



Original Article

THE ANALYSIS OF DISCOMFORT DURING PREGNANCY IN PUSKESMAS DARUL AMAN , THE DISTRICT OF ACEH TIMUR

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Abstract

Background: Pregnant women will experience physical and psychological changes that can cause discomfort. The discomforts during pregnancy include fatigue, vaginal discharge, cravings, frequent urination, nausea and vomiting, chloasma, hemorrhoids, constipation, shortness of breath, round ligament pain, dizziness, varicose veins in the legs and vulva, as well as gingivitis and epulis.

Subjects and Method: The research method used is analytical with a cross-sectional approach. The sample in this study consists of 88 pregnant women, with the study conducted from January 5 to January 19, 2022—data analysis utilized univariate and bivariate methods with chi-square statistical testing.

Results; The analysis of discomforts during pregnancy most frequently experienced by pregnant women includes urination with 80 respondents (90.9%), cravings with 79 respondents (89.8%), emesis gravidarum with 62 respondents (70.4%), and dizziness with 42 respondents (47.7%).

Conclusion: There is a relationship between age and parity and physical and psychological discomfort during pregnancy.

Keywords: Discomfort, Pregnancy, Age, Parity

Background

Pregnancy is a series of processes that begin with conception or the meeting of the ovum with healthy sperm and continue with fertilization, nidation, and implantation. Pregnancy is a natural process; the changes that will occur in pregnant women during normal pregnancy are physiological, not pathological; during pregnancy, the mother will experience changes that occur both physically and psychologically that make the mother uncomfortable. During pregnancy, the mother will experience changes that occur both physically and psychologically that make the mother uncomfortable. Hormonal changes cause discomfort in pregnant women, so several changes occur. Discomfort that occurs during pregnancy is fatigue, vaginal discharge, cravings, frequent urination, nausea and vomiting, chloasma, hemorrhoids, constipation, shortness of breath, pain in the round ligament, dizziness, varicose veins in the

legs and vulva, as well as gingivitis and epulis. (1)

Efforts to handle discomfort during pregnancy can be made pharmacologically, namely with drugs, and non-pharmacologically. The impact that the mother can experience if discomfort during pregnancy is not handled correctly can cause pregnancy complications. Pregnancy complications are abnormal pregnancy conditions; pregnancy complications have a very big impact on the health of pregnant women; even if pregnancy complications are not detected early, they can result in maternal and fetal death both during pregnancy, during childbirth, and after childbirth (2).

Research conducted by Wulandari (2021), regarding physical discomfort in pregnant women in the Berbah Sleman Yogyakarta Health Center work area, it is known that there is a significant relationship between age and parity with discomfort during pregnancy. This

is supported by research conducted by Putri (2018), which describes the habits of pregnant women in dealing with discomfort during pregnancy at Syamsudin Hospital. It is known that the most common discomfort during pregnancy in the first trimester is nausea and vomiting. In contrast, in the second trimester, it is difficult to defecate, and in the third trimester is frequent urination. The mother's habit of dealing with discomfort during pregnancy is to wait until the complaint goes away on its own (3).

World Health Organization (WHO) in 2017, obstetric complications that occur during pregnancy were 65.7%, obstetric complications that cause death consisted of bleeding at 17%, hypertension in pregnancy at 14.5%, infection at 9.3%, and others at 23.1%. Based on data from the Indonesian Ministry of Health (Kemenkes), in 2020, the number of pregnant women in Indonesia was 5,256,483 people. The prevalence of obstetric complications was 20%, and the highest was in Papua Province at 9.9%; obstetric complications that caused death consisted of bleeding of 1,330 cases, hypertension in pregnancy of 1,110 cases, infection of 216 cases, circulatory system disorders of 230 cases, metabolic disorders of 144 cases and others of 1,584 cases. (4) Obstetric complications that occurred in Aceh province were 20.3% and caused maternal deaths due to bleeding in 32 cases, hypertension in pregnancy in 16 cases, circulatory disorders in 5 cases, infections in 4 cases and metabolic disorders in 2 cases. The highest obstetric complications were in East Aceh Regency at 27.5% (5).

Data obtained from the East Aceh Health Service in 2020, the number of pregnant women was 8,346 people and the number of pregnancy complications was 27.5% and caused maternal deaths due to bleeding in 8 cases, hypertension in pregnancy in 4 cases, circulatory disorders in 2 cases, infections in 2 cases. The largest number of pregnant women was at the Darul Aman Health Center, as many as 911 people. Data obtained from the Darul Aman Health Center, East Aceh Regency, from January to October 2021, the number of pregnant women was 676 people and 333 people experienced discomfort during pregnancy, consisting of 85 people experiencing emesis gravidarum, 132 people experiencing dizziness, 60 people experiencing back pain, 11 people experiencing constipation, 17 people experiencing varicose veins, 15 people experiencing toothache and 13 people experiencing leg cramps. The number of

pregnant women experiencing pregnancy complications was 3 people experiencing bleeding, 9 people experiencing hypertension during pregnancy, 1 person experiencing placental abruption, 2 people experiencing placenta previa, 7 people experiencing hyperemesis gravidarum and 3 people experiencing premature rupture of membranes. (6)

Subject And Method

1. Study Design

The design of this research is analytical with a cross-sectional approach. An analytical survey explores how and why health phenomena occur, using a cross-sectional approach that involves data reflecting a specific point in time or data collection conducted simultaneously. This research was conducted at the Darul Aman Community Health Center in East Aceh Regency from January 5 to 19, 2022.

2. Population and Sample

This study's population consists of 676 pregnant women in Darul Aman, East Aceh District, from January to October 2021.

The sample taken in this study includes 88 pregnant women who visited the Puskesmas Darul Aman, East Aceh District, in 2022. The sampling technique is Accidental Sampling, which involves taking samples from respondents available at the Puskesmas Darul Aman, East Aceh District, in 2022.

3. Study Variables

The dependent variable in this study is Discomfort During Pregnancy, with the independent variables being Age and Parity..

4. Operational Definition of Variables

Discomfort is the feeling of unease that occurs during pregnancy, which includes both physical and psychological discomfort.

The age in the independent variable refers to the age of the pregnant mother at the time the research is conducted, and parity is the number of pregnancies, such as nullipara, primipara, multipara, and grand multipara.ra

5. Study Instruments

This study's data collection technique uses a questionnaire to gather information about the age, parity, and discomfort experienced during pregnancy by expecting mothers.

6. Data analysis

a. Univariate Analysis: Each variable—the nutritional status of pregnant women, food taboos from cultural practices, and income from the study—was analyzed. This analysis will present frequency distributions in tabular form.

b. Bivariate Analysis: This is conducted to understand the data in the form of a cross-tabulation by examining the influence between independent and dependent variables using the chi-square statistical test. The significance level ($\alpha = 0.05$) or Confidence Level (CL) = 95% is processed using the SPSS software.

7. Research Ethics

This research was conducted with attention to research ethics through the following stages:

Informed consent means that informants willing to be respondents must sign a consent form after being informed of the research's purpose and objectives.

Anonymity: the researcher does not include the respondents' names but provides codes or initials during data collection for the research results.

Confidentiality: the researcher ensures the confidentiality of the information provided by informants; only certain groups of data will be presented in the research report.

Results

1. Sample Characteristics

The research findings show that out of 88 respondents with secondary education, 56 individuals (63.6%) are unemployed, 66 respondents (75%) do not work, and 52 respondents (59.1%) are in their second trimester of pregnancy (Table 1).

Table 1. Frequency distribution of respondent at the Darul Aman Health Center, The District of Aceh Besar, 2022

No	Characteristic	f	Percentage
1	Education		
	Elementary	13	14.8
	Middle	56	63.6
	Higher	19	21.6
2	Occupation		
	Working	22	25
	Housewife	66	75
3	Gestational age		
	Trimester I	11	12.5
	Trimester II	52	59.1
	Trimester III	25	28.4
Total		88	100

The results of the study also showed that out of 88 respondents, most experienced frequent urination (BAK) as many as 80 respondents (90.9%), cravings as many as 79 respondents (89.8%), emesis gravidarum as many as 62 respondents (70.4%), feeling dizzy as many as 42 respondents (47.7%), fatigue as many as 43 respondents (48.9%), vaginal discharge as many as 50 respondents (56.8%), cholasma as many as 5 respondents (5.7%), striae as many as 22 respondents (25%), hemorrhoids as many as 31 respondents (33.3%), constipation as many as 33 respondents (60.2%), shortness of breath as many as 35 respondents (39.8%), ligament pain as many as 39 respondents (44.3%), dizziness as many as 42 respondents (47.7%), varicose veins as many as 23 respondents (26.1%), gingivitis as many as 35

respondents (39.8%), mothers felt unhealthy and sometimes hated their pregnancy as many as 32 respondents (36.4%), sometimes there is rejection, disappointment and hope not to be pregnant as many as 37 respondents (42%), mothers always look for signs of pregnancy to reassure themselves as many as 30 respondents (34.1%), emotional instability as many as 36 respondents (40.9%), mothers already feel healthy as many as 31 respondents (35.2%), mothers have been able to accept their pregnancy as many as 34 respondents (38.6%), mothers have been able to feel the baby's movements as many as 31 respondents (35.2%), feel free from discomfort and worry as many as 44 respondents (50%), feel that the baby as an individual is part of themselves as many as 39 respondents (44.3%), social

relationships increase with other women as many as 40 respondents (45.5%), interest and activities are focused on pregnancy as many as 38 respondents (43.8%), the mother's stomach is not too big so it is not a burden for the mother as many as 39 respondents (44.3%), worry that the baby will be born in an abnormal condition as many as 27 respondents (30.7%), mothers

can't wait for the birth as many as 26 respondents (29.5%), increasingly want to end their pregnancy as many as 28 respondents (31.8%), actively preparing for the birth of the baby as many as 13 respondents (14.8%) and dreaming and fantasizing about their baby as many as 8 respondents (9.1%) (Table 2).

Table 2. Frequency distribution of discomfort during pregnancy

No	Discomfort during pregnancy	Yes		No		Total	
		f	%	f	%	f	%
Physical discomfort							
1	Fatigue	43	48,9	45	51,1	88	100
2	whitish discharge	50	56,8	38	43,2	88	100
3	craving	79	89,9	9	10,2	88	100
4	Frequen Urination	80	90,9	8	9,1	88	100
5	Nausea and vomiting	62	70,5	26	29,5	88	100
6	Cholasma	5	5,7	83	94,3	88	100
7	Striae	22	25	66	75	88	100
8	Hemorrhoid	31	33,3	57	56,7	88	100
9	Constipation	33	60,2	55	66,7	88	100
10	Shortness of breath	35	39,8	53	60,2	88	100
11	Pain of ligament	39	44,3	49	55,7	88	100
12	dizziness	42	47,7	46	52,3	88	100
13	Varises	23	26,1	65	73,9	88	100
14	Gingivitis dan epulis	35	39,8	53	60,2	88	100
Psychological discomfort							
15	The mother feel unhealthy and sometime hate with her pregnancy Ibu merasa tidak sehat dan kadang	32	36,4	56	63,6	88	100
16	Sometimes feelings of rejection, disappointment, anxiety arise, and the mother even hopes not to be pregnant.	37	42,0	51	58,0	88	100
17	Mother is always looking for signs of whether she is truly pregnant, and this is done merely to assure herself.	30	34,1	58	65,9	88	100
18	Emotional instability and mood swings	36	40,9	52	59,1	88	100
19	Mother is feeling healthy, her body has adapted to the high hormone levels.	31	35,2	57	64,8	88	100

20	Mother is now able to accept her pregnancy.	34	38,6	54	61,4	88	100
21	The mother can already feel the baby's movements.	31	35,2	57	64,8	88	100
22	Feeling liberated from discomfort and worry.	44	50,0	44	50,0	88	100
23	Feeling that the baby is an individual who is a part of him/her	39	44,3	49	55,7	88	100
24	Social connections with other pregnant women increased among others	40	45,5	48	54,5	88	100
25	Interest and activities are focused on pregnancy, childbirth, and preparation for a new message.	38	43,8	50	56,8	88	100
26	Mother's stomach is not too big so mother doesn't feel burdened yet	39	44,3	49	55,7	88	100
27	The feeling of discomfort resurfaced, feeling ugly, strange and unattractive.	44	50,0	44	50,0	88	100
28	Feeling unpleasant when the baby is not born on time	34	38,6	54	61,4	88	100
29	Fear of pain and physical danger that will arise during childbirth worries her.	39	44,3	49	55,7	88	100
30	Worrying that the baby will be born in an abnormal state has a dream that reflects his concerns and worries.	27	30,7	61	69,3	88	100
31	Mother can't wait for her birth	26	29,5	62	70,5	88	100
32	Increasingly wanting to end her pregnancy	28	31,8	60	68,2	88	100
33	Actively preparing for the birth of your baby	13	14,8	75	85,2	88	100
34	Dreaming and fantasizing about her baby	8	9,1	80	90,9	88	100

The research results showed that 58 individuals (65.9%) were in the non-risk category out of 88 respondents (Table 3).

Table 3. Frequency distribution of the ages of pregnant mothers at the Darul Aman Health

No	The age of the mother	f	%
1	Risky	30	34,1
2	No risk	58	65,9
Total		88	100

Meanwhile, the distribution of respondents' frequency based on parity shows that out of 88 respondents, the majority fall into the Multipara category, with 38 individuals (43.2%) (Table 4).

Table 4. Frequency Distribution of Mother's Parity at the Darul Aman Health Center in East Aceh Regency Year 2022

No	Paritas	f	%
1	Nullipara	14	15,9
2	Primipara	36	40,9
3	Multipara	38	43,2
Total		88	100

2. Bivariate Analysis

a. The Relationship Between Age and Discomfort During Pregnancy

The results of the statistical test using the Chi-Square test show that there is a relationship between age and emesis gravidarum ρ Value = 0.031, there is a relationship between age and

ligament pain ρ Value = 0.018, there is a relationship between age and varicose veins ρ Value = 0.004, there is a relationship between age and the mother being able to accept her pregnancy ρ Value = 0.006, and there is a relationship between age and the mother being able to feel fetal movements ρ Value = 0.005. (Table 5).

Tabel 5. Chi-Square Test Results to Determine the Relationship Between Age and Discomfort During Pregnancy at Puskesmas Darul Aman, East Aceh Regency

No	Discomfort during pregnancy	Mother's Age				ρ Value
		Risky		Not at risk		
		f	%	f	%	
1	Fatigue					0,408
	Yes	17	56,7	26	44,8	
	No	13	43,3	32	55,2	
	Total	30	100	58	100	
2	Vaginal discharge					0,59
	Yes	19	63,3	31	53,4	
	No	11	36,7	27	46,6	
	Total	30	100	58	100	
3	Pregnancy cravings					0,264
	Yes	25	83,3	54	93,1	
	No	5	16,7	4	6,9	
	Total	30	100	58	100	
4	Frequent urination					0,100
	Yes	27	90	53	91,4	
	No	3	10	5	8,6	
	Total	30	100	58	100	
5	Nausea and vomiting					0,031
	Yes	26	86,7	36	62,1	
	No	4	13,3	22	37,9	
	Total	30	100	58	100	
6	Cholasma (spots on the face)					0,657
	Yes	1	3,3	4	6,9	
	No	29	96,7	54	93,1	
	Total	30	100	58	100	
7	Striae					

	Yes	10	33,3	12	20,7	
	No	20	66,7	46	79,3	0,26
	Total	30	100	58	100	
8	Hemorroid					
	Yes	13	43,3	18	31	
	No	17	56,7	40	69	0,363
	Total	30	100	58	100	
9	Constipation					
	Yes	10	33,3	23	39,7	
	No	20	66,7	35	60,3	0,728
	Total	30	100	58	100	
10	Breathless					
	Yes	14	46,7	21	36,2	
	No	16	53,3	37	63,8	0,741
	Total	30	100	58	100	
11	Pain in the ligaments					
	Yes	19	63,3	20	34,5	
	No	11	36,7	38	65,5	0,018
	Total	30	100	100	100	
12	Dizzy					
	Yes	16	53,3	26	44,8	
	No	14	46,7	32	55,2	0,595
	Total	30	100	58	100	
13	Varises					
	Yes	14	46,7	9	15,5	
	No	16	53,3	49	84,5	0,004
	Total	30	100	58	100	
14	Gingivitis dan epulis					
	Yes	16	53,3	19	32,8	
	No	14	46,7	39	67,2	0,101
	Total	30	100	58	100	
15	The mother feels unhealthy and sometimes hates her pregnancy					
	Yes	13	43,3	19	32,8	
	No	17	56,7	39	67,2	0,457
	Total	30	100	58	100	
16	Sometimes rejection, disappointment, anxiety and sadness arise, even the mother wishes she was not pregnant.					
	Yes	15	50	22	37,9	
	No	15	50	36	62,1	0,390
	Total	30	100	58	100	
17	Mother always looks for signs whether she is really pregnant, this is done just to reassure herself					
	Yes	12	40	18	31	
	No	18	60	40	69	0,546
	Total	30	100	58	100	

18	Instability emotional and mood					
	Yes					
	No	16	53,3	20	34,5	
	Total	14	46,7	38	65,5	0,140
		30	100	58	100	
19	Mother is feeling healthy, her body is used to high hormone levels.					
	Ya	14	46,7	17	29,3	
	Tidak	16	53,3	41	41,7	0,167
	Jumlah	30	100	58	100	
20	Mother has been able to accept her pregnancy.					
	Yes	18	60	16	27,6	
	No	12	40	42	72,4	0,006
	Total	30	100	58	100	
21	Mother can already feel the baby's movements.					
	Yes	17	56,7	14	24,1	
	No	13	43,3	44	75,9	0,005
	Total	30	100	58	100	
22	Feel free from discomfort and worry					
	Yes					
	No	14	46,7	30	51,7	
	Total	16	53,3	28	48,3	0,822
		30	100	58	100	
23	Feeling that the baby is an individual who is part of himself.					
	Yes					
	No	13	43,3	26	44,8	
	Total	17	56,7	32	45,2	0,1000
		30	100	58	100	
24	Social relationships increase with other pregnant women in other people.					
	Yes					
	No	15	50	33	43,1	
	Total	15	50	25	56,9	0,069
		30	100	58	100	
25	Her interests and activities are focused on pregnancy, birth and preparation for the new message.					
	Yes					
	No	15	50	23	39,7	
	Total	15	50	35	60,3	0,483
		30	100	58	100	
26	Mother's stomach is not too big yet so she doesn't feel the burden yet					
	Yes					
	Tidak	17	56,7	22	37,9	
	Total	13	43,3	36	62,1	0,147
		30	100	58	100	
27	The feeling of discomfort resurfaced, feeling ugly, strange and unattractive.					
	Yes	15	50	29	50	
	No	15	50	29	50	0,1000
	Total	30	100	58	100	

28	Feeling unpleasant when the baby is not born on time	12	40	22	37,9	0,586
	Yes	18	60	36	62,1	
	No	30	100	58	100	
	Total					
29	Fear of pain and physical danger that will arise during childbirth, concerns about her safety	15	50	24	41,4	0,1000
	Yes	15	50	34	58,6	
	No	30	100	58	100	
	Total					
30	Worried that the baby will be born in an abnormal condition, dreaming that reflects his concerns and worries	9	30	18	31	0,754
	Yes	21	70	40	69	
	No	30	100	58	100	
	Total					
31	Mother can't wait for the birth of her baby	10	33,3	16	27,6	0,645
	Yes	20	66,7	42	72,4	
	No	30	100	58	100	
	Total					
32	Increasingly wanting to end her pregnancy.	11	36,7	17	29,3	0,353
	Yes	19	63,3	41	70,7	
	No	30	100	100	100	
	Total					
33	Actively preparing for the birth of her baby	6	20	7	12,1	0,437
	Yes	24	80	51	87,9	
	No	30	100	58	100	
	Total					
34	Dreaming and fantasizing about her baby.	4	13,3	4	6,9	0,1000
	Yes	26	86,7	54	93,1	
	No	30	100	58	100	
	Total					

b.The Relationship Between Parity and Discomfort During Pregnancy

The results of statistical tests using the Chi Square test showed that there was a relationship between parity and emesis gravidarum ρ Value = 0.000, there was a relationship between parity and dizziness ρ

Value = 0.0012, there was a relationship between parity and ligament pain ρ Value = 0.018, there was a relationship between parity and varicose veins P Value = 0.028, there was a relationship between parity and gingivitis and epulis ρ Value = 0.021, there was a relationship between parity and the mother already feeling healthy ρ Value = 0.012. (see Table 6).

Table 6. Results of the Chi-Square Test to Determine the Relationship Between Parity and Discomfort During Pregnancy

No	Discomfort during pregnancy	Paritas				Grandemulti para		ρ Value
		Nullipara		Primipara		f	%	
		f	%	f	%	f	%	
1	Fatigue							
	Yes	4	28.6	19	52.8	20	52.9	

	No	10	71.4	17	47.2	18	47.4	0.254
	Total	14	100	36	100	38	100	
2	Vaginal discharge							
	Yes	3	21.4	21	58.3	26	68.4	
	No	11	78.6	15	41.7	12	31.6	0.010
	Total	14	100	36	100	26	100	
3	Pregnancy craving							
	Yes	14	100	30	83.3	35	92.1	
	No	0	0	6	16.7	3	7.9	0.179
	Total	14	100	36	100	38	100	
4	Urinal Frequent							
	Yes	13	92.9	32	88.9	32	90.9	
	No	1	7.1	4	11.1	33	9.1	0.857
	Total	14	100	36	100	38	100	
5	Nausea and Vommiting							
	Yes	14	100	29	80.6	19	50	
	No	0	0	7	19.4	19	50	0.000
	Total	14	100	36	100	38	100	
6	Cholasma							
	Yes	0	0	2	5.6	3	7.9	
	No	14	100	34	94.4	35	92.1	0.551
	Total	14	100	36	100	38	100	
7	Striae							
	Yes	2	14.3	8	22.2	12	31.6	
	No	12	85.7	28	77.8	26	68.4	0.390
	Total	14	100	36	100	38	100	
8	Hemorroid							
	Yes	4	28.6	13	36.1	14	36.8	
	No	10	71.4	23	63.9	24	63.2	0.901
	Total	14	100	36	100	38	100	
9	Constipation							
	Yes							
	No	6	42.9	13	36.1	14	36.8	
	Total	8	57.1	23	63.9	24	63.2	0.561
		14	100	36	100	38	100	
10	Breathless							
	Yes	7	50	15	41.7	13	34.2	
	No	7	50	21	58.3	25	65.8	0.685
	Total	14	100	36	100	38	100	
11	Ligament pain							
	Yes	7	50	14	38.9	18	47.4	
	No	7	50	22	61.1	20	52.6	0.025
	Total	14	100	36	100	38	100	
12	Dizzy							
	Yes	9	64.3	14	38.9	19	50	
	No	5	35.7	22	61.6	19	50	0.012
	Total	14	100	36	100	38	100	

13	Varises							
	Yes	2	14.3	5	13.9	16	42.1	
	No	12	85.7	31	86.1	22	57.9	0.028
	Total	14	100	36	100	38	100	
14	Gingivitis dan epulis							
	Yes	9	64.3	9	25	17	44.7	
	No	5	35.7	27	75	21	55.3	0.021
	Total	14	100	36	100	38	100	
15	Mother feels unwell and sometimes hates her pregnancy							
	Yes	3	21.4	9	25	201	52.6	
	No	11	78.6	27	75	8	47.4	0.382
	Total	14	100	36	100	38	100	
16	Sometimes there is rejection, disappointment, anxiety, and sadness, even the mother hopes she is not pregnant.							
	Yes	7	50	12	33.3	18	47.4	
	No	7	50	24	66.7	20	52.6	0.505
	Total	14	100	36	100	38	100	
17	The mother always looked for signs to see if she was really pregnant, and she did this just to reassure herself.							
	Yes	3	21.4	14	38.9	13	34.2	
	No	11	78.6	22	61.1	25	65.8	0.688
	Total	14	100	36	100	38	100	
18	Emotional instability and mood swings							
	Yes	7	50	15	41.7	14	36.8	
	No	7	50	21	58.3	28	63.2	0.496
	Total	14	100	36	100	38	100	
19	Mother is feeling healthy, her body has already adapted to the high hormone levels.							
	Yes	4	28.6	11	30.6	16	42.1	
	No	10	71.4	25	69.4	22	57.9	0.012
	Total	14	100	36	100	38	100	
20	The mother has come to terms with her pregnancy.							
	Yes	5	35.7	10	27.8	19	50	
	No	9	64.3	26	72.2	19	50	0.951
	Total	14	100	36	100	38	100	
21	Mother can already feel the baby's movements.							
	Yes	5	35.7	12	33.3	14	36.8	
	No	9	64.3	24	66.7	24	63.2	0.897
	Total	14	100	36	100	38	100	
22	Feeling free from discomfort and worry.							

	Yes	7	50	17	47.2	20	52.6	
	No	7	50	19	52.8	18	47.4	0.574
	Total	14	100	36	100	38	100	
23	Feeling that the baby is an individual who is a part of oneself.							
	Yes							
	No	8	57.1	15	41.7	16	42.1	
	Total	6	42.9	21	58.3	22	57.9	0.103
		14	100	36	100	38	100	
24	Social relationships increase with other pregnant women among others.							
	Yes							
	No	6	42.9	12	33.3	22	57.9	
	Total	8	57.1	24	66.7	163	42.1	0.732
		14	100	36	100	8	100	
25	Interest and activities are focused on pregnancy, childbirth, and preparations for a new message.							
	Yes							
	No	5	35.7	15	41.7	18	47.4	
	Total	9	64.3	21	58.3	20	52.6	0.716
		14	100	36	100	38	100	
26	The mother's belly is not too large yet, so she does not feel burdened by it.							
	Yes							
	No	7	50	17	47.2	15	39.5	
	Total	7	50	19	52.8	23	60.5	0.212
		14	100	36	100	38	100	
27	A feeling of discomfort arose again, feeling ugly, strange, and unattractive.							
	Yes							
	No	10	71.4	17	47.2	17	44.7	
	Total	4	28.6	19	52.8	21	55.3	0.207
		14	100	36	100	38	100	
28	Feeling uncomfortable when the baby is not born on time							
	Yes							
	No	7	50	10	27.8	17	44.7	
	Total	7	50	26	72.2	21	55.3	0.435
		14	100	36	100	38	100	
29	Fear of the physical pain and danger that may arise during childbirth, concerns for personal safety.							
	Yes	7	50	13	36.1	19	50	
	No	7	50	23	63.9	193	50	0.368
	Total	14	100	36	100	8	100	
30	Concerns about the baby will be born in an abnormal state, dreaming that reflects his/her concerns and worries..							
	Yes	5	35.7	8	22.2	14	36.8	

	No	9	64.3	28	77.8	24	63.2	0.358
	Total	14	100	36	100	38	100	
31	The mother can't wait for the birth of her baby.							
	Yes	5	35.7	8	22.2	13	34.2	
	No	9	54.3	28	77.8	25	65.8	0.454
	Total	14	100	36	100	38	100	
32	Increasingly wanting to end her pregnancy							
	Yes	5	35.7	8	22.2	15	39.5	
	No	9	64.3	28	77.8	23	60.5	0.265
	Total	14	100	36	100	38	100	
33	Actively preparing for the birth of her baby							
	Yes	2	14.3	4	11.1	7	18.4	
	No	12	85.7	32	88.9	31	81.6	0.674
	Total	14	100	36	100	38	100	
34	Dreaming and fantasizing about her baby.							
	Yes	1	7.1	3	8.3	4	10.5	
	No	13	92.9	33	91.7	34	89.5	0.091
	Total	14	100	36	100	38	100	

Discussion

a. The Relationship Between Age and Discomfort During Pregnancy

The results of the study showed that there was a relationship between age and emesis gravidarum ρ Value = 0.031, there was a relationship between age and ligament pain ρ Value = 0.018, there was a relationship between age and varicose veins ρ Value = 0.004, there was a relationship between age and the mother being able to accept her pregnancy ρ Value = 0.006, there was a relationship between age and the mother being able to feel the baby's movements ρ Value = 0.005. The results of this study are in accordance with the theory that states that a healthy and safe reproductive age is 20-35 years, in pregnancy at the age of less than 20 years physically and psychologically there is still a lack of attention for example in terms of fulfilling the needs of nutrients during pregnancy. While at the age of more than 35 years it is related to decline and decreased endurance and various diseases that often afflict this age. Age has an influence on pregnancy, the age that allows for no high risk during pregnancy is 20-35 years, because at that age the uterus is ready to receive pregnancy. Meanwhile, ages < 20 years and > 35 years are high-risk ages for pregnancy because at ages < 20 years the uterus and other

body parts are not ready to receive pregnancy and tend to pay less attention to their pregnancy, while mothers aged > 35 years have a uterus and other body parts that have decreased in function and the mother's health is not as good as when she was 20-35 years old. Therefore, it can be seen that the mother's age during pregnancy also affects maternal morbidity and mortality (7).

Hormonal changes that occur when the mother is pregnant are the main cause of the body easily becoming weak and tired, along with the increasing gestational age, the level of progesterone in the mother's body also increases. The high level of this hormone makes the mother tired quickly, besides that it is also caused by the mother's age factor because the older the mother, the greater the fatigue during pregnancy due to decreased body function (8). Vaginal discharge during pregnancy is caused because during pregnancy there are hormonal changes, one of the effects of which is an increase in the amount of fluid production and decreased vaginal acidity and is caused by the mother's age, the older the mother, the greater the risk of experiencing vaginal discharge due to decreased reproductive organ function so that it is easily infected with fungi that cause or worsen vaginal discharge (9). Cravings during pregnancy are

caused by hormonal changes in the mother's body during pregnancy. Pregnant women who experience nausea and vomiting and are tired due to the effects of pregnancy hormones cause a desire or desire to consume certain desired foods. In addition, cravings can be influenced by the mother's age, the younger the mother, the greater the cravings due to the psychological influence of pregnant women who also want to be noticed by their husbands and families (10).

Frequent urination usually occurs in the first and second trimesters caused by uterine pressure on the bladder, frequent urination is also caused by increased sodium excretion along with water discharge, water and sodium are retained under the lower legs during the day due to venous stasis at night there is increased venous return with the result of an increase in the amount of urine output. Frequent urination also occurs more often with the increasing age of the pregnant mother, this is influenced by decreased body function (11). Chloasma is a change in skin color pigment during pregnancy such as spots on the face, nose and gets worse when exposed to sunlight. The cause of chloasma is genetic, increased levels of estrogen and progesterone hormones. Chloasma that occurs during pregnancy is caused by an increase in the hormone progesterone which causes increased melanin production in the facial area, this is also because the older the pregnant mother, the greater the increase in melanin production which causes mothers with older age are more likely to experience chloasma (8).

Hemorrhoids during pregnancy occur due to hormonal changes during pregnancy and of course hemorrhoids during pregnancy will affect the functioning of organs, including digestive function which tends to slow down. Age contributes to the development of hemorrhoids, the destruction of the stroma resulting in prolapse of hemorrhoid tissue is caused by changes in collagen formation related to age and also due to degeneration of body tissue due to maternal age (12). Constipation that occurs during pregnancy is influenced by an increase in the hormone progesterone which causes muscle relaxation so that the intestines are less efficient, coupled with the pressure of the enlarged uterus in the abdominal area. Maternal age affects the occurrence of constipation related to the process of decreasing body function, especially in digestive function (8).

Shortness of breath usually occurs in the second and third trimester of pregnancy which

is caused by increased progesterone levels directly affecting the respiratory center to reduce CO₂ levels and increase O₂ levels, increase metabolic activity, increase CO₂ levels, in addition to being caused by the uterus enlarging and pressing on the diaphragm (11). Dizziness often occurs in the second and third trimester of pregnancy which is caused by blood pressure, blood pooling in the leg vessels which reduces venous return and decreases cardiac output and blood pressure with increased autostatic tension and hypoglycemia. Pregnant women with increasing age which causes decreased body function, especially in the blood vessels (8). Varicose veins are one of the physical discomforts that occur during pregnancy caused by various factors, one of the factors that influences the occurrence of varicose veins in pregnant women is the mother's age. Pregnant women who experience varicose veins more than 3 mm and the majority of mothers who experience varicose veins are mothers over 30 years old (13).

Hormonal and vascular changes during pregnancy will worsen the gingival response to bacterial plaque. Increased progesterone and estrogen hormones during pregnancy can increase the permeability of gingival blood vessels so that they are very sensitive to plaque. Maternal age affects the occurrence of gingivitis because the older the age, the greater the risk of gingivitis due to the influence of calcium. Gingivitis and epulis are caused by increased vascularization and proliferation of connective tissue due to estrogen stimulation (14).

Psychological discomfort that occurs during pregnancy such as the mother already feels healthy, the mother has accepted her pregnancy, the mother can feel the baby's movements, feels free from discomfort, feels that the baby is an individual, social relationships increase with other pregnant women, interests and activities are focused on pregnancy, the mother's stomach is not too big, discomfort reappears, feels unpleasant when the baby is not born on time, fear of pain and danger, worry that the baby will be born in an abnormal condition, the mother can't wait for the birth of her baby, increasingly wants to end her pregnancy, actively prepares for the birth of her baby and dreams and fantasizes about her baby. The mother's age affects the occurrence of discomfort during pregnancy, mothers with mature age tend to be more prepared to face pregnancy compared to mothers who are young so that the mother can adapt well during pregnancy (11)

According to the assumption of researchers, mothers who are at risk tend to experience discomfort during pregnancy, both physically and psychologically, this is because the older the mother, the more her body function decreases, thus affecting discomfort during pregnancy such as fatigue, cravings, nausea and vomiting, frequent urination, chloasma, striae, constipation, hemorrhoids, varicose veins and gingivitis. Emesis gravidarum is because mothers who are 19 years old or less than 20 years old are not ready for their pregnancy, so the mother is easily stressed, which affects pregnancy hormones and triggers hyperemesis gravidarum. In addition, it is also supported by the immaturity of the reproductive organ system, so mothers who are less than 20 years old are at risk of experiencing hyperemesis gravidarum. Mothers over 35 years old experience decreased reproductive organ function, so they are at risk of experiencing more severe hyperemesis. The age of 20-35 years is the reproductive age, which is the right age for pregnancy. In addition, there is a relationship between age and varicose veins, where multiparous mothers tend to experience varicose veins compared to primiparous and nulliparous mothers. This is because the older the age, the more the body's function decreases, one of which is blood vessels. Researchers also assume that age is related to round ligament pain. This is because the older the mother, the greater the risk of ligament pain during pregnancy because age affects the function of the muscles in the reproductive organs. Adult mothers will adapt more quickly to changes in pregnancy so mothers quickly accept the pregnancy and all changes during pregnancy compared to mothers who are teenagers or not yet adults.

b. b.The Relationship between Parity and Discomfort During Pregnancy

The results of the study showed that there was a relationship between parity and emesis gravidarum ρ Value = 0.000, there was a relationship between parity and dizziness ρ Value = 0.0012, there was a relationship between parity and ligament pain ρ Value = 0.025, there was a relationship between parity and varicose veins ρ Value = 0.028, there was a relationship between parity and gingivitis and epulis ρ Value = 0.021, there was a relationship between parity and the mother feeling healthy ρ Value = 0.012. The number of births experienced by the mother, the higher the risk of pregnancy complications; this is because frequent and repeated pregnancies and childbirth cause abnormalities in the uterus, so

fetal nutrient circulation is lacking and also causes the mother to experience malnutrition (7).

Parity is the number of births of babies with a gestational age of 22 weeks or more (single or twin babies are considered to have been able to survive outside the womb) that the mother has ever experienced, in other words parity is the number of babies that have been born to a mother either alive or stillborn (15). Pregnancy causes changes in the mother's body, one of which is hormonal changes that cause the mother to experience fatigue. The more often a mother is pregnant and gives birth, the more at risk the mother is of experiencing fatigue during pregnancy which is caused by decreased body function and reproductive organ function (8).

During pregnancy, frequent urination is also caused by increased sodium excretion along with water discharge, water and sodium are retained under the lower legs during the day due to venous stasis at night there is increased venous return with the result of an increase in the amount of urine output. Frequent urination also occurs more often with maternal parity, the more often the mother is pregnant and gives birth, the greater the occurrence of urination because there is a decrease in body function (11). The results of this study are in line with previous studies with research results showing that there is a relationship between parity and emesis gravidarum, it is known that most pregnant women who experience emesis gravidarum are pregnant women with primigravida, this is because emesis gravidarum often occurs in primigravida compared to multigravida because primigravida has not been able to adapt to the increase in HCG hormones and estrogen hormones which are thought to be the cause of emesis gravidarum (1).

Chloasma that occurs during pregnancy is caused by an increase in the hormone progesterone which causes increased melanin production in the facial area. The mother's parity affects the occurrence of chloasma, the more often the mother is pregnant and gives birth, the greater the occurrence of chloasma due to changes in skin pigment (8). The cause of hemorrhoids in pregnant women is due to an increase in the hormone progesterone, the hormone progesterone functions to strengthen the muscles of the uterine wall so that it can hold the fetus that is growing in the womb. At the same time, the work of this hormone also causes a slowdown in the peristaltic movement of the muscles of the digestive tract so that

hemorrhoids occur. The more often the mother gives birth, the greater the hemorrhoids occur due to the straining process, so that the veins in the anorectal area widen (16).

According to the researcher's assumption, nulliparous and primiparous mothers mostly experience with pregnancy so that the mother cannot adapt to the increase in HCG hormone which can cause an increase in the mother's sensitivity to unpleasant odors, in addition, primigravida mothers are a new experience that causes mothers to be afraid and anxious in dealing with it. Researchers assume that there is a relationship between parity and dizziness in pregnant women, pregnant women with high parity tend to experience dizziness during pregnancy and are supported by anemia or hypertension that occurs during pregnancy. This is because mothers who give birth frequently and with close birth spacing tend to experience iron deficiency so that they are at risk of anemia and have an impact on complaints of dizziness. Parity factor is also related to round ligament pain during pregnancy, this is because mothers who often give birth experience changes in the muscles because the fetus is getting bigger in the womb, the greater the gestational age, the greater the stretching that occurs in the muscles of the body and causes pain in the round ligament. The more often the mother gives birth, the greater the occurrence of varicose veins, this is because during pregnancy and childbirth there are changes in the blood vessel system, so that the more often pregnant and giving birth causes a decrease in the function of the veins of pregnant women and causes varicose veins. There is a significant relationship between parity and the occurrence of gingivitis, this is because the more often the mother is pregnant and gives birth, the more calcium is lost because it has to be shared with the fetus, when the calcium requirement is not sufficient for the

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experience severe emesis gravidarum, while non-nulliparous and primiparous mothers mostly experience moderate emesis gravidarum. This shows that primigravida mothers have a more severe level of hyperemesis, due to the mother's lack of

mother and has to be shared with the fetus, it has an impact on the occurrence of gingivitis.

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Conflict Of Interest

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