support of Husbands of Pregnant Women with Hyperemesis Gravidarum at Kertosono Hospital

The results showed that half of the respondents had sufficient husband's support as many as 16 respondents (50%). In addition, 9 respondents (28.1%) had good category support from their husbands. Meanwhile, a total of 7 respondents (21.9%) had poor husband support.

Nausea and vomiting are early signs of pregnancy for ordinary people due to the long menstrual cycle so that some pregnant women only realize after experiencing nausea and vomiting. Nausea and vomiting are common during pregnancy, but nausea and vomiting that occurs more than ten times is chronic nausea and vomiting or commonly called hyperemesis gravidarum. (Manuaba, 2010).

Hyperemesis gravidarum can cause carbohydrate reserves to be used up for energy purposes, so that the burning of the body switches to fat and protein reserves. Due to incomplete fat burning, ketone bodies form in the blood which can increase the severity of clinical symptoms. (Manuaba, 2010).

The impact of Hyperemesis Gravidarum is not only threatening the lives of women, but also can cause side effects on the fetus such as abortion, low birth weight, premature birth, and malformations in newborns (Runiar, 2010).

Family support is very important for mothers who are pregnant. Sometimes pregnant women are faced with a sense of anxiety and fear of problems faced during their pregnancy. Families are expected to always motivate, assist and assist pregnant women in dealing with pregnancy complaints so that pregnant women feel calm and comfortable whenever there is a problem they experience during pregnancy (Indriyani, 2013).

There are several types of family support that can be provided to pregnant women, such as informational support where the family acts as a provider of advice and information that can be useful for pregnant women. Appreciative support where the family acts as a guide in problem solving and the family can provide support to pregnant women to be more enthusiastic in dealing with pregnancy disorders. Instrumental support where the family is a source of practical and concrete help. Psychological support, namely when pregnant women experience disorders related to their pregnancy, psychological support from the family is needed by pregnant women, especially husbands to make them feel loved and cherished, keep the causes of anxiety and sadness away (Irdiana, 2013).

According to researchers the role of a partner in pregnancy can be as a person who provides care, as a person who responds to a pregnant woman's feelings of vulnerability, both in biological aspects and in relation to her own mother. Husbands must pay full attention to the problems of their wives' pregnancies, for example discussing developments that have occurred, namely seeking information about pregnancy from print media and from health workers. Based on the results of the study, it was found that most of the respondents had a fairly good category of husband's support, but there were still many respondents who considered that the husband's support was classified as lacking where it was due to the husband's busyness with work.

#### C. Anxiety of Pregnant Women With Hyperemesis Gravidarum at Kertosono Hospital

The results showed that most respondents had moderate anxiety category as many as 19 respondents (59.4%). In addition, a number of 8 respondents (25.0%) have low category anxiety. While a number of 5 respondents (15.6%) have high category anxiety.

Anxiety is an emotional state characterized by physiological stimuli, unpleasant tense feelings, and feelings of fear (Ismail) (Husari, 2011). Generalized anxiety disorder is a diagnosis of anxiety disorders experienced by pregnant women. Anxiety disorder is a

form of serious anxiety disorder that can result in premature birth for pregnant women (Hoang, 2014).

Anxiety can occur from worrying about the delivery that will be done and preparing all the needs of the baby. In Malaysia, research data shows 23.4% of pregnant women experience anxiety, while in Indonesia it shows 71.90% experience anxiety. Anxiety as a response to stress, can stimulate the body to have difficulty relaxing because the muscles become tense and the heart beats faster, it is difficult to relax, occurs in pregnant women who then have sleep problems (Wahyuni, 2017).

Research conducted by Martini (2010) shows that the effects of anxiety during pregnancy include post **partum** depression, **postpartum** labor, cesarean section, separation anxiety disorder and behavioral **disorders** in children (**Baby Blue**). Research conducted by Nesreen (2010) in Bangladesh stated that depression and anxiety in third trimester pregnant women are significantly associated with the risk of Low Birth Weight (LBW). Anxiety can occur from worries about the delivery that will be done and preparing all the needs of the baby (Bobak et al, 2012). In Malaysia, research data shows 23.4% of pregnant women experience anxiety (Padzil et al, 2013), while in Indonesia it shows 71.90% experience anxiety (Utami et al, 2013). Anxiety as a response to stress.

The factors that may affect the **level of anxiety** from the results of this study are the type of occupation and the age of the respondent's pregnancy. According to Effendi (2014), a mother's job can affect anxiety due to pressure and various stressors in the workplace. Too heavy workloads or too weak physical abilities can cause a pregnant woman who works to experience work-related disorders or diseases, such as environmental conditions.

Meanwhile, from gestational age, based on research that has been conducted, the researcher argues that most of the third trimester pregnant women experience anxiety in **facing childbirth**. When the gestational age is before delivery, questions and images will arise about whether you can give birth normally, how to push, whether something will happen during childbirth, or whether the baby is born safely, will increasingly appear in the minds of pregnant women. Pain during childbirth has always been the subject of discussion for women (Hauka, 2012).

**Shuidi** (2014) states that there are various questions and images when a pregnant woman reaches her third trimester, namely whether she can give birth normally, how to push, whether something will happen when she gives birth, or whether the baby will be born safely.

According to researchers, anxiety in pregnant women is a common occurrence and can be a natural thing. However, this anxiety will become a problem if the anxiety experienced shows excessive and **unnatural** intensity which can interfere psychologically with pregnant women. Based on the results of the study, it was found that most respondents had moderate levels of anxiety, but there were still many respondents who experienced high anxiety, which could be due to concerns that the nutrition given to the fetus would be insufficient and threaten the life of the fetus. If hyperemesis gravidarum lasts longer, it will increase anxiety in pregnant women later and can cause psychological stress.

#### **D. Influence Attitude and Husband's Support Against Anxiety of Pregnant Women With Hyperemesis Gravidarum at Kertosono Hospital**

Based on the results of Linear Regression analysis, it shows that the p-value is  $0.000 < 0.05$ , then H1 is accepted, so it can be concluded that simultaneously there is an effect of **husband's** attitude and support on anxiety of hyperemesis gravidarum pregnant women in Kertosono Hospital with a magnitude of influence of 86.5%.

Pregnancy is a natural event, from conception to the process of fetal growth in the womb. The normal process of pregnancy occurs for 40 weeks between the time of the last

menstrual period from birth (38 weeks from conception). The pregnancy phase is divided into three phases or what is more commonly known as the trimester (Bobak, 2015).

Every woman who is pregnant will experience a process of adjusting her body to pregnancy according to the stage of her current trimester. The first trimester is the beginning of the trimester which causes various responses in pregnant women. The most influential responses in pregnant women are nausea and vomiting. Nausea and vomiting in pregnancy is called emesis gravidarum. Nausea usually occurs in the morning, but can occur at any time of the day and night (Wit, Jossairo, 2012). Every pregnant woman will have a different degree of nausea, some don't really feel anything, but there are also those who feel nauseous and some feel very nauseous and want to vomit all the time (Maulana, 2013).

Hyperemesis gravidarum can have various impacts on pregnant women, one of which is a decrease in appetite which results in changes in electrolyte balance, namely potassium, calcium and sodium, which causes changes in body metabolism (Rose & Neil, 2006). Another impact of hyperemesis gravidarum can also result in weight loss of about 5% because carbohydrates, protein and fat reserves are used for energy (Jeffrey et al., 2013).

Vomiting more than ten times a day or continuous nausea that occurs during the last 20 weeks of pregnancy will cause hyperemesis gravidarum so that the mother's body becomes weak, the face is pale, and the frequency of urination decreases dramatically. Excessive nausea and vomiting also causes body fluids to decrease and hemoconcentration occurs which can slow blood circulation so that it can affect fetal growth and development. The first trimester is the phase where the fetal organs are formed (Hidayati, 2014).

Anxiety in pregnancy is an emotional reaction that occurs in pregnant women related to the concern of the mother with the welfare of herself and her fetus, the continuation of pregnancy, childbirth, the period after childbirth and when she has a role as a mother (Schetter & Tanner, 2013). Anxiety during pregnancy can be caused by physical changes, fear of childbirth and the transition to parenting (Varney et al., 2010). According to Mapierre in Rahmi (2009), there are various factors that can influence anxiety during pregnancy including maternal age, education level and family support including husband's support. Based on the results of research by Wanda et al (2014), gravidity and occupation are related to anxiety of pregnant women in facing childbirth.

The bad impact of pregnant women anxiety triggers the stimulation of uterine contractions. The result of this condition can increase blood pressure so that it can trigger preeclampsia and miscarriage (Maturani, 2006 in Novriani, 2017). Hyperemesis gravidarum is also a negative impact of anxiety in pregnant women (Spitz, 2013).

Women who are pregnant may experience anxiety about various problems from one trimester to the next. The unconscious fear and delusion associated with the first pregnancy is often central to the concept of being merged with one's mother. Purwarohardojo (2007) argues that excessive vomiting is a component of psychological reactions to certain situations in a woman's life. Without it, usually pregnant women will suffer from excessive nausea and vomiting.

The causative factor in the occurrence of hyperemesis gravidarum is psychosocial factors. Pregnancy is a period of crisis for a woman which can be followed by stress and anxiety. During the pregnancy period, support from family members is needed by the mother, especially the support from the husband. Support and affection from the husband can provide a feeling of comfort and security when the mother is afraid and worried about her pregnancy. The husband's task is to pay attention and maintain a good relationship with the mother, so that the mother will consult any problems she experiences during pregnancy (Lasa, 2011).



The support that can be provided by the husband is to provide peace to the mother, take her for pregnancy check-ups, fulfill her cravings during her cravings, remind her to take iron tablets, help carry out household activities, and give light massage when the mother feels tired. The little things that the husband does have meaningful meaning in improving psychological health towards a better direction. It is hoped that the support provided by the husband can help mothers through pregnancy feeling happy and without depression. Psychological stress conditions that can be caused due to 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 these events (Jhaqin, 2010).

The husband must help and assist the mother in dealing with her pregnancy complaints so that the mother does not feel alone because her continued anxiety will cause decreased appetite, physical weakness, and excessive nausea and vomiting (Jhaqin, 2010). Related research on husband support for pregnancy with the incidence of hyperemesis gravidarum conducted by Octaviana (2011) showed that 54.54% of respondents who received support from their husbands did not suffer from hyperemesis gravidarum. Another study according to Hernawati (2013) is about the relationship between husband and family support with the incidence of hyperemesis gravidarum.

According to researchers, the existence of a good attitude from a person when experiencing an adverse event will determine the continuity in the future. And also husband support is very important given to pregnant women, especially with complaints of hyperemesis gravidarum that she is experiencing. So pregnant women are very important to be able to behave well and get support from their husbands well in order to control the anxiety experienced by pregnant women. In accordance with the results of the study that there is an influence of husband's attitude and support on the anxiety of hyperemesis gravidarum pregnant women in Kertosono Hospital.

## CONCLUSION

1. Most of the respondents have a positive attitude category as many as 23 respondents (71.9%).
2. Half of the respondents have sufficient husband's support as many as 16 respondents (50%).
3. Most of the respondents had moderate anxiety as many as 19 respondents (59.4%).
4. There is influence attitudes and support of husbands on anxiety of pregnant women with hyperemesis gravidarum in Kertosono Hospital with a magnitude of the influence of 86.5%.

## ACKNOWLEDGMENT

1. For Researchers

From the results of this research, it is hoped that researchers will be able to go directly to the field to provide health education or counseling to the public, including basic knowledge of husband and attitude's support to pregnancy of pregnant women with hyperemesis gravidarum.

2. For Respondents

So pregnant women are very important to be able to behave well and get support from their husbands well in order to control the anxiety experienced by pregnant women.

3. For Further Researchers

It is hoped that the next researcher will examine other variables that can influence to gravidarum hyperemesis.

**REFERENCES**

- Atika, L., Putra, HK and Thalib, SH (2016) 'The Relationship between Hyperemesis Gravidarum and Maternal Age, Gestational Age, Parity, and Occupation in Inpatients at Dr. Moh. Hoesin Palembang', *Journal of Medicine and Health*, 3 (3), pp. 166-171.
- Friedman, MM, Bowden, VB and Jones, EG (2013) *Textbook of Family Nursing Research: Theory and Practice*, 5th edn Jakarta: EGC.
- Kartikasari, RI, Umarah, F. and Taqiyah, LB (2017) 'Peppermint Aromatherapy to Reduce Nausea and Vomiting in Pregnant Women', *Surya*, 09 (02), pp. 37-44. Available at: <https://jurnal.stikesmhila.ac.id/wp-content/uploads/2018/01/37-43-Ratih-Indah-Kartikasari.pdf>
- Kusumanti, FI, Rahayu, DE and Utami, R. (2015) 'The Effectiveness of Ginger Powder (*Zingiber Officinale*) to Relieve Nausea Vomiting in Pregnant Women', *Journal of Health Sciences*, 4 (1), pp. 18-30. Available at: [file:///C:/Users/L/SER/Downloads/document\(1\).pdf](file:///C:/Users/L/SER/Downloads/document(1).pdf)
- Latifah, L., Setiawati, N. and Dwi, EH (2017) 'The Effectiveness of Self Management Module in Overcoming Morning Sickness Effectiveness Self Management Module in Overcoming Morning Sickness', *Journal of Fikkes UnSoed Nursing*, 5 (1), pp. 10-18. Available at: <https://media.neliti.com/media/publications/105988-ID-effectiveness-self-management-module-dalam.pdf>
- Mansjoer, A. (2009) *Capita Selecta Medicine*. Jakarta: Medja Aeskulapina.
- Maternity, D., Ariska, P. and Sari, DY (2017) 'Lemon Inhalation Reduces Nausea and Vomiting in First Trimester Pregnant Women', *Scientific Journal of Midwives*, 11 (3), p. 619. doi: 10.1017/S0007122340600330.
- Maulana, Megamalia, L. and Widia, L. (2016) 'The relationship between the nutritional status of pregnant women and hyperemesis gravidarum at RSIA Paradise, Tanah Bumbu district', *Darul Azhar journal*, 1 (1), pp. 51-56.
- Muchar, AS (2018) 'The Relationship between Age and Parity of Pregnant Women with the Incidence of Hyperemesis Gravidarum', *Scientific Journal of Health Diagnosis*, 12 (6), pp. 598-602.
- Nugrahani, KR (2017) 'The Effectiveness of Giving Ginger With Grapefruit Juice Against The Frequency of Nausea and Vomiting in 1st Trimester of Pregnant Women', in *Proceedings of the National Seminar on Health*, p. 30. Available at: <http://prosidings.akbiduk.ac.id/assets/doc/170602084413-3.pdf>.
- Rutih, RH and Qumarah, Si. (2017) 'The Vitamin B6 Content of Kepok Banana: an Alternative to Overcome Nausea for Pregnant Women Vitamin B6 Content in Kepok Banana: Alternatives to Overcoming Nausea and Vomiting in Pregnant Women', *Journal of Community Health*, 3 (5), pp. 193-195. Available at: <http://jurnal.hip.ac.id/index.php/keskom/article/view/166>.
- RI Ministry of Health (2017) 'Permenkes RI No. 28 of 2017 concerning Permits and Implementation of Midwives' Practices. Jakarta: Ministry of Health of the Republic of Indonesia.
- Rosita, R. (2017) 'Relationship of Hospital Health Service Quality with Inpatient Satisfaction Levels The Relationship of Quality of Health Services and The Level of Patient Satisfaction', *IJMS Indonesian Journal on Medical Science*, 4 (1), pp. 80-87.
- Safari, FEN (2017) 'The Relationship between the Characteristics and Psychology of Pregnant Women and Hyperemesis Gravidarum at H Abd manan Simatupang Kisaran Regional Hospital, Wahana brovasi', 6 (1), pp. 202-212.
- Santy, E. (2015) 'Age and Parity of the Incidence of Hyperemesis Gravidarum in Rubini Mempawah Hospital', *Khatulistiwa Midwifery Journal*, 1 (2), pp. 60-65.

- Setiawati, SE and Ramadhani, R. (2016) 'Management of Nausea and Vomiting in Hyperemesis Gravidarum Sugma', *J Medula Unila*, 5 (1), pp. 131–134. Available at: <https://studylibid.com/doc/615183/penat-management-nausea-and-vomiting-on-hiperemesis-gravidarum>.
- Soa, LOM, Amelia, R. and Octaviani, DA (2018) 'Comparison of the Effectiveness of Giving Red Ginger and Mint Leaves Stew with Lime and Honey on Nausea and Vomiting in Trimester I Pregnant Women at Puskesmas Waepina, Ngada, NTT', *Journal of Obstetrics*, 8 (2), pp. 157–167.
- Sumanji (2016) 'An Overview of Family Support for Pregnant Women With Hyperemesis Gravidarum', Yogyakarta. Available at: <http://repository.umy.ac.id/bitstream/handle/123456789/2776/publication-manuscript.pdf?sequence=11&isAllowed=y>.
- Supatningsih, S. (2017) 'Service Quality and Hospital Patient Satisfaction: Cases in Outpatients', *Journal of Medicoeconomic and Hospital Management*, 6 (1), pp. 9–14. doi: 10.18196/jmmr.6122. Quality.
- Syamsuddin, S., Lestari, H. and Fachlevy, AF (2018) 'Relationship between Gastritis, Stress, and Husband Support of Patients with Hyperemesis Gravidarum Syndrome in the Work Area of Puskesmas Posia, Kendari City The Correlation Between Gastritis, Stress, and Husband Support of Patients Health Center Posia Kendari Ci', *Journal of Health Service Research and Development*, 2 (2), pp. 102–107.
- Wirwik, O., Niman, S. and Susilowati, YA (2016) 'The Relationship of Knowledge and Attitudes of Pregnant Women in Preventing Hyperemesis Gravidarum in the Work Area of Puskesmas Pitalarang', pp. 9–17. Available at: <http://ejournal.stikesbarmoms.ac.id/jurnal.php?detail=jurnal&file=5-2.pdf&id=518&cd=0b2173ff6ad6a1b09e98f6d50001df6&name=5.2.pdf>.
- Zain, DA, Widyawati, SA and Yaswandha, R. (2015) 'Relationship between Husband Support and Hyperemesis Gravidarum at Ambarawa Regional General Hospital', Available at: <https://studylibid.com/doc/1122886/tuba-with-husband-support-with-evans>.
- Zuhrotunida and Yudiharto, A. (2017) 'The Relationship between Family Support and Anxiety of Pregnant Women Facing the Childbirth Process at the Public Health Center, Mauk District, Tangerang Regency in 2016', *JKPT Journal Muhammadiyah University Tangerang*, 2, pp. 60–70.

# Analysis Of Husband And Attitude Support To Pregnancy Of Pregnant Women Gravidarum Hyperemesis In Kertosono Hospital

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# Analysis Of Husband And Attitude Support To Pregnancy Of Pregnant Women Gravidarum Hyperemesis In Kertosono Hospital

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PAGE 1

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- ETS** **Missing ","** Review the rules for using punctuation marks.
- ETS** **Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.
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- ETS** **Frag.** This sentence may be a fragment or may have incorrect punctuation. Proofread the sentence to be sure that it has correct punctuation and that it has an independent clause with a complete subject and predicate.
- ETS** **Sentence Cap.** Review the rules for capitalization.
- ETS** **Article Error** You may need to use an article before this word.
- ETS** **Run-on** This sentence may be a run-on sentence.
- ETS** **Missing ","** Review the rules for using punctuation marks.

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- ETS** **Prep.** You may be using the wrong preposition.
- ETS** **Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.
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- ETS** **Article Error** You may need to use an article before this word.
- ETS** **Article Error** You may need to remove this article.
- ETS** **Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.
- ETS** **Article Error** You may need to use an article before this word. Consider using the article **the**.
- ETS** **Dup.** Did you mean to repeat this word?
- ETS** **Missing ", "** Review the rules for using punctuation marks.
- ETS** **S/V** This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.
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- ETS** **Missing " , "**

**ETS** **P/V** You have used the passive voice in this sentence. You may want to revise it using the active voice.

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**ETS** **Missing ", "** Review the rules for using punctuation marks.

**ETS** **Article Error** You may need to use an article before this word. Consider using the article **the**.

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**ETS** **Sp.** This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

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**ETS** **Article Error** You may need to use an article before this word. Consider using the article **a**.

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**ETS** **Missing ", "** Review the rules for using punctuation marks.

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**ETS** **P/V** You have used the passive voice in this sentence. You may want to revise it using the active voice.

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