
The Relationship Between Occupational Factors And The Incidence Of Emesis Gravidarum At Banggae II Public Health Center, Majene Regency

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Abstract

Emesis gravidarum is a common complaint during the first trimester of pregnancy that may adversely affect the mother's condition when it occurs excessively. Globally, emesis gravidarum is estimated to occur in approximately 70% of pregnant women. At Banggae II Public Health Center, Majene Regency, a preliminary survey in 2021 showed that 241 out of 366 pregnant women (65.85%) experienced emesis gravidarum during the first trimester. Therefore, this study was conducted to determine the employment status, workplace location, work-related stress, and working hours of pregnant women in the working area of Banggae II Public Health Center, Majene Regency. This study employed an observational design with a cross-sectional approach. The results showed that the majority of pregnant women were employed (51.7%), worked outdoors (70.5%), experienced work-related stress (57.7%), and worked more than 40 hours per week (62.8%). Furthermore, there were significant associations between employment status ($p=0.005$), workplace location ($p=0.022$), work-related stress ($p=0.007$), and working hours ($p=0.000$) and the incidence of emesis gravidarum. It can be concluded that employment status, workplace location, work-related stress, and working hours are significantly associated with the incidence of emesis gravidarum at Banggae II Public Health Center, Majene Regency.

Keywords: Employment Factors; Emesis Gravidarum; Pregnant Women; Pregnancy

INTRODUCTION

Pregnancy is a physiological process that begins with fertilization, or the union of spermatozoa and an ovum, followed by nidation or implantation. Pregnancy is divided into three trimesters: the first trimester (0–12 weeks), the second trimester (13–27 weeks), and the third trimester (28–40 weeks) (Prawirohardjo, 2016). During the first trimester, pregnant women commonly experience nausea and vomiting, known as *emesis gravidarum*. This condition is associated with hormonal changes during pregnancy, particularly increased levels of estrogen, progesterone, and human chorionic gonadotropin (hCG) (Walyani, 2015; Yuliani, 2017). These hormonal changes can reduce gastrointestinal tone and motility, thereby slowing gastric emptying and triggering nausea and vomiting. hCG levels, which peak toward the end of the first trimester, are also correlated with the occurrence of these symptoms (Yuliani, 2017; Soma-Pillay, 2016).

Emesis gravidarum is a common complaint during pregnancy. Approximately 27–30% of pregnant women experience nausea without vomiting, while vomiting occurs in approximately 28–52% of pregnancies (Jennings & Mahdy, 2021). Symptoms generally peak at 10–16 weeks of gestation and may range from mild to severe (Liu C. et al., 2021). When nausea and vomiting become excessive and result in inadequate food intake, dehydration, electrolyte disturbances, or weight loss, the condition may progress to hyperemesis gravidarum (Liu C. et al., 2021). The occurrence of *emesis gravidarum* may also be influenced by various factors, including age, parity, education, smoking status, obesity, emotional condition, family income, and employment (Liu C. et al., 2021).

Employment is an important factor to consider because work-related activities and workload may affect the physical and psychological condition of pregnant women. A study by Rudiyantri and Rosmadewi (2019) found a significant association between employment and the incidence of *emesis gravidarum*. Pregnant women who were employed had a 4.928-fold higher likelihood of experiencing *emesis gravidarum* compared with those who were unemployed. The study also demonstrated an

association between stress and the incidence of *emesis gravidarum*, with an odds ratio (OR) of 4.667 (Rudiyanti & Rosmadewi, 2019).

Globally, *emesis gravidarum* is estimated to occur in approximately 70% of pregnant women (Liu C. et al., 2021). In Indonesia, nationally representative and reliable data on the incidence of *emesis gravidarum* remain limited. Based on a preliminary survey conducted at Banggae II Public Health Center, Majene Regency, among 366 pregnant women who visited the health center in 2021, 241 (65.85%) experienced *emesis gravidarum* during the first trimester. The high incidence highlights the importance of identifying factors associated with *emesis gravidarum*, particularly employment-related factors. Therefore, this study was conducted to analyze the association between employment factors and the incidence of *emesis gravidarum* at Banggae II Public Health Center, Majene Regency.

RESEARCH METHODS

This study employed an observational design with a cross-sectional approach to analyze the association between employment factors and the incidence of *emesis gravidarum*. The study was conducted in the working area of Banggae II Public Health Center, Majene Regency, over a period of four weeks, from December 2022 to January 2023. The study population consisted of all pregnant women residing in the working area of Banggae II Public Health Center. The sample size was determined using Slovin's formula with a 5% margin of error, based on an average number of 241 pregnant women visiting the health center, resulting in a total of 151 respondents. Sampling was conducted using purposive sampling based on predetermined inclusion and exclusion criteria.

The data consisted of primary data collected through questionnaires and secondary data used as preliminary research data. The research instruments included respondent characteristics, the incidence of *emesis gravidarum*, and employment factors, comprising employment status, workplace location, work-related stress, and working hours. Data processing involved selection, editing, coding, and tabulation. Data analysis was performed using SPSS, including univariate analysis to describe respondent characteristics and bivariate analysis using the Pearson Chi-Square test to determine the association between employment factors and the incidence of *emesis gravidarum*. Simple regression analysis was also performed to test the research hypotheses. This study obtained ethical approval under certificate No. E.055/KEPK/II/2023 and adhered to ethical principles, including informed consent, confidentiality of respondents' identities, voluntary participation, and freedom from coercion throughout the research process.

RESULTS AND DISCUSSION

This study was conducted at Banggae II Public Health Center, Majene Regency, West Sulawesi, from December 2022 to January 2023 over a period of four weeks. The sample consisted of 151 respondents. The study employed an observational design with a cross-sectional approach. This study aimed to determine whether there was an association between employment factors and the incidence of *emesis gravidarum* at Banggae II Public Health Center, Majene Regency. Data were analyzed using SPSS. Univariate analysis was performed first, followed by bivariate analysis using the chi-square test. Another factor that may influence the occurrence of *emesis gravidarum* is age. Pregnant women younger than 20 years and older than 35 years are considered to have high-risk pregnancies. Vomiting among women younger than 20 years and older than 35 years may be associated with psychological factors (Manuaba, 2007).

Based on the results, there were 10 respondents younger than 20 years, of whom 9 experienced *emesis gravidarum* and 1 did not. Among respondents aged 20–35 years, there were 128 respondents, consisting of 58 who experienced *emesis gravidarum* and 70 who did not. Meanwhile, among respondents older than 35 years, there were 13 respondents, of whom 11 experienced *emesis gravidarum* and 2 did not. *Emesis gravidarum* occurs in a substantial proportion of pregnant women,

with reported incidence rates of 60–80% among primigravidas and 40–60% among multigravidas (Rudiyanti & Rosmadewi, 2019). Based on the results concerning pregnancy status, there were 79 primigravida respondents, consisting of 44 who experienced *emesis gravidarum* and 25 who did not. Among multigravida pregnant women, there were 72 respondents, consisting of 36 who experienced *emesis gravidarum* and 36 who did not. Based on the research findings and data processing, the results are presented as follows.

Univariate Analysis

Table 1. Sociodemographic Characteristics and Distribution of Employment Status, Workplace Location, Work-Related Stress, and Working Hours in Relation to the Incidence of *Emesis Gravidarum*

Variable	<i>Emesis Gravidarum</i> n	<i>Emesis Gravidarum</i> %	No <i>Emesis Gravidarum</i> n	No <i>Emesis Gravidarum</i> %
Employment Status				
a. Employed	49	62.8	29	39.7
b. Unemployed	29	37.2	44	60.3
Workplace Location				
a. Outdoors	39	79.6	16	55.2
b. Indoors	10	20.4	13	44.8
Work-Related Stress				
a. Experiencing stress	34	69.4	11	37.9
b. Not experiencing stress	15	30.6	18	62.1
Working Hours				
a. More than 40 hours per week	38	77.6	11	37.9
b. Less than 40 hours per week	11	33.4	18	62.1

Source: Primary Data, 2022–2023

Based on the questionnaire responses, 78 respondents experienced *emesis gravidarum*, while 73 respondents did not experience *emesis gravidarum*. Regarding employment status, among respondents who experienced *emesis gravidarum*, 49 (62.8%) were employed, while among those who did not experience *emesis gravidarum*, 29 (39.7%) were employed. Meanwhile, 29 (37.2%) respondents who experienced *emesis gravidarum* were unemployed, compared with 44 (60.3%) respondents who did not experience *emesis gravidarum* and were unemployed.

Regarding workplace location, among respondents who experienced *emesis gravidarum*, 39 (79.6%) worked outdoors, while 16 (55.2%) of those who did not experience *emesis gravidarum* worked outdoors. Meanwhile, 10 (20.4%) respondents who experienced *emesis gravidarum* worked indoors, compared with 13 (44.8%) respondents who did not experience *emesis gravidarum* and worked indoors.

Regarding work-related stress, 34 (69.4%) respondents who experienced *emesis gravidarum* reported experiencing stress, consisting of 27 respondents with moderate stress and 7 with high stress. Among respondents who did not experience *emesis gravidarum*, 11 (37.9%) reported experiencing stress, consisting of 10 respondents with moderate stress and 1 with high stress. Meanwhile, 15 (30.6%) respondents who experienced *emesis gravidarum* reported no work-related stress, compared with 18 (62.1%) respondents who did not experience *emesis gravidarum* and reported no work-related stress.

Regarding working hours, among respondents who worked more than 40 hours per week, 38 (77.6%) experienced *emesis gravidarum*, while 11 (37.9%) did not. Meanwhile, among respondents who worked less than 40 hours per week, 11 (33.4%) experienced *emesis gravidarum*, while 18 (62.1%) did not.

Bivariate Analysis

Table 2. Association between Employment Status and the Incidence of *Emesis Gravidarum*

Employment Status	<i>Emesis Gravidarum</i> n	<i>Emesis Gravidarum</i> %	No <i>Emesis Gravidarum</i> n	No <i>Emesis Gravidarum</i> %	p-value	95% CI Lower	95% CI Upper
Employed	49	62.8	29	39.7			
Unemployed	29	37.2	44	60.3	0.005	1.33	4.941
Total	78	100.0	73	100.0			

Source: Primary Data, 2022–2023

Table 2 shows the association between employment status and the incidence of *emesis gravidarum*. Among respondents who experienced *emesis gravidarum*, 49 (62.8%) were employed, whereas 29 (39.7%) of those who did not experience *emesis gravidarum* were employed. Meanwhile, 29 (37.2%) respondents who experienced *emesis gravidarum* were unemployed, compared with 44 (60.3%) respondents who did not experience *emesis gravidarum* and were unemployed. The association between employment status and the incidence of *emesis gravidarum* was assessed using the chi-square test, with a significance level of $p < 0.05$. The analysis yielded a p -value of 0.005; therefore, H_0 was rejected, indicating a significant association between employment status and the incidence of *emesis gravidarum*.

Table 3. Association between Workplace Location and the Incidence of *Emesis Gravidarum*

Workplace Location	<i>Emesis Gravidarum</i> n	<i>Emesis Gravidarum</i> %	No <i>Emesis Gravidarum</i> n	No <i>Emesis Gravidarum</i> %	p-value	95% CI Lower	95% CI Upper
Outdoors	39	79.6	16	55.2	0.022	1.155	8.692
Indoors	10	20.4	13	44.8			

Source: Primary Data, 2022–2023

Table 3 shows the association between workplace location and the incidence of *emesis gravidarum*. Among respondents who experienced *emesis gravidarum*, 39 (79.6%) worked outdoors, while 16 (55.2%) respondents who did not experience *emesis gravidarum* worked outdoors. Meanwhile, 10 (20.4%) respondents who experienced *emesis gravidarum* worked indoors, compared with 13 (44.8%) respondents who did not experience *emesis gravidarum* and worked indoors. The association between workplace location and the incidence of *emesis gravidarum* was assessed using the chi-square test, with a significance level of $p < 0.05$. The analysis yielded a p -value of 0.022; therefore, H_0 was rejected, indicating a significant association between workplace location and the incidence of *emesis gravidarum*.

Table 4. Association between Work-Related Stress and the Incidence of *Emesis Gravidarum*

Work-Related Stress	<i>Emesis Gravidarum</i> n	<i>Emesis Gravidarum</i> %	No <i>Emesis Gravidarum</i> n	No <i>Emesis Gravidarum</i> %	p-value	95% CI Lower	95% CI Upper
Experiencing stress	34	69.4	11	37.9	0.007	1.413	9.738
Not experiencing stress	15	30.6	18	62.1			

Source: Primary Data, 2022–2023

Table 4 shows the association between work-related stress and the incidence of *emesis gravidarum*. Among respondents who experienced *emesis gravidarum*, 34 (69.4%) reported experiencing work-related stress, consisting of 27 respondents with moderate stress and 7 with high stress. Among respondents who did not experience *emesis gravidarum*, 11 (37.9%) reported experiencing work-related stress, consisting of 10 respondents with moderate stress and 1 with high stress. Meanwhile, 15 (30.6%) respondents who experienced *emesis gravidarum* reported no work-related stress, compared with 18 (62.1%) respondents who did not experience *emesis gravidarum* and reported no work-related stress. The association between work-related stress and the incidence of

emesis gravidarum was assessed using the chi-square test, with a significance level of $p < 0.05$. The analysis yielded a p -value of 0.007; therefore, H_0 was rejected, indicating a significant association between work-related stress and the incidence of *emesis gravidarum*.

Table 5. Association between Working Hours and the Incidence of *Emesis Gravidarum*

Working Hours	<i>Emesis Gravidarum</i> n	<i>Emesis Gravidarum</i> %	No <i>Emesis Gravidarum</i> n	No <i>Emesis Gravidarum</i> %	p-value	95% CI Lower	95% CI Upper
More than 40 hours per week	38	77.6	11	37.9	0.000	2.066	15.466
Less than 40 hours per week	11	33.4	18	62.1			

Source: Primary Data, 2022–2023

Table 5 shows the association between working hours and the incidence of *emesis gravidarum*. Among respondents who worked more than 40 hours per week, 38 (77.6%) experienced *emesis gravidarum*, while 11 (37.9%) did not. Meanwhile, among respondents who worked less than 40 hours per week, 11 (33.4%) experienced *emesis gravidarum*, while 18 (62.1%) did not. The association between working hours and the incidence of *emesis gravidarum* was assessed using the chi-square test, with a significance level of $p < 0.05$. The analysis yielded a p -value of 0.000; therefore, H_0 was rejected, indicating a significant association between working hours and the incidence of *emesis gravidarum*.

Discussion

Association between Employment Status and the Incidence of *Emesis Gravidarum*

The results of this study showed a significant association between employment status and the incidence of *emesis gravidarum*, with a p -value of 0.005. This finding is consistent with a study conducted by Rudiyaniti and Rosmadewi (2019), involving 90 respondents, which reported a significant association between employment and maternal stress with the incidence of *emesis gravidarum*. Employment status in this study was categorized as employed and unemployed. Employment is an important aspect of life because it enables individuals to meet their daily needs (Winknjosastro, 2005). Regarding pregnancy, pregnant women are not recommended to perform physically demanding work, particularly when the workload may also cause significant stress. Pregnancy is a physiological process involving hormonal changes that support fetal and maternal development. The hormones involved include estrogen and progesterone, whose secretion is regulated by the hypothalamus in the brain. Excessive psychological burden during pregnancy may affect the balance of hormone secretion (Rudiyaniti & Rosmadewi, 2019).

According to Tiran (2009), as cited by Henny (2012), commuting to work, particularly when hurried in the morning and without sufficient time for breakfast, may contribute to nausea and vomiting. The work environment of private-sector employees, particularly when working in environments where they are exposed to male smokers, may trigger *emesis gravidarum*. Meanwhile, market vendors and manual laborers may be exposed to unhygienic environmental conditions and various odors from market commodities, which may also trigger nausea and vomiting. Psychological workload among working women may further affect their psychological condition (Rudiyaniti & Rosmadewi, 2019).

A healthy work environment and a manageable physical and psychological workload may reduce the occurrence of excessive or abnormal *emesis gravidarum*. A healthy work environment can be achieved through cooperation among employees and other individuals in the workplace, supported by clear policies and regulations established by institutional or organizational management. In addition, both physical and psychological workloads should be given adequate attention. Indonesian regulations have also established provisions concerning female workers during pregnancy, childbirth,

and breastfeeding. Proper implementation of these regulations in the workplace may provide substantial benefits for pregnant women (Rudiyanti & Rosmadewi, 2019).

Association between Workplace Location and the Incidence of *Emesis Gravidarum*

The results showed a significant association between workplace location and the incidence of *emesis gravidarum*, with a p -value of 0.022. A study by Rudiyanti and Rosmadewi (2019), involving 90 respondents, examined *emesis gravidarum* during pregnancy and included respondents working as private-sector employees, market vendors, manual laborers, and civil servants. Jobs considered to involve relatively heavy workloads included private-sector employment, manual labor, and market vending (Rudiyanti & Rosmadewi, 2019). Regarding pregnancy, physically demanding work is not recommended for pregnant women, particularly when the workload may also result in considerable stress. The work environment of private-sector employees, especially when exposed to male smokers, may trigger *emesis gravidarum*. Meanwhile, market vendors and manual laborers may be exposed to unhygienic environments and various odors from market commodities, which may trigger nausea and vomiting. Psychological workload among working women may also affect their psychological condition (Rudiyanti & Rosmadewi, 2019).

Association between Work-Related Stress and the Incidence of *Emesis Gravidarum*

The results demonstrated a significant association between work-related stress and the incidence of *emesis gravidarum*, with a p -value of 0.007. This finding is consistent with the study by Rudiyanti and Rosmadewi (2019), in which 71.8% (28 respondents) experienced stress compared with 35.3% (18 respondents) who did not experience stress. Statistical analysis yielded a p -value of 0.001, indicating a significant association between stress and *emesis gravidarum* (Rudiyanti & Rosmadewi, 2019).

Work-related stress can be assessed using the Health and Safety Executive (HSE) questionnaire, with work-stress score categories of low stress (140–175), moderate stress (105–139), high stress (70–104), and very high stress (35–69) (Asmardayanti, 2021). Stress is a state of physiological or psychological tension caused by environmental demands perceived by an individual as threatening. Experiencing stress is a normal human response. On the one hand, stress can help maintain motivation (*eustress*). On the other hand, excessive stress may reduce work performance and well-being (*distress*). Therefore, effective stress management is important to prevent stress from progressing to more severe psychological conditions. A comfortable and well-managed pregnancy may contribute to maternal and fetal well-being (Rudiyanti & Rosmadewi, 2019).

According to Robbins and Judge (2017), work-related stress consists of three aspects: (1) physiological aspects, which involve changes in body metabolism such as increased heart rate, respiratory disturbances, increased blood pressure, muscle tension, and gastrointestinal problems; (2) psychological aspects, which include mental health problems such as job dissatisfaction, feelings of tension and pressure at work, anxiety when completing tasks, irritability, boredom in the workplace, and other psychological responses; and (3) behavioral aspects, which include changes in work performance, such as decreased motivation, aggressive behavior, changes in productivity, and substance use. Based on these perspectives, work-related stress can be defined as a state of psychological pressure resulting from work demands that exceed an individual's perceived capacity, potentially affecting work quality and causing physical and psychological disturbances (Setyo & Olievira, 2022).

Furthermore, psychosocial problems and psychological pressure that frequently arise in the workplace may predispose pregnant women to experience nausea and vomiting during pregnancy or exacerbate existing symptoms. The level of psychological stress experienced by pregnant women can be managed before it becomes severe. Stress can be managed through various approaches, including physical exercise and communication with the mother's social support system, such as her husband, family, and friends (Rahangmetan, Istingtyas, & Nurhidayati, 2020). Stressors and mental health status also play an important role in relation to poor sleep quality during pregnancy. Mental health refers to a condition that enables optimal physical, intellectual, and emotional development while maintaining

harmony with the surrounding environment (Purnamaniswaty, 2019). Specifically, somatic and psychological stressors during pregnancy may activate stress-response systems, including the hypothalamic–pituitary–adrenal (HPA) axis and inflammatory responses (Li P., 2021).

It can therefore be concluded that stress is significantly associated with the incidence of *emesis gravidarum*. Stress is related to psychological conditions and may influence the hormonal system. Physiologically, pregnant women in the first trimester experience increased levels of human chorionic gonadotropin (hCG), which contributes to nausea and vomiting. According to Rudiyaniti and Rosmadewi (2019), stress may increase hCG secretion, thereby intensifying nausea and vomiting and potentially contributing to abnormal *emesis gravidarum* or hyperemesis gravidarum.

Association between Working Hours and the Incidence of *Emesis Gravidarum*

The results of this study showed a significant association between working hours and the incidence of *emesis gravidarum*, with a p -value of 0.000. In this study, 32 (74.4%) respondents worked more than 40 hours per week, while 10 (38.5%) worked less than 40 hours per week. Working hours that exceed an individual's capacity are generally not accompanied by optimal work productivity. Instead, prolonged working hours may result in decreased work performance, fatigue, reduced concentration, health problems, illness, occupational accidents, and job dissatisfaction (Rosdiana, 2019). Working hours refer to the period designated for performing work. Harrington also stated that excessive working hours may increase human error because of increased fatigue and reduced rest periods (Tulhusnah & Puryantoro, 2018). A joint study by the WHO and ILO in 2020 reported that a healthy working duration is approximately 35–40 hours per week; therefore, working more than 40 hours per week may pose serious health risks (Li J. et al., 2020).

The effects of excessive working hours include: (1) physiological effects, such as reduced quality of nighttime sleep or daytime rest due to excessive working hours, decreased physical work capacity due to drowsiness and fatigue, and reduced concentration during work; (2) psychosocial effects, including reduced opportunities to spend time with family and limited opportunities to interact with friends or the broader community; and (3) performance-related effects resulting from physiological and psychosocial consequences. Decreased performance may impair mental capacity and reduce workers' concentration while performing their duties (Rosdiana, 2019).

In Indonesia, Article 21 paragraphs (1) and (2) of Government Regulation No. 35/2021 stipulates that the maximum working hours are 7 hours per day for a six-day workweek and 8 hours per day for a five-day workweek, with a total of 40 hours per week (Government of the Republic of Indonesia, 2021). Pregnant women may continue their daily activities provided that such activities do not cause discomfort or adverse effects. For pregnant women who work, workloads should not be excessive, and adequate rest of approximately 8 hours per day is recommended. Workplace problems, whether involving colleagues or supervisors, may also consume time and mental resources and consequently affect the psychological condition of pregnant women (Nurhasanah et al., 2022).

The respondents in this study were predominantly engaged in work exceeding 40 hours per week, which may be associated with a higher risk of work-related stress. Only a small proportion of respondents worked less than 40 hours per week. Based on the working-hours variable, it can be inferred that respondents spent more time working than resting. This situation may negatively affect respondents by causing fatigue, reduced concentration, decreased focus, and an increased risk of occupational accidents (Lukas L. et al., 2018). A standard working duration of 8 hours per day is generally applied, whereas working more than 8 hours per day may result in negative responses and reduced performance quality. Working hours are considered one of the organizational factors that may serve as a potential source of employee stress in the workplace (Robbins, 2006).

Association of Employment Factors (Status, Workplace Location, Work-Related Stress, and Working Hours) with the Incidence of *Emesis Gravidarum*

Based on the characteristics observed in this study, among respondents who experienced *emesis gravidarum*, 49 (62.8%) were employed, while 29 (37.2%) were unemployed. These findings suggest that employment may be associated with the occurrence of *emesis gravidarum*. According to the

theory concerning pregnancy and employment, pregnant women should avoid physically demanding workloads, particularly when the workload may also result in substantial stress (Rudiyanti & Rosmadewi, 2019). Workplace location may also influence the occurrence of *emesis gravidarum* through its relationship with stress and environmental exposure. For example, pregnant women working in environments where they are exposed to cigarette smoke may experience discomfort caused by tobacco smoke.

Similarly, women working in markets may be exposed to unhygienic environmental conditions and various odors from market commodities, which may trigger nausea and vomiting during pregnancy (Rudiyanti & Rosmadewi, 2019). Regarding working hours, pregnant women who work beyond their physical and psychological capacity may experience reduced work productivity. Prolonged working hours may also increase the likelihood of fatigue, decreased concentration, health problems, illness, occupational accidents, and job dissatisfaction (Rosdiana, 2019). Based on the characteristics of employment status, workplace location, and working hours, these factors may contribute to stress among pregnant women. Increased stress may affect hormonal responses and intensify nausea and vomiting. According to Rudiyanti and Rosmadewi (2019), stress may increase hCG secretion, thereby exacerbating nausea and vomiting and potentially contributing to abnormal *emesis gravidarum* or hyperemesis gravidarum.

CONCLUSION

Based on the results of this study, it can be concluded that employment factors are significantly associated with the incidence of *emesis gravidarum* among pregnant women at Banggae II Public Health Center, Majene Regency. Employment status was significantly associated with the incidence of *emesis gravidarum* ($p=0.005$), as were workplace location ($p=0.022$), work-related stress ($p=0.007$), and working hours ($p<0.001$). The findings showed that *emesis gravidarum* was more frequently observed among pregnant women who were employed, worked outdoors, experienced work-related stress, and worked more than 40 hours per week. Therefore, a healthy work environment and appropriate management of workload and working hours are needed to help reduce the risk of *emesis gravidarum* among pregnant women.

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