



THE RELATIONSHIP BETWEEN EFFECTIVE MIDWIFE COMMUNICATION AND THE LEVEL OF SATISFACTION WITH ANTENATALCARE SERVICES FOR MOTHERS PREGNANT AT PMB NURHAYANI SUBDISTRIC KAMPUNG RAKYAT REGENCY.BERTH BATU SELATAN NORTH SUMATERA IN 2024

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ABSTRACT

The goal of the SDGs is a healthy and prosperous life with the achievement of improving health services towards universal health coverage, especially strengthening basic health services (Primary Health Care) (Ministry of National Development Planning/Bappenas, 2020) As many as 99 percent of maternal deaths due to pregnancy, childbirth or birth problems occur in developing countries. The AKI ratio is still considered quite high as targeted to be 70 per 100,000 live births by 2030 (WHO, 2019). The WHO estimates that more than 585,000 mothers die annually during pregnancy or childbirth. In southern Asia, women are 1 in 18 likely to die from pregnancy or childbirth during their lifetime. More than 50% of deaths in developing countries can actually be prevented with existing technology and relatively low cost of pregnancy and childbirth, with an AKI rate of 216 per 100,000 live births (WHO, 2019) (Saifudin 2018). Antenatal Care is an early prevention effort from pregnancy risk factors. Antenatal services are health services by health workers for mothers during their pregnancy, carried out in accordance with the antenatal service standards set out in the midwifery service standards. Antenatal services according to standards include anamnesis of physical examinations (general and obstetric), laboratory examinations

for indications, and basic and special interventions according to (Ministry of Health of the Republic of Indonesia, 2018).

Kata Kunci : Sustainable Development Goals, Primary Health Care, Antenatal Care





INTRODUCTION

Sustainable Development Goals (SDGs) are development that maintains the sustainable improvement of people's economic welfare, development that maintains the sustainability of people's social life, development that maintains environmental quality, and development that ensures justice and the implementation of governance that is able to maintain the improvement of the quality of life from one generation to the next (Ministry of National Development Planning/Bappenas, 2020)

One of the goals of the SDGs is a healthy and prosperous life with the achievement of improving health services towards universal health coverage, especially strengthening basic health services (Primary Health National Care) (Ministry of Development Planning/Bappenas, 2020)

from the World Data Health Organization (WHO) regarding the national health status in the achievement of the Sustainable Development Goals (SDGs) target states that globally around 830 women die every day due to complications as much as 99 percent of maternal deaths due to pregnancy, childbirth or birth problems occur in developing countries. The AKI ratio is still considered quite high as targeted to be 70 per 100,000 live births by 2030 (WHO, 2019). The WHO estimates that more than 585,000 mothers die annually during pregnancy or childbirth. In southern Asia, women are 1 in 18 likely to die from pregnancy or childbirth during their lifetime. More than 50% of deaths in developing countries can actually be prevented with existing technology and relatively low cost of pregnancy and childbirth, with an AKI rate of 216 per 100,000 live births (WHO, 2019) (Saifudin 2018).

Antenatal Care is an early prevention effort from pregnancy risk factors. Antenatal services are health services by health workers for mothers during their pregnancy, carried out in accordance with the antenatal service standards set out in the midwifery service standards. Antenatal services according to standards include anamnesis of physical examinations (general and obstetric), laboratory examinations for indications, and basic and special interventions according to (Ministry of Health of the Republic of Indonesia, 2018). Antenatal care is a way to detect early occurrence of high risk of pregnancy and childbirth and can reduce maternal mortality rates and monitor the condition of the fetus (Hardiani, 2018).

Data from World the Health Organization (WHO) regarding the national health status in the achievement of the Sustainable Development Goals (SDGs) targets states that globally around 830 women die every day due to complications during pregnancy and childbirth, with an AKI rate of 216 per 100,000 live births (WHO, 2019) As many as 99 percent of maternal deaths due to pregnancy, childbirth or birth problems occur in developing countries. The AKI ratio is still considered quite high as targeted to be 70 per 100,000 live births by 2030 (WHO, 2019). The WHO estimates that more than 585,000 mothers die annually during pregnancy or childbirth. In southern Asia, women are 1 in 18 likely to die from pregnancy or childbirth during their lifetime. More than 50% of deaths in developing countries can actually be prevented with existing technology and relatively low costs (Saifudin, 2018).

AKI in ASEAN countries has occupied the position of 40-60 per 100 thousand live births. Only five countries have AKI per 100,000 live births, namely Brunei Darussalam (24 per 100,000 live births), the Philippines (99 per 100,000 live births), Malaysia (29 per 100,000 live births), Vietnam (59 per 100,000 live births), and Thailand (48 per 100,000 live births). AKI in Indonesia in 2019 amounted to 305 cases (Ministry of Health of the Republic of





Indonesia, 2019). The AKI target according to the SDGs in 2019 is 306 per 100,000 live births (Ministry of Health, 2019).

Based on data from Basic Health Research (Riskesdas) in 2019, it can also be known that the proportion of pregnancy checks in North Sumatra Province is 92.4%, while those who do not carry out examinations are 7.6%. The coverage rate of ANC K1 in North Sumatra Province is 90.0% while ANC K4 is 85.9%. This shows that ANC coverage in North Sumatra Province is still low because the national target for ANC is 95% (Profile of the North Sumatra Health Office, 2019). Based on the 2020 South Tapanuli Regency health profile report, the coverage of ANC in South Tapanuli Regency is 100% (South Tapanuli Regency Health Office, 2020). In order to realize the MDGs, midwives are one of the spearheads in maternal and child health services in the community, required to always provide the best and quality services. In addition, it is oriented towards patient satisfaction and safety. This is in accordance with the opinion of Nurhayati (2018) that "in providing the best and quality maternal and child health services, it requires comprehensive and improvements. including client quality satisfaction in receiving health services" (Nurhayati, 2018)

The application of the health service quality assurance approach, patient satisfaction is an integral and comprehensive part of health service quality assurance activities. This means that measuring the level of patient satisfaction must be an inseparable activity from measuring the quality of health services. This includes several dimensions, including attitudes and smooth communication between health workers and patients. This means that health services are not only medical treatment but also oriented towards attitude and communication, because attitude and communication are very important and useful for patients (Pohan, 2016). According to Saifuddin (2018), good communication between midwives and pregnant women greatly affects the satisfaction of mothers in obtaining health services by midwives, Sinta, so that mutual trust between midwives and pregnant women is fostered. This mutual trust will have an impact on changing attitudes for both service providers and service recipients.

Poor communication from midwives will have a bad impact, including it can cause misunderstandings between midwives and patients and their families and dissatisfied patients, Lack of communication established by midwives with pregnant women has an impact on pregnant women's dissatisfaction with the antenatal care services provided, the possibility of revisit interest decreases, on the other hand, good communication between midwives and pregnant women will cause satisfaction with the services provided so that increasing interest in repeat visits (Yenni, 2018).

Based on the results of preliminary research interviews with 10 pregnant women, 3 pregnant women stated that the explanation of the midwife at the research location was good enough because it was easy to understand, while 7 pregnant women stated that the service or communication of the midwife was still not good because the patient waited too long, besides that the midwife still did not give an explanation and used language that was difficult for the patient to understand. Based on the above background, the researcher researched on the "Relationship between Effective Communication of Midwives and the Level of Satisfaction with Antenatalcare Services in Pregnant Women in the Practice of Midwives NURHAYANIKec Kampung Rakyat Regency Selatan Labuhanbatu Regency, North Sumatra in 2024.





METHOD 3.1 Types Of research

Four forms of communication consist of intrapersonal communication, interpersonal communication, group communication, and mass communication. In short, intrapersonal communication is communication with oneself when receiving stimuli from the environment. Meanwhile, interpersonal communication is the process of exchanging meanings between people who communicate with each other. Group communication is the interaction between three or more individuals to obtain a specific purpose and goal. The last is mass communication which means communication carried out where a media produces and disseminates messages to the public at large.

Each communication model has its own functions and purposes. Such as communication

Intrapersonal or self-communication is one of the things that a person does when he wants to reflect. Interpersonal communication carried out between individuals is carried out for various purposes such as to help or converse. Like a patient who consults his doctor. Good communication between the two will make the doctor more aware of what the patient really feels. Group communication, one example, is carried out when several people are discussing to find an agreement. Meanwhile, mass communication is communication through the media such as we read newspapers for which the purpose is to get information.

Interpersonal Communication, according to Mulyana, (2000) explained that interpersonal communication is communication between people who are face-to-face, allowing each participant to capture the reaction of others directly, either verbally or non-verbally. This interpersonal communication is communication that involves only two people, such as husband and wife, two colleagues, two close friends, teachers and students and so on.

RESULTS AND DISCUSSION 1. Research Results

Based on the results of the study entitled "The Relationship between Effective Communication of Midwives and the Level of Satisfaction with Antenatalcare Services in Pregnant Women in the Practice of Midwives Nurhayani, Kampung Rakyat District, South Labuhanbatu Regency, North Sumatra in 2024.

4.1 Univarit Analysis.

From the research conducted, data on the distribution of respondents based on Age, Education, Occupation, Effective Communication of Midwives, and Satisfaction with Antenatal Care Services in Nurhayani Midwifery Practice in 2024

Table 4.1.

Frequency Distribution Based on Age, Education, Occupation, Effective Communication of Midwives, and Antenatal Care Service Satisfaction

In the practice of midwives Nurhayati Nasuiton in 2024.

no	Variable	Ν	Presented
			%
1	Age		
	20-35 Years	35	100%
2	Education		
	SD	1	2.9 %
	SLTP	2	5.7 %
	SLTA	21	60.0 %





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	College	11	31.4 %
3	Work		
	IRT	28	80.0 %
	self-employed	4	11.4%
	Private	3	8.6 %

From the table above, it can be seen that

Communication _ * Midwife Satisfaction _Ibu_Hamil Crosstabulation					
		satisfact pregnant Dissatisfie d (<55)		Tota 1	Nila i p - Valu e
Commu ni cation Midwife	Less (<20)	count % Within Communi cation Midwife	5 41.7%	7 58.3 %	12 100 %
	Good (21- 40)	Count % Within Communi cation Midwife	21 91.3%	2 8.7 %	23 100. 0 %

the age distribution of the respondents, as the majority of respondents in the age group of 20-35 years are 35 people (100), most of the respondents in the number of high school education is 21 people (60%), most of the respondents in the number of IRT jobs are 28 people (80.0%).

Table 4.1.2

Frequency Distribution Based on Effective Midwife Communication, and Satisfaction with Antenatal Care Services in the Practice of Midwives Nurhayani in 2023.

No	Variable	Ν	Presented %
1	Midwife Communication		
	Less (<20)	13	37.1 %
2	Pregnant Women's Satisfaction		
	Dissatisfied (11	31.4 %
	<55)		
	(56-100)	24	68.6%

Table 2 shows that 22 respondents (62.9%) stated that midwifery communication was good and 24 respondents (68.6%) who stated ANC Service Satisfaction were satisfied.

2. Bivariate Analysis

Bivariate analysis to determine the variables of the Relationship between Effective Communication of Midwives and Satisfaction with Antenatal Care Services in Nurhayani Midwifery Practice in 2023 can be seen in the following table:

The Relationship between Effective Midwife Communication and ANC Service Satisfaction with Pregnant Women's Satisfaction in Nurhayani Midwifery Practice in 2024

Table 3 shows that from the results of statistical analysis using the Chi-Square test, the value of p = 0.00 < 0.05 is obtained, which means that there is a relationship between midwifery communication and antenatal care service quality and pregnant women's satisfaction.

2. Discussion

The relationship between midwife communication and pregnant women's satisfaction One of the most important requirements in health services is quality service. A service is said to be of high quality if it provides satisfaction to patients. Patient satisfaction in receiving health services includes several dimensions, one of which is smooth communication between health workers (including midwives) and patients. This means that health services are not only medical treatment but also based on communication





because communication is very important and useful for patients. Good communication between midwives and pregnant women greatly affects the satisfaction of pregnant women in receiving services by midwives. So that mutual trust can be obtained between midwives and patients.

According to the findings of Luminda (2020) research on Midwife Communication and the Quality of Antenatal Care Services for Pregnant Women's Satisfaction in Palopo City, it shows that from the results of statistical analysis using Fisher's exact test, a value of p=0.023<0.05, in the midwife's communication variable, and in the antenatal care service quality variable (ANC), a value of p=0.011<0.05 was obtained, which means that there is a relationship between

midwife's communication and the quality of antenatal care services and maternal satisfaction pregnant.

The final result of this study is different from the research conducted by Anisa (2019) on "The Relationship between Midwifery Communication and the Level of Satisfaction of Pregnant Women in Getting ANC Services at the Sei Jingah Health Center in North Banjarmasin". From the results of the research on communication between midwives and pregnant women, most of them were very good, as many as 28 people (93.4%), as many as 21 people (70.00%) stated that they were very satisfied and the results of statistical analysis with the Spearman rank test did not have a meaningful relationship between midwifery communication and the level of satisfaction of pregnant women in getting ANC services at the Sei Jingah Health Center in Banjarmasin in 2015 p = 0.358.

Pregnant women who are satisfied with the ANC services provided by midwives, consider that the midwife's communication during the provision of ANC services is clear and the performance of the health services obtained is equal to or exceeds her expectations, and vice versa, dissatisfaction or disappointment of the patient will arise if the performance of the health services obtained is not in accordance with her expectations.

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Service quality can be measured by comparing the perception between the expected service and the service received and felt by consumers. Patient satisfaction is the result of the patient's assessment that the product or service has provided a level of enjoyment where this level of fulfillment can be more or less. Patients will feel satisfied if their perception is the same or more than expected. Patient satisfaction is determined by the patient's perception of service performance in meeting patient expectations. The patient feels satisfied if his expectations are met or will be very satisfied if the patient's expectations are exceeded

CONCLUSION

. 1. Midwifery Communication in the Practice of Midwives NURHAYANI can be concluded from the results of the study, most of





which stated that midwife's communication was lacking, namely 13 (37.1%), while good, namely 22 (62.9%).

2. The satisfaction of pregnant women in Nurhayani's Midwife Practice can be concluded from the results of the research that most pregnant women who stated dissatisfaction were 11 (31.4%) and satisfied as many as 24 (68.6%).

3. The relationship between midwifery communication and the level of ANC service satisfaction in getting services at PrakteK Midwife Nurhayani was obtained by the results of the research with the Chi-Square test obtained a value of p=0.00<0.05 which means that there is a relationship between midwifery communication and the quality of antenatal care services and the satisfaction of pregnant women

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