

The Influence of Sari Ginger

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The Influence of Sari Ginger Drinking on the Reduction of Gravidarum Emregency Frequency in Trimester I and II Pregnant Mother in BPM Eni Marfuah Samarinda in 2018

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Abstract— Pregnancy is a physiological process that almost always happens to every woman. The occurrence of pregnancy causes hormonal changes such as estrogen, progesterone, and HCG (chorionic gonadotropinplacenta). These hormones are thought to be the cause of emesis gravidarum. If emesis gravidarum is not treated properly, it can become hyperemesis gravidarum. This study aims to determine the effect of giving ginger juice drink on the reduction in the frequency of emesis gravidarum in first and second trimester pregnant women at BPM Eni Marfuah Samarinda T 2018. This type of research is a research quantitative that is Pre Experimental with research design One Group Pre Test Post Test Design, which was conducted on pregnant women with emesis gravidarum. Based on statistical results using Paired T-Test was obtained p-value = 0.000 (<0.05), then H0 is rejected it means a significant difference between the provision of ginger juice to decrease the frequency of morning sickness in pregnant women in the first and second trimester BPM Eni Marfuah Samarinda 2018. So it can be concluded that there is a significant effect of giving ginger juice drinks to decrease the frequency of emesis gravidarum in first and second trimester pregnant women in BPM Eni Marfuah Samarinda 2018 in first and second trimester pregnant women in BPM Eni Marfuah Samarinda 2018.

Keywords— First and second trimester of pregnancy, emesis gravidarum, ginger juice drink.

I. INTRODUCTION

Pregnancy is a physiological process that almost always occurs in every woman. Pregnancy occurs due to the meeting of sperm and ovum, growing and developing in the uterus for 259 days or 37 weeks or up to 42 weeks (Nugroho and Utama, 2014). The occurrence of pregnancy causes hormonal changes in women due to an increase in the hormones estrogen, progesterone, and the release of the hormone HCG (human chorionic gonadotropin). These hormones are thought to be the cause of emesis gravidarum (Manuaba, 2010).

Nausea and vomiting (*Emesis Gravidarum*) is a state of nausea and vomiting that occurs during pregnancy between 4-8 weeks and continues until 14-16 weeks of pregnancy. If *emesis gravidarum* is not treated with well then it can become *hyperemesis gravidarum* which is a state of excessive nausea and vomiting in pregnancy, so as to increase the risk of pregnancy disorders. *hyperemesis gravidarum* Very pathological is very rare compared to nausea and vomiting. For that, in order not to arrive at severe conditions, it is necessary to have a good adaptation to the situation. Nausea vomiting in pregnancy has a significant impact on family life, decreases the ability to perform activities, social function and the development of stressful situations. Excessive nausea and vomiting can cause body fluids to decrease, so the blood becomes thick (*hemocentration*) and blood circulation to the tissues slows down. If that happens, then the consumption of oxygen and food to the tissue also decreases. Lack of oxygen and food to the tissue will cause tissue damage that can reduce maternal health and the development of the fetus it

contains. In this case serious handling is needed (Fitria, 2013).

Ginger is believed to help improve nausea and vomiting by stimulating the motility of the gastrointestinal tract, and stimulating the secretion of saliva, bile and gastric secretion products. Ginger has anti-properties and can be used by pregnant women to reduce the frequency of *emetic emesis gravidarum*. Ginger has active substances that can treat nausea and vomiting, namely *gingerols*, *shogaols*, *galanolactone*, and *terpenoids* (Rahmani, 2014). Ginger is very effective in reducing *metoclopramide*, an induction agent for nausea and vomiting. Ginger is a plant that is widely used as a spice in cooking, giving the aroma of food, drinks and ingredients of traditional medicines. Another advantage of ginger is that it is cheap and easy to reach by the public.

Based on a preliminary study conducted by researchers at BPM Eni Marfuah, in the past year from October 2016 to October 2017, 84 pregnant women had *emesis gravidarum*, and data of pregnant women who had *emesis gravidarum* during the last 3 months, August, September, October, as many as 34 pregnant women. From these data it can be concluded that the incidence of *emesis gravidarum* shows a fairly high percentage and this disorder can cause discomfort in pregnancy. Therefore, researchers are interested in researching about "The effect of giving ginger juice drinks on the reduction in the frequency of *emesis gravidarum* in first and second trimester pregnant women" so that we can find out the benefits of ginger to overcome nausea and vomiting in pregnant women, because people do not know more about the benefits ginger for pregnant women, so hopefully the public can use ginger as an alternative before using antiemetic drugs.

II. METHODS

Type of research is a research *quantitative that is Pre-Experimental* with research design *One Group Pre Test Post Test Design*, which is conducted on pregnant women with *emesis gravidarum*. In this type of research design, one group was treated and the results were observed (treatment was an independent variable and the results were the dependent variable (Arikunto, 2002).

The population in this study were all pregnant women who had *emesis gravidarum* BPM Eni Marfuah for 3 last month as many as 34 people. The number of samples was 24 respondents. The sampling technique in this study was consecutive sampling. In consecutive sampling, all subjects who came and met the selection criteria were included in the study until the number of required subjects were fulfilled. The variables in this study were divided into two categories namely Independent variables: the effect of giving ginger juice drinks and Dependent variables:

Frequency of *emesis gravidarum* in first and second trimester pregnant women. This research instrument is primary data in the form of observation sheets containing the frequency of nausea and vomiting in the first day before treatment and frequency the nausea vomiting 1 day after the respondent's treatment and filling. And secondary data are reports of pregnant women suffering from *emesis gravidarum* at BPM Eni Marfuah.

Implementation of data analysis using a computer program. analysis was *Univariate* used to obtain a description of the frequency distribution while analysis was *bivariate* used to examine the effect of ginger in reducing nausea and vomiting in pregnancy.

III. RESULTS

a. Characteristics of Respondents

This study was conducted on 24 respondents who met the study inclusion criteria. Of these 24 respondents were given ginger juice drinks for 4 days. The results of data processing will be displayed in the form of tables. The table of respondent characteristics is as follows:

TABLE 1. Frequency Distribution Based on Age Maternal

Characteristics of Age	Frequency	Percentage
18-19 Year	2	8,3%
20-35 Year	22	91,7%
TOTAL	24	100%

Source: Primary Data 2018

Based on table 1. It is known that the age of respondents 20-35 years has the biggest presentation, which is 22 respondents (91.7%) and the age of respondents 18-19 years has the smallest presentation, namely 2 respondents (8.3%).

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TABLE 2. Frequency Distribution Based on Education

Education	Frequency	Percentage
SD	3	12,5%
SMP	13	54,2%
SMA	6	25%
S1	2	8,3%
TOTAL	24	100%

Source: Primary Data 2018

Based on table 2. It is known that the education of junior high school respondents has the highest presentation, namely 13 respondents (54.2%) and the education of S1 respondents has the smallest presentation, namely 2 respondents (8.3%).

TABLE 3. Frequency Distribution Based on Age of Pregnancy

Age of Pregnancy	Frequency	Percentage (%)
Trimester I	15	62,5%
Trimester II	9	37,5%
TOTAL	24	100%

Source: Primary Data 2018

Based on table 3. It is known that the gestational age of the trimester respondent I has the largest presentation, which is 15 respondents (62.5%) and the gestational age of the trimester II respondent has the smallest presentation which is 9 respondents (37.5%).

TABLE 4. Frequency Distribution Based on Occupation Mother

Parity	Frequency	Percentage
A housewife	14	58,3%
private	7	29,2%
farmer	3	12,5%
TOTAL	24	100%

Source: Primary Data 2018

Based on table 4 It is known that respondents who have jobs as housewives or mothers who do not work have the largest presentation, namely 14 respondents (58.3%) and respondents who work as farmers have the smallest presentation, namely 3 respondents (12.5%).

TABLE 5. Frequency Distribution Based on Maternal

Parity	Frequency	Percentage (%)
1	8	33%
2	10	42%
3	5	21%
4	1	4%
TOTAL	24	100%

Source: Primary Data 2018

Based on table 5 It is known that the respondents in parity 2 had the biggest presentation, as many as 10 respondents (42%) and respondents in parity 4 had the smallest presentation, namely 1 respondent (4%).

b. Overview Gravidar Emesis

TABLE 6. Frequency Distribution of the Amount of Gravidarum Emesis Before and After Treatment

Nausea and Vomiting Range	Number of respondents	
	Before treat	After treat
Nausea & Vomiting < 5x/hari	8	23
Nausea & Vomiting 5-10x/hari	16	1
TOTAL	24	24

Source: Primary Data, 2018

Based on table 6 shows that there were 8 respondents responding before treatment with nausea and vomiting <5 times / day and 16 respondents experiencing nausea and vomiting as many as 16 respondents. After treatment, the results showed that the number of respondents who experienced nausea and vomiting <5x / day were 23