



An Analysis of Therapeutic Communication by Health Workers Toward the Fourth Visit on Pregnant Women in The Working Area of Beringin Raya Public Health Center in Bengkulu City

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ABSTRACT

Pregnant women are a special group who have a risk in declining their health, it is very important for a pregnant woman to check the mother and fetus health periodically through antenatal care (ANC) at Health services. Antenatal care which conducted by pregnant women whether there is a problem or not during pregnancy, the purpose is to detect early if there is a complication in pregnancy. Preparing the birth, breastfed then past Partum contraception, ANC conducted at least once in trimester one of pregnancy, once during trimester two and at least two times during trimester three, good K4 achievement can reduce the number of mothers and baby death caused by pregnancy complication and during giving birth because the problem in pregnancy can be identified quickly so it can be prevented from the further problem for mother and fetus. The role of health workers is very important in achieving K4 at Antenatal Care. Caring Antenatal workers are friendly and able to give good explanations about therapeutic on pregnant women when they check their pregnancy, they will feel comfortable so they will come again to check their pregnancy in the future, therapeutic communication is a health worker technique in communicating with pregnant women which can give comfort feeling and can make communication as therapy with good condition. Therapeutic communication created can make the pregnant woman entrust their pregnancy check to health workers starting from K1 until K4.

Kata kunci:

Komunikasi therapeutic
pencapaian K4
Ibu hamil

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ABSTRAK

Ibu hamil merupakan kelompok khusus yang beresiko terhadap penurunan kondisi kesehatan kesehatannya, ibu hamil sangat penting untuk memeriksakan kondisi ibu dan kondisi kesehatan janinnya secara periodik melalui antenatal care (ANC) di pelayanan kesehatan, antenatal care dilakukan oleh ibu hamil jika ada atau tidak ada keluhan dalam kehamilannya, yang bertujuan untuk mendeteksi sedini mungkin jika terdapat komplikasi dalam kehamilannya, mempersiapkan proses kelahiran, menyusui sampai kontrasepsi pasca partum, ANC dilakukan minimal 1 kali dalam trimester I kehamilan, 1 kali pada trimester II kehamilan dan minimal 2 kali pada trimester III kehamilan, pencapaian K4 yang baik akan menurunkan angka kematian ibu dan bayi akibat komplikasi kehamilan dan persalinan, karena masalah dalam kehamilan dapat dengan cepat diketahui sehingga dapat dicegah untuk terjadinya masalah yang lebih serius dari ibu dan janinnya. Peran petugas kesehatan sangat penting dalam pencapaian K4 pada antenatal care sangat penting, petugas kesehatan yang care, ramah dan memberikan komunikasi yang terapeutik pada ibu hamil saat memeriksakan kehamilannya akan memberikan kenyamanan pada ibu hamil tersebut sehingga akan datang kembali untuk memeriksakan kehamilannya pada waktu selanjutnya, komunikasi terapeutik merupakan teknik petugas kesehatan dalam berkomunikasi kepada ibu hamil yang akan memberikan kenyamanan dan menjadikan komunikasi sebagai terapi

yang menciptakan suasana yang baik. Komunikasi terapeutik yang diciptakan oleh petugas kesehatan pada ibu hamil yang dapat untuk memeriksakan kehamilannya akan menciptakan kondisi ibu mempercayakan pemeriksaan kehamilannya pada petugas kesehatan mulai dari K1 sampai dengan K4.

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INTRODUCTION

Human is social creatures who needed each other and are linked with others in society. The only way to connect with other people in society is good communication verbally and non-verbal (body language and sign which can be understood by traits). It includes midwifery care tasks, communication has a role to connect a midwife with the patient (Banul, 2020).

Communication skill is a part of integral which must be owned by a midwife, nurse, doctor, and other health workers because they are public services. Communication is a dynamic process which used to obtain research data, giving lectures or health information which can influence the client to implement in living, to show caring feeling and comfort, grow the confidence and appreciate the client so it can be concluded that in nursing, midwifery, and other health workers, communication is an important part to give health services.

According to Suryani (2015) which is cited by Banul (2020), communication is a description of 2 interactions between health workers with the client in fulfilling the clients' needs. As we know, client or patient demands satisfactory services physically and psychologically, especially clients who suffered from unstable emotions during the process of adaptation toward status change such as becoming a mother, becoming elder, trouble with their first pregnancy.

According to Pohan (2007), cited by Maria Ariana Banul (2020), one of the basics of improving health service quality in ANC is communicating with the client to feel satisfied with the service. Service satisfaction is a condition where pregnant mothers need, demands and hope are fulfilled from the given services by a health worker. Patient satisfaction can also be interpreted as patients feeling after compared with their hope. Suppose a patient is satisfied with the value provided by the service. In that case, it is very likely to become a customer for a long time. Pregnant women will feel satisfied with the benefits of health workers if the health worker applies therapeutic communication in their services, and pregnant women will return in time. Who do ANC more often and longer if they get good service and therapeutic communication from their staff where they do antenatal care services.

Patient satisfaction is a behavioral reaction after receiving health services. This affects the decision making of continuous reuse of the purchase of the same service and will affect the delivery of messages/impressions to parties/others about the health services provided (Pohan, 2007). Health services to services will affect the quality of health services, especially in ANC services. Antenatal Care is a service provided by pregnant women regularly to maintain the health of the mother and baby. This antenatal service includes pregnancy check-ups corrections for deviations from essential interventions (Ministry of Health, 2010).

According to the World Health organization (WHO), the number of mothers dying during pregnancy, the birth process, or postpartum are 500.000 deaths, and the number of baby death was 10.000.000 deaths and 2650 deaths in 2009. The

number of mother death (AKI) in Indonesia is still high compared to other ASEAN countries. It means health services still need to be improved (Depkes RI, 2007). The result of Maria Ariana Banul et al. in 2020 shows that there is a correlation between therapeutic communication with satisfaction level in trimester three of pregnant women at ANC in Ruteng city public health Center, Lake Lebing District, Manggarai regency.

Maternal Mortality Rate (MMR) is one indicator to overlook the success of mother health support. MMR is a ratio of maternal mortality during pregnancy, the birth process and postpartum, which is caused by pregnancy, the birth process, postpartum or the management but not caused by other reasons like accident or fall In every 100.000 live birth. In addition to assessing maternal health programs, this indicator can also evaluate the degree of public health, because of its sensitivity to improving health services, both in terms of accessibility and quality. In general, there was a decrease in maternal mortality from 1991-2015 from 390 to 305 per 100,000 live births. Although there is a tendency to decrease maternal mortality, the MDGs target that must be achieved is 102 per 100,000 live births in 2015. The 2015 SUPAS show that the maternal mortality rate is three times higher than the MDGs target. An overview of the MMR in Indonesia from 1991 to 2015 with an average decline of 5.5% per year as a performance target. Based on this model, it is estimated that by 2030 the MMR in Indonesia will fall to 131 per 100,000 live births (Kemenkes RI, 2018).

Health services for pregnant women must meet the minimum frequency in each trimester, at least once in the first trimester (0-12 weeks of gestation), at least once in the second trimester (12-24 weeks of pregnancy), and at least twice in the third trimester. (24 weeks of gestation until delivery). The standard time of service which recommended to ensure protection for pregnant women and fetuses through early detection of risk factors, prevention, and early treatment of pregnancy complications. Assessment of the implementation of health services for pregnant women can be done by looking at the coverage of K1 and K4. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health workers, compared to the target number of pregnant women in one work area within one year. Meanwhile, K4 coverage is the number of pregnant women who have received antenatal care by the standard at least four times according to the recommended schedule in each trimester, compared to the target number of pregnant women in one work area within one year. These indicators show access to health services for pregnant women and the level of compliance of pregnant women in checking their pregnancies to health workers (Kemenkes RI, 2018).

In Bengkulu province, the achievement K4 on Pregnant women in 2018 is 86,25%, of compared with strategic plan target (Renstra) of the health ministry in 2018 for 78%, the achievement in 2018 has reached mark, but still, there is a pregnant woman who hasn't get K4 (Kemenkes RI, 2018).

In health, communication activities are also carried out by medical personnel to patients. The form of communication

that is often done is interpersonal communication. An excellent therapeutic touch from a medical professional, such as a doctor, nurse or midwife, can give patients confidence. Antenatal care is a service by skilled health workers (gynecologists and pregnancy specialists, general practitioners, midwives, and nurses) to pregnant women during their pregnancy by existing antenatal care guidelines emphasizing promotive and preventive activities. Antenatal care is called complete if health workers carry it out with a frequency of at least four antenatal cares during pregnancy with the provisions of the recommended service delivery time, namely: at least one time in the first quarter, one time in the second quarter and two times in the third quarter (Helmi, 2018).

The results of research conducted by Helmi, 2018 regarding the application of therapeutic communication in antenatal care services at the Jelapat Public Health Center, Barito Kuala Regency, showed that the high K4 achievement was due to the Antenatal service process by antenatal care service standards guided by 10.T. Therapeutic communication by midwives to pregnant women during antenatal care.

METHOD

Research design

This research uses the descriptive analytic method. The purpose of this research is to find out the influence of therapeutic communication by health workers toward the K4 achievement for pregnant women in the working area of Beringin Raya public health center, Bengkulu city, in 2021.

Sampling

The population in this study was pregnant women in the Beringin Raya Health Center Bengkulu City working area in 2021, as many as 58 people. The sample used in this study was some pregnant women in the work area of the Beringin Raya Public Health Center, Bengkulu City, in 2021. The sample calculation used the Slovin formula so that based on the analysis, the number of samples in this study was 37 respondents. The sampling technique used in this research is to use the accidental sampling technique, which is a subjective technique by collecting data from subjects encountered at that time and in sufficient quantities.

Procedure

The data collection technique used in this research is primary and secondary data. Preliminary data were obtained based on distributing questionnaires via google form and distributed directly to respondents to pregnant women in the working area of the Beringin Raya Public Health Center, Bengkulu City. Primary data was obtained based on the results

of distributing questionnaires. Secondary data received data on the number of third-trimester pregnant women in the Beringin Raya village, Bengkulu City, in 2021.

Data analysis

Univariate analysis was conducted to see the description of the therapeutic communication of health workers and K4 achievement in pregnant women. Bivariate analysis was used to see the effect of the therapeutic communication of health workers with K4 achievement by using Chi-Square analysis, which was processed using a computerized system using the SPSS application.

RESULT AND DISCUSSION

Univariate analysis was conducted to obtain the description from the distribution of frequency variable which researched according to research subject.

Table 1
The Frequency distribution of therapeutic communication and K4 scope on pregnant women (N=37)

Variable	Frequency	Percentage
Therapeutic communication		
Good	22	59,5
Not good	15	40,5
K4 achievement		
Tercapai K4	24	64,9
Tidak tercapai K4	13	35,1

The table 1 shows that more than half of respondents (59,5%) have good therapeutic communication. Almost half of respondents (64,9%) have K4 achievement.

Bivariate analysis was conducted to see the description of the therapeutic communication of health workers and K4 achievement in pregnant women. Bivariate analysis was used to see the effect of the therapeutic communication of health workers with K4 achievement by using Chi-Square analysis, which was processed using a computerized system using the SPSS application.

The table 2 shows that of the 22 respondents who said that the therapeutic communication of health workers was good, there were eight respondents (36.3%) whose K4 was not achieved and from 15 respondents who said that the therapeutic communication of health workers was not good, there were 7 respondents whose K4 was not completed. The statistical results show that there is a relationship between the therapeutic communication of health workers and the K4 achievement of pregnant women in the work area of the Beringin Raya Public Health Center, Bengkulu City, in 2021 with a p-value (0.013) < α (0.05).

Table 2
The correlation between Therapeutic communication by Health Workers toward K4 achievement on pregnant women

Therapeutic Communication by Healthn Workers	K4 Achievement				Total	P
	Reach K4		Not reach K4			
	F	%	F	%	F	
Baik	14	63,6	8	36,4	22	100
Kurang baik	8	53,3	7	46,7	15	100
Total	24	64,9	13	35,1	37	100

The Description of Therapeutic Communication by Health Workers

It can be concluded that therapeutic communication is a communication from one person to another that is good, effective, both verbal and nonverbal communication and is applied by nurses to accelerate patient healing.

According to Machfoedz (2012), Therapeutic communication is a shared interactive experience between nurses and patients in communication that aims to solve problems faced by patients. Communications are carried out by nurses and other health workers that are planned and focused on patient recovery. According to Sheldon (2009), therapeutic communication is a continuous process between nurse and patient developing a relationship to share information and assist growth and healing.

The implementation of therapeutic communication aims to help clarify and reduce the burden on the patient's mind. Besides being able to ease doubts and help take practical actions, strengthen the interaction of both parties, namely patients and nurses, to help solve patient problems (Machfoedz, 2009). Warm communication between patients and nurses is carried out to generate a sense of trust and comfort in patients so that the process of exchanging feelings and attitudes will go well (Arwani, 2002).

The Warmth of a trusting relationship between the nurse and the patient will create a sense of openness to the patient. A warm atmosphere in communication between nurses and patients will show a sense of acceptance of nurses towards patients so that the patient will explore his feelings in depth. At this time, the nurse knows all the patient's needs more efficiently. Warmth can also be communicated nonverbally. A calm appearance, a reassuring voice, and a soft handgrip show affection for the patient.

The Description of K4 Achievement of Pregnant Women

Antenatal care or prenatal care aims to fulfil every right of pregnant women to get standard and quality antenatal care services so that the mother's pregnancy goes healthy, gives birth safely and safely and gives birth to a safe, healthy and quality baby (Ministry of Health, 2015). The purpose of antenatal examinations is 1) monitoring the development of maternal health and fetal growth in the womb, 2) improving the mother's physical and psychosocial condition for optimal fetal health, 3) early detection of complications or complications that occur during pregnancy, 4) preparing pregnant women so that their pregnancies are full-term or at term and safe delivery, 5) prepare mothers so that their physical and psychological conditions run typically and plan exclusive breastfeeding during the puerperium, 6) prepare optimal growth and development for the fetus by helping mothers and families to prepare for safe delivery. Safe and healthy, 7) reducing premature births, fetal death in utero and infant mortality aged 0-28 days (Depkes RI, 2018).

Efforts made to increase K4 coverage are 1) increasing integrated ANC services to provinces with high maternal mortality, 2) evaluating PMTCT services in areas with high HIV cases, 3) increasing and developing pregnant women class programs in areas with high HIV prevalence. have K4 coverage that is still below standard, 4) improve integrated ANC services and classes for pregnant women through increased coordination and cooperation with cross-sectoral and cross-programmed, 5) increase cooperation with professional organizations and non-governmental organizations for the provision of facilities, advocacy, supervision and technical

guidance to the regions on increasing the coverage and quality of antenatal care (Kemenkes RI, 2013).

The role of health workers greatly determines the achievement of K4 for pregnant women; friendliness and good communication from health workers will be able to provide a sense of trust and comfort for pregnant women to check their pregnancy, pregnant women who feel safe and comfortable to officers who prevent their pregnancy will come back again to check their pregnancy. Review the subsequent pregnancy with the same officer, so the potential for the achievement of K4 will be high.

The Analysis of Therapeutic communication of Health Workers toward the Achievement of K4 on Pregnant Women

According to Suryani (2015), quoted by Banul (2020), communication is a description of two interactions between health workers and clients to fulfil client needs. As is known, clients or patients demand complete services, both physically and psychologically, especially clients who experience emotional instability during the adaptation process to a change in status, for example, being a mother, being a parent, experiencing their first pregnancy.

Efforts made to increase the coverage of K4 are by improving ANC services, improving ANC services through good service from officers, including officers who can use therapeutic communication techniques in providing services to pregnant women who perform ANC.

The results of research conducted by Albertina, Meity (2007) on Midwife's Attitude and Communication-Related to the satisfaction of Pregnant Women in Antenatal Care in BPM Balikpapan City show a significant relationship between midwife communication and pregnant women's pleasure in performing ANC. According to Lawrence Green (1998), the factors that influence pregnant women not to serve ANC according to the provisions or schedule can come from maternal factors, including the awareness of mothers who are still lacking in paying attention to their health and their babies, demanding access to health services, poor knowledge of mothers. Less about the importance of doing ANC and factors from health workers who are not friendly, do not provide services that satisfy mothers and environmental or family characteristics, and husbands who do not support mothers in doing ANC (Manuaba, 2018).

CONCLUSION AND RECOMMENDATIONS

Based on the results of research on the analysis of the therapeutic communication of health workers on the achievement of K4 in pregnant women in the work area of the Beringin Raya Public Health Center, Bengkulu City, in 2021, the results obtained are that most of the therapeutic communication of health workers to pregnant women during ANC is good, most of the achievements of K4 in pregnant women are achieved, and there is a relationship between the therapeutic communication of health workers to the accomplishment of K4 in pregnant women is achieved.

ETHICAL CONSIDERATIONS

Funding Statement.

The author declares that no funding was received in connection with this research.

Conflict of Interest statement

The author declares that there is no conflict of interest related to this research and that there are no ethical issues arising from this research.

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