

# Description Of Knowledge Women Pregnant on First Trimester About Hyperemesis Gravidarum In Regional Health Center Tiron Multiplication District Of Kediri

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## ABSTRACT

Hyperemesis Gravidarum is excessive nausea and vomiting, causing disruption of daily activities and even to endanger the lives of pregnant women. Besides, also with hyperemesis gravidarum is severe nausea and vomiting that can lead to daily work was interrupted, and the general state of the mother to be bad. The sample of 30 respondents. The variable in this study is an independent variable (Single) ie Iu Overview first trimester pregnant knowledge about hyperemesis gravidarum. The research instrument used a questionnaire that was tested for validity and reliability. Data processing includes editing, coding, Scoring, Tabulating. Percentage receipts and data analysis. The results showed 30 respondents ie the first trimester pregnant women with hyperemesis gravidarum mostly knowledgeable enough that a number of 17 respondents (56.6%), Good 3 respondents (10%) and less 10 respondents (33%). Then for the first trimester pregnant women who have knowledge about the understanding of hyperemesis gravidarum Good number of 13 respondents (43.3%), insufficient knowledge about the causes of hyperemesis gravidarum number of 16 respondents (53.3%). Enough knowledge about the diagnosis hyperemesis gravidarum number of 17 respondents (56.6%). Lack of knowledge about prevention hyperemesis gravidarum number of 16 respondents (53.3%). Based on the results of these studies concluded that the knowledge of the first trimester pregnant women in Region Health Center Tiron multiplication District of Kediri have sufficient knowledge of 17 respondents (56.6%). Advised on health personnel to augment the knowledge counseling to pregnant women, especially for the first trimester have extensive knowledge about hyperemesis gravidarum.

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## I. Introduction

Pregnancy is defined as fertilization or the union of sperm and ovum and continued with nidasi or implantation. when calculated from the time of fertilization until birth of the baby, normal pregnancy will take place within 40 weeks or 10 months or 9 months according to the international calendar. Pregnancy is divided into three trimesters, where unity trimester lasts 12 weeks, 15 weeks of the second trimester (week 13 up to 27) (Sarwono, 2008: 213).

Many problems occurred in the first trimester, for example the sense of nausea and vomiting due to increased estrogen levels constant nausea and vomiting can lead to dehydration. Vomiting is more than ten times a day, or continuous or nausea that occurs during the last 20 weeks of pregnancy will continue to be Hyperemesis gravidarum so that the mother's body becomes weak, pale face, and frequency of urination decreased dramatically. Nausea and excessive vomiting also causes body fluid on the wane and there hemokonsentrasi can slow blood circulation so that it can influence fetal growth (Widya, 2015).



Nausea and vomiting excess referred to as Hyperemesis gravidarum is a complication of nausea and vomiting in early pregnancy, when there continuously can cause dehydration. Not clear why these symptoms only in a small proportion of women, but psychological factors are the main factors in addition to hormonal influences. (Rukiyah, 2013: 120).

The cause of hyperemesis gravidarum is not known with certainty there is no evidence that the disease is not known for certain. Anatomical changes that occur in the brain, heart, liver and nervous system, caused by a deficiency of vitamins and other substances as a result of weakness in the body because they do not eat and drink. Another factor that was discovered by some as follows: Factor psychology plays an important role in this disease, households were cracked, losing a job, fear of pregnancy and childbirth, job loss, fear of responsibility as a mother, can cause mental conflict that can aggravate nausea and vomiting because expression is not aware of the reluctance to become pregnant or as an escape hardships of life. Lack of acceptance of pregnancy rated trigger nausea and vomiting. At the time a young pregnant pregnancy judged to be expected whether due to contraceptive failure or because of a relationship outside marriage. This could lead to the mother of the pregnancy (Yulianti, 2013: 118).

Pregnant women Trimester I could feel the nausea and vomiting at any time, either morning or evening. Dizziness and nausea can occur at any time. This is called Morning Sickness. This phenomenon is related to the position of the placenta or low blood sugar levels when the stomach is empty at night. Eat a snack rich in protein and carbohydrates and fruit before bed at night and morning before getting out of bed may help reduce these symptoms. Morning sickness can occur due to deficiency of vitamin b6. Some say that the risk of fetal miscarriage in women who experience morning sickness will decrease. Almost all pregnant women experience symptoms of nausea to vomiting. These symptoms indicate a change in hormone levels, stress, and fatigue (Ana, 2010: 71)

Nausea and vomiting in pregnant women is a part of the changes that occur in pregnancy. Although this does not always occur in any pregnant woman. Signs symptoms of nausea and vomiting in the first trimester in pregnant women is still considered to be normal for this did not happen exaggerated in pregnant women. If excessive this in the medical world is known as hyperemesis gravidarum

But still many pregnant women experience nausea, vomiting excess of more than 10 times in 24 hours accompanied by a decrease in appetite is usually called Hyperemesis gravidarum. Things like this can interfere with activities of daily mother. There are as many pregnant women 8,6 juta be lost hours of work because of this problem. (Anggasari, 2016).

According to the World Health Organization (WHO) the incidence of hyperemesis gravidarum reached 12.5% of all pregnancies in the world. Nausea and vomiting may interfere and create an imbalance of fluid in the kidneys and liver tissue necrosis (WHO, 2013).

Based on the results of research in Indonesia data showed women with hyperemesis gravidarum 14.8% of all pregnancies. Nausea and vomiting occur in 60-80% and 40-60% primigravida and multigravida. One in every thousand pregnancies these symptoms become more severe. Nausea is caused by rising levels of the hormone estrogen and the hormone chorionic gonadotropin (HCG) in serum physiological changes in hormone rise is not clear, probably because of the central nervous system or reduced gastric emptying (MOH, 2013).

Based on data from the Health Profile of East Java with hyperemesis gravidarum incident in East Java by 412 188 or 70% of the 594 265 number of pregnancies in East Java. (MOH, 2013)

Accurate data on the incidence of hyperemesis gravidarum is not widely publicized. Approximately 60-80% multigravida experience nausea, vomiting, but more severe these symptoms occur only at 1 in 1,000 pregnancies. The incidence of hyperemesis gravidarum in Indonesia in 2015 is 1.5-3% of pregnant women, whereas the incidence of hyperemesis gravidarum in East Java province on Trimester 1-2 or the scope of the K1-K2 10-15% of the total number of pregnant women that there are as many as 182 815 people in 2015 (MOH, 2017)

The boundary between nausea and vomiting in pregnancy is still a physiologic with hyperemesis gravidarum is not clear, but the vomiting which cause disruption of daily life and dehydration indicates that pregnant women have required intensive care. Prevention of hyperemesis gravidarum should be carried out by way of giving pernerangan about pregnancy and childbirth as a physiological process, gave the assurance that the nausea and sometimes vomiting is physiological symptoms early pregnancy and will disappear after pregnancy months.

Recommends changing everyday foods in the diet in small amounts but more often. You wake up do not immediately get out of bed, but it is recommended to eat dry bread or biscuits with hot tea. The food was greasy and smelling fat should avoid. Food and drink should be served hot or very cold. Regular bowel movement should be guaranteed, avoiding carbohydrate deficiency is an important factor, therefore it is recommended foods containing sugar (Yulianti, 2013: 122).

Nausea and vomiting in pregnancy can be handled in several ways, namely Drinking tea or tea of chamomile lemon or raspberry leaf tea can reduce nausea and vomiting. Besides, it can also drink tea with a little ginger. It could also evaporate the essential oil it beforehand if it does not want to inhale it directly. Warm lavender oil is also effective to compress the ribs are painful. A cup of tea or honey water by a drop of peppermint oil can also reduce nausea. To reduce vomiting add seven drops of lemon oil or lavender oil into massage oil, then the sequence slowly in the stomach. Or you can also inhale the steam to reduce nausea (Ana, 2010: 72).

## II. Method

This research uses descriptive design (descriptiv reseach) is a type of study that seeks to explain the status of the locus of study (Thomas et al, 2010). This research used cross sectional approach where the emphasis on the measurement of time independent and dependent variable data only once, at a time. (Nursalam 2008)

Sample in this study were 30 pregnant womentrimester I Territory multiplication sub-district Puskesmas Tiron Kediri In this study, the sampling technique used was total sampling techniques. In this study, using a questionnaire. How to analyze the data by using the formula  $P = \frac{x}{y} \times 100\%$

## III. Results and Discussion

Characteristics of Respondents by Age

**Table IV.1: Characteristic of respondents berdasarkan age of pregnant women in the first trimester Tiron sub-district Puskesmas multiplication of Kediri**

No.	Age (Years)	Frequency	Percentage(%)
1	<20 years	6	20
2	20-35 years	22	73
3	> 35 years	2	7
	amount	30	100

Based on Table IV.1.1 shows that out of 30 respondents,

The majority of respondents aged 20-35 years are a number of 22 respondents (73%) was then a minority of respondents aged > 35 years ie number 2 respondents (7%).

### a. characteristics Respondents by Education

**Table IV.2: Characteristics of respondents by maternal education in the Region Health Center Tiron Kediri District of multiplication Kabupaten**

No.	Education	Frequency	Presentation(%)
1	Not completed in primary school	1	3
2	SD / equivalent	3	10
3	SMP / equivalent	4	13
4	SMA / equal	20	67
5	Academy / PerguruanTinggi	2	7
	amount	30	100

Based on Table IV.1.2 shows that out of 30 respondents the majority of respondents are high school educated / equal that number of 20 respondents (67%) subsequent minorities not complete primary school is number 1 respondents (3%).

b. Characteristics of Respondents by Job

**Table IV.3: Characteristics of Respondents by Job Mother Pregnant First trimester In Area Tiron Puskesmas Subdistrict multiplication Kediri**

No.	Work	Frequency	Percentage(%)
1	Housewife	20	67
2	farmer	3	10
3	PNS	2	6
4	Private	5	17
5	entrepreneurial	0	0
6	Etc	0	0
	amount	30	100

According to the table IV.1.3 obtained from 30 respondents, the majority is as housewife that a number of 20 respondents (67%) was then minority civil servants that is a number 2 respondents (6%).

c. Characteristics of Respondents Based on the popularity and Unprecedented Get Information

**Table IV.4: characteristics Based on the respondent or may not have information on the Territory of the District Health Center Tiron multiplication of Kediri**

No.	Resources	Frequency	Presentation
1	Ever	20	67
2	No	10	33
	amount	30	100

Based IV.1.4 table shows that of the 30 respondents, the majority never informed about with hyperemesis gravidarum is a number of 20 respondents (67%) subsequent minorities where respondents did not get information about hiperemesis gravidarum is a number of 10 respondents (33%).

d. Characteristics of Respondents Based Resources

**Table IV.5: Characteristics of respondents by Source Information The area is the District Health Center Tiron banykan Kediri**

No.	Resources	Frequency	Percentage(%)
1	Midwife / health workers	18	60
2	Mass media	1	3
3	TV / Electronics	1	3
4	Never	10	34
	amount	30	100

Based IV.1.5 table shows that of the 30 respondents, the majority received information from health workers / midwife namely a total of 18 respondents (60%) was then minority of the mass media and Tv / Electronics are a number of first respondents (3%). And uninformed number of 10 respondents (34%)

e. Characteristics of Respondents by Number of Children

**Table IV.6: Characteristics of respondents by number of children territory PHC Tiron banykan District of Kediri**

No.	What order do you come in your family	Frequency	Percentage(%)
1	1	5	16
2	2	22	74
3	> 2	3	10
	amount	30	100

based on IV.1.6 table shows that of the 30 respondents, ie the majority of children to 2 representatives of 22 respondents (74%) and the minority that mothers who have children > 2 number 3 respondents (10%)

**1. Custom Data**

a. First trimester pregnant mother knowledge about hyperemesis gravidarum

**Table IV.7: Distribution I Trimester Pregnancy frequency based Knowledge The Regional Health Center Tiron districts Multiplication Kediri.**

No.	Knowledge	Frequency	Percentage (%)
1	Good	3	10
2	Enough	17	57
3	Less	10	33
	Total	30	100

Based IV.I.7 table it can be seen from 30 respondents obtained a majority of 10 respondents (33%) less knowledgeable, 17 respondents (57%) Are knowledgeable enough, while three respondents (10%) good knowledge.

b. Knowledge picture Pregnancy Trimester I of Definition, Causes, Diagnosis, Prevention Hyperemesis Gravidarum

**Table IV.8: Distribution Frequency of Knowledge Overview Pregnancy trimester I about Hyperemesis Gravidarum Territory Tiron sub-district Puskesmas multiplication of Kediri.**

No .	Category Hyperemesis Gravidarum	Good		Enough		Less		Total	%
		F	%	F	%	F	%		
1.	understanding	13	43	9	30	8	27	30	100
2.	Cause	6	20	16	53	8	27	30	100
3.	diagnosis	8	27	17	57	5	16	30	100
4.	Prevention	7	22	7	23	16	53	30	100

Based IV.I.8 table shows the 30 respondents who researched obtained:

- 1) Pregnant women knowledge about the understanding hiperemeis gravidarum as much as 13 respondents (43%) good knowledge.
- 2) Knowledge of pregnant women about the causes of hyperemesis gravidarum as many as 16 respondents (53%) are knowledgeable enough.
- 3) Pregnant women knowledge about diagnosis hipermesis gravidarum total of 17 respondents (57%) are knowledgeable enough.
- 4) Knowledge of pregnant women with hyperemesis gravidarum about prevention as much as 16 respondents (53%) less knowledgeable.

## DISCUSSION

### 1. Respondents Knowledge About Understanding Hyperemesis Gravidarum

The results in Table IV.8 study showed that knowledge about the understanding hipermesis gravidarum is good (43.3%) and there is also a lack of knowledge respondents (26.6%).

Education means the guidance given person against another person moving towards the development of certain ideals which determine people to do and fill to reach the safety of life and happiness. Education is needed to obtain information, for example the things that support health so as to improve the quality of life. PEducation can affect a person, including a person's behavior will be especially motivating lifestyle for attitude participate in the developmentin general, the higher one's education more easily receive information. (Henry & Goddess, 2010: 16-17)

the higher a person's education, the more easily receive information that the more knowledge. Respondents with high education will easily absorb the information, so that the knowledge possessed higher but otherwise low-educated parents will experience obstacles role in the absorption of information so that the knowledge possessed also lower the impact on her life.

In addition to education, employment also affects knowledge. Based IV.3 table can be seen that 30 respondents, a majority of 20 respondents (67%) is a housewife, as much as 2 respondents (6%) are civil servants and three respondents (10%) is Farmer.

Knowledge of pregnant women can also be affected by the information and resources. The results of the 30 respondents showed that 30 respondents, 20 respondents (67%) of pregnant women never get information and as many as 10 respondents (33.3%) of pregnant women has not been informed. 20 respondents (60%) of pregnant women get information from health workers / midwife and 1 respondent (3%) to get information from the mass media and Tv / Electronics.

Therefore the respondent or especially the first trimester pregnant women should be active in seeking knowledge of hyperemesis gravidarum. In addition, the mothers themselves should have the awareness to seek more knowledge about hyperemesis gravidarum. Mothers should be more attend counseling or read a book in order to get increased. More and more resources are in use then the person's knowledge will increase.

The ability of the mother also support the absorption of information in obtaining information. Mothers should be able to absorb the information obtained benefits for themselves. With that the information obtained will not be lost.

## **2. Respondents Knowledge About Causes Hyperemesis Gravidarum**

The results in Table IV.8 study showed that knowledge about the causes of hyperemesis gravidarum is enough (53.3%) whereas good knowledge (20%) and are less knowledgeable of (23.3%).

Age is the age of individuals who are starting at birth until birthday. Increasingly age, level of maturity and strength of a person's will lebih mature in thinking and working. In terms of public trust someone more mature than people who have not believed the high kedewasaanya. This will as from the experience and maturity of (Henry & Goddess, 2010: 17).

20-35 years old in the reproductive age for someone to be able to motivate themselves acquire the knowledge as much as possible. Age individuals starting from the time of birth until the age of recurring tahun. Jadi more mature person, then in understanding a problem will be easier and to increase knowledge

The more aged or the older a person will have a chance and more time to get information and knowledge. Thus the older the respondent then pengetahuanya pregnant women with hyperemesis gravidarum, the better.

If it is associated with the age of respondents aged 20-35 years almost entirely by 22 respondents (73.3%), the ability to receive information can be absorbed to the maximum because at that age can be said to have grown. However, in this study, is still partially sufficient knowledge. This occurs due to less active respondents in the search for new insights into his life.

Activeness of respondents strongly needs to be improved by following the extension to get health information. Besides the motivation of health workers is needed to support the mother in getting the information they need. The motivation of health workers can kunjungan way home that if it can be done in mothers who really need the motivation of health workers. For example, pregnant women who have never come to a health checkups. Health workers who were in the area should pay more attention to people who are such that they get good counseling services and can find out information from health officials.

Health education can help transform and become a source of information that they need. If a woman gained a lot of knowledge that under any circumstances the mother is ready to confront and know the solution.

## **3. Respondents Knowledge About Diagnosis Hyperemesis Gravidarum**

The results in Table IV.8 study showed that knowledge about diagnosis hiperemesis gravidarum is enough (56.6%). And partly into the lack of criteria (16.6%).

Assigning events with hyperemesis gravidarum is not difficult, with determine pregnancy, excessive vomiting to cause disruption lifestaily and dehydration. Vomiting continuously without treatment can cause interference in fetal development in the womb with clinical manifestation. Therefore hiperemesis sustainable gravidarum should be avoided and should receive adequate treatment. (Manuaba, 2010: 229).

Information is something that can be known, but some are pressing information as knowledge transfer. In addition information can also be defined as a technique for collecting, preparing, storing, manipulating, publish, analyze and disseminate information with a specific purpose. (Budiman, 2014: 5)

By looking at the results of the study, researchers found the majority of mothers' knowledge of diagnosis hiperemesis gravidarum is enough. Therefore, to increase knowledge of the respondent is by providing information about hiperemesis gravidarum in pregnancy. Because of the behavior that is based on knowledge will be more lasting than in behavior that is not based on knowledge. Therefore the provision of knowledge about the diagnosis is very important gravidarum hiperemesis

The results of the 30 respondents showed that 30 respondents, 20 respondents (67%) of pregnant women never get information and as many as 10 respondents (33.3%) of pregnant women has not been informed. 20 respondents (60%) of pregnant women get information from health workers / midwife and 1 respondent (3%) to get information from the mass media and Tv / Electronics

With mother knowledge about the diagnosis with hyperemesis gravidarum were quite expected the mother to accept the symptoms that may accompany nausea and vomiting in early pregnancy and looking for clinical information and diagnosis of hyperemesis gravidarum.

#### **4. Knowledge Respondents About Prevention Hipermesis gravidarum**

Based on the results in Table IV.8 shows that knowledge about the prevention of hipermesis gravidarum is less (53.3%). thus they (23.3%) of respondents who have a good knowledge and sufficient.

Prevention of hyperemesis gravidarum should be carried out by way of providing information about pregnancy and childbirth as a physiological process yan, give confidence that the nausea and sometimes vomiting is physiological symptoms early pregnancy and will disappear after a month of pregnancy. Recommends changing everyday foods in the diet in small amounts but more often. You wake up do not immediately get out of bed, but it is recommended to eat dry bread or biscuits with hot tea. The food was greasy and smelling fat should avoid. Food and drink should be served hot or very cold. Regular bowel movement should be guaranteed, avoiding carbohydrate deficiency is an important factor, therefore it is recommended foods containing sugar. (Yulianti, 2013: 122).

When linked with the job based on the table IV.3 mother can be seen that 30 respondents, a majority of 20 respondents (67%) is a housewife. Then it should be in getting the information mothers have more time than women have jobs outside the home. Where information can be obtained from the mass media and Tv / Electronics. Besides the mother can also find information through health workers such as counseling conducted following the health personnel. Of the community can also be a source of information. They can exchange opinions about the information they receive, especially on health. Mothers can take advantage of the time that the knowledge about the prevention of hyperemesis gravidarum is still lacking. Eat a little but often a way to reduce nausea and vomiting (Anna, 2007).

It can support a person to develop a deeper knowledge, they would seek more information for human needs in life are endless.

#### **IV. Conclusion**

Knowledge about the first trimester pregnant women with hyperemesis gravidarum considered good understanding as much as 13 respondents (43.3%) Knowledge about the first trimester pregnant women with hyperemesis gravidarum cause categorized Pretty much as 16 respondents (53.3%) First trimester pregnant mother knowledge about the diagnosis with hyperemesis gravidarum, please categorized as many as 17 respondents (56.6%) Knowledge about the first trimester pregnant women with hyperemesis gravidarum prevention categorized as less as much as 16 respondents (53.3%)

It is advisable for the respondents to be more active in seeking information about hyperemesis gravidarum. Suggested for a place to improve their study counseling about hipermesis gravidarum in pregnant women, especially in trimesters I. It is advisable for the education to motivate students improve midwifery care for hyperemesis gravidarum. Suggested for further research in order to further develop both the method and samples for more diverse and more samples to be representative of the overall population.

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