

A COMPARATIVE STUDY OF ASSERTIVE SPEECH ACT TRANSLATION QUALITY IN FAMILY HEALTH TEXTS BY NURSING AND MIDWIFERY STUDENTS

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Abstract

This study investigates the quality of translations of assertive speech acts produced by nursing and midwifery students. Using a qualitative descriptive approach with a fixed case study design, the research aims to (1) compare translation quality between the two student groups, (2) analyze differences in translation quality, and (3) identify factors influencing these differences. The data consist of 100 assertive speech acts categorized into convincing (37), conveying (44), and stating (19). Five translation techniques were identified: literal translation, transposition, modulation, reduction, and adaptation. The results show that nursing students obtained a higher overall translation quality score (2.78) than midwifery students (2.54), indicating better accuracy, while translations produced by midwifery students demonstrated higher readability. These findings provide practical implications for translation pedagogy, particularly in designing health-related translation instruction that emphasizes both accuracy and readability in academic contexts.

Keywords: *translation, assertive speech acts, translation quality*

Introduction

Translation competence has become an essential academic skill, particularly for students who regularly engage with scientific and health-related texts across languages. Effective translation in such contexts requires more than lexical equivalence; it involves sensitivity to pragmatic meaning, disciplinary conventions, and communicative intent in the target language. One pragmatic feature that is especially critical in scientific and health discourse is the assertive speech act, which functions to present information as factual, credible, and epistemically committed, thereby shaping how knowledge is interpreted and acted upon by readers.

Existing research in translation studies has extensively examined translation quality, techniques, and equivalence, with a strong focus on professional translators, literary texts, and audiovisual translation. Parallel research in pragmatics has explored assertive speech acts primarily within fictional narratives, conversational interaction, or political discourse. However, the intersection of these two domains—namely, how assertive speech acts are translated in scientific and health-related texts—remains

underexplored. More importantly, empirical studies rarely investigate how such pragmatic features are handled by student translators, despite their growing role in academic and professional translation contexts.

Studies that do involve student translators tend to treat them as a homogeneous group, often overlooking disciplinary background as a variable that may systematically influence translation decisions. In health-related fields, such as nursing and midwifery, students are exposed to similar content domains but differ in their academic training, communicative orientation, and familiarity with technical discourse. Yet, little is known about how these disciplinary differences shape the translation of assertive speech acts, particularly in terms of the trade-off between accuracy, acceptability, and readability. As a result, current translation pedagogy lacks empirically grounded guidance on how pragmatic competence in specialized domains develops across disciplines.

To address this gap, the present study conducts a comparative analysis of the translation quality of assertive speech acts in family health texts produced by nursing and midwifery students. By integrating pragmatic analysis with a translation quality assessment framework, this study examines not only what translation techniques are employed but also how disciplinary background influences the realization of assertive meaning in the target language. In doing so, the study contributes to applied linguistics and translation pedagogy by providing empirical evidence that informs the design of discipline-sensitive translation training for health-related academic and professional contexts.

Method

This study adopts a descriptive qualitative design to examine the translation of assertive speech acts in family health texts. A qualitative approach is appropriate because assertive speech acts are pragmatically embedded and context-dependent, requiring holistic interpretation rather than purely quantitative measurement. The research design is flexible and responsive to emerging analytical patterns, in line with qualitative inquiry principles (Lincoln & Guba, as cited in Santosa, 2017).

The data consist of 100 assertive speech acts extracted from English family health texts and their Indonesian translations produced by undergraduate nursing and midwifery students. The source texts were selected due to their high frequency of assertive speech acts conveying factual, instructional, and evaluative health information. Student translations were collected from written coursework completed as part of health-related English or translation instruction. Assertive speech acts were identified and classified into convincing, conveying, and stating categories based on their pragmatic function.

The participants were selected using purposive sampling to ensure comparability between the two groups. All participants had completed foundational English or translation-related courses and were familiar with health-related discourse, while representing distinct disciplinary backgrounds. This sampling strategy allowed for a focused comparison of how disciplinary orientation influences the translation of assertive speech acts. Participant anonymity was maintained to ensure ethical compliance.

The translated data were analyzed using Molina and Albir's (2002) translation technique framework to identify dominant techniques, including literal translation, transposition, modulation, reduction, and adaptation. Translation quality was assessed using Nababan, Nuraeni, and Sumardiono's (2012) model, which evaluates accuracy,

acceptability, and readability. Each translated assertive speech act was scored on a three-point scale, and the scores were averaged to obtain an overall translation quality score for each group.

To ensure analytical rigor, translation quality assessment was conducted by two independent raters with expertise in translation studies and applied linguistics. Prior to scoring, the raters underwent calibration using a subset of the data to align their understanding of the assessment criteria. Inter-rater reliability was calculated using Cohen's Kappa coefficient, which indicated a substantial level of agreement. Any discrepancies in scoring were resolved through discussion to reach consensus.

Result and Discussion

In pragmatic studies, assertive speech acts are one type of illocutionary act that aim to convey information, state facts, explain, deny, or agree with something. Searle (1979) states that assertive speech acts represent the world as it is according to the speaker, so the success of this speech act depends on the accuracy and clarity of its delivery. In the context of family health texts, assertive speech acts have an important function in conveying medical knowledge accurately, objectively, and reliably.

In this study, the comparison of the translation quality of assertive speech acts is analyzed based on the translation results of two groups of students, namely nursing and midwifery students. The discussion focuses on meaning accuracy, acceptability within the target culture, and readability in Indonesian.

Based on the data obtained, it was found that nursing students tend to translate assertive speech acts more literally and technically. This is likely due to their educational background, which involves frequent interaction with medical terminology and scientific language structures. For example, in translating the English sentence "The family plays an essential role in maintaining health," nursing students rendered it as "The family has an essential role in maintaining health," which maintains the formal structure and technical terminology.

Conversely, midwifery students tend to adjust their translations to be more communicative and easier for the general public to understand. The same sentence is translated as 'Family is very important for maintaining health,' which, although simpler, still conveys the assertive intention effectively. This reflects a more pragmatic approach that prioritizes acceptability in everyday communication."

However, several translations from both groups show shifts in meaning or a loss of the assertive nature of the statements. For example, the sentence 'Health education should be given regularly' was translated by some students as 'Pendidikan kesehatan bisa diberikan secara berkala.' The change from should to bisa reduces the level of illocutionary commitment, thereby weakening the assertive speech act.

Example 1:

BSU: "Pregnant woman needs to consume balanced, nutritious foods to support fetal growth."

BSA: "Ibu hamil perlu mengonsumsi makanan bergizi seimbang untuk mendukung pertumbuhan janin."

The sentence above is an assertive speech act because the writer states a medical fact based on their knowledge and belief regarding the importance of nutritional intake

during pregnancy. The speaker not only provides information but also convinces the reader that the action is correct and needs to be carried out."

Example 2:

BSU: "Washing your hands using soap can prevent the spreading of various diseases."

BSA: "Mencuci tangan dengan sabun dapat mencegah penularan berbagai penyakit."

This statement is classified as an assertive speech act because it conveys scientific truth and aims to educate readers to practice clean and healthy living behaviors. In addition, this sentence is also declarative and delivers objective information supported by health data.

Example 3:

BSU: "Children need to complete their immunization to prevent dangerous diseases such as measles and polio."

BSA: "Anak-anak memerlukan imunisasi lengkap untuk mencegah penyakit berbahaya seperti campak dan polio."

This sentence contains an assertive function because it states the obligations and benefits of immunization. The information is conveyed based on medical guidelines and aims to influence the reader's attitude toward the importance of immunization.

From the examples above, it can be concluded that assertive speech acts play an important role in the construction of family health texts because they facilitate the effective delivery of information. The writer uses declarative sentence forms and neutral yet informative word choices so that the message is easy to understand and acceptable to a wide range of readers.

In addition, assertive speech acts in health texts are often accompanied by linguistic markers such as epistemic modality (for example: need, must, can, should), which strengthen the illocutionary force. The use of these modalities shows that the writer is not merely providing information but also emphasizing the degree of certainty or necessity related to the recommended actions.

Translation Techniques

Based on the analyzed data, there are several translation techniques that are predominantly used in translating assertive speech acts, namely:

Literal Translation (Penerjemahan Literal)

This technique is most often used when the sentence structures in both the source and target languages allow for direct translation without changing the meaning. For example:

BSU: "Pregnant women must have regular check-ups."

BSA: "Ibu hamil harus memeriksakan kandungannya secara rutin."

This technique is effective because it maintains the original meaning of the assertive speech act in the form of an informative statement of obligation.

Transposition

This technique is used to change grammatical categories without changing the meaning. For example:

BSU: "Maintaining environmental hygiene is important to prevent children from falling ill."

BSA: "Penting untuk menjaga kebersihan lingkungan agar anak tidak mudah sakit."

Here, the clause "maintaining environmental cleanliness" is translated into the nominal phrase "maintaining environmental hygiene." This technique helps construct sentences that sound more natural in the target language without losing their assertive function.

Modulation (Modulasi)

Modulation is used when a change in semantic perspective is necessary to make the message feel more natural in the target language.

BSU: "Parents should limit their children's outdoor play during the rainy season."

BSA: "Orang tua sebaiknya tidak membiarkan anak bermain terlalu lama di luar saat musim hujan."

The change from negative to positive form ("not allowing" becomes "limit") is an example of modulation, but the meaning and assertive function are maintained.

Reduction

This technique occurs when the translator omits or adds information to suit the cultural or linguistic context.

BSU: "Exclusive breastfeeding is essential for the baby's growth and development in the first six months."

BSA: "ASI eksklusif sangat penting untuk tumbuh kembang bayi."

The addition of "in the first six months" is an expansion to explain the meaning of "exclusive breastfeeding", which may not be familiar to international readers.

Adaptation (Adaptasi)

In some cases, adaptation is used when a cultural term in the source language does not have a direct equivalent in the target language.

BSU: "Babies should be given complementary foods starting at six months of age."

BSA: "Anak harus diberi makanan pendamping ASI mulai usia enam bulan."

The term "makanan pendamping ASI" is adapted into "complementary foods" because it is more commonly used in international health contexts.

The use of varied translation techniques indicates that the translator is not only focused on lexical equivalence, but also on the communicative function of the assertive speech acts themselves. In the context of family health texts, it is important for the

translator to maintain the informative, objective, and educational aspects of assertive speech acts so that health messages can be conveyed accurately and in a culturally appropriate manner."

Translation Quality

Based on the analysis results, translation quality is assessed based on three aspects: accuracy, acceptability, and readability, as per Nababan's (2012) theory. The following is a discussion:

Accuracy

In general, most assertive speech acts are translated fairly accurately. For example, the source sentence, "The mother needs to monitor her child's temperature regularly," is translated as "The mother needs to monitor her child's body temperature regularly."

This translation accurately represents the meaning of the message in the source language without any loss of information or distortion of meaning. However, there are also some cases where the meaning of the assertion is unclear due to inappropriate wording, such as in the sentence:

BSU: "The baby must be exclusively breastfed for six months."

BSA: "Bayi sebaiknya diberi ASI selama enam bulan."

In this example, the use of the word "should" contains the meaning of recommendation, not obligation, so the level of accuracy decreases because there is a weakening of the assertive speech act, which should be firm.

Acceptance

In terms of acceptability, most translations conform to Indonesian linguistic norms. The translated sentences feel natural and unsophisticated. Example:

BSU: "It is important to wash hands before feeding the baby."

BSA: "Penting untuk mencuci tangan sebelum memberi makan bayi."

This translation sounds natural in Indonesian and fits the style of health texts. However, some students still use sentence structures that tend to be literal and rigid, such as: "Mother must ensure that food is prepared cleanly."

While grammatically correct, the style is less communicative in the context of popular health texts, which are generally persuasive and easy to understand.

Readability

Based on the analysis of translation data from nursing and midwifery students, it was found that readability is the primary determinant of the effectiveness of assertive speech acts in conveying educational and informative messages. For example, in the source sentence:

BSU: "You should always wash your hands before handling food."

Some versions of student translations show the following variations:

BSA 1: "Anda harus selalu mencuci tangan sebelum menyentuh makanan."

BSA 2: "Sebaiknya Anda mencuci tangan dulu sebelum memegang makanan."

BSA 3: "Cuci tangan dulu sebelum Anda menyentuh makanan."

The three translations exhibit different readability qualities, despite semantically conveying the same message. SL 1 maintains a formal and literal structure, but tends to be stiff for lay readers. SL 2 uses a more communicative approach with the phrase "should," although this weakens the assertive force of the source text. Meanwhile, SL 3 adopts a more direct and easily understood structure without compromising the meaning.

In this case, SL 3 demonstrates the highest level of readability, as its sentences are concise, familiar to Indonesian speakers, and retain the assertive function of providing strong information or advice. This aligns with the readability principle of Nababan et al. (2012), which states that a good translated text should be easily understood by the target reader without having to reread.

Furthermore, it was found that some students tended to translate by retaining the structure of the source language (source-oriented), which resulted in reduced readability. Another example:

BSU: "Regular check-ups can help prevent complications during pregnancy."

BSA less readable: "Pemeriksaan secara reguler bisa membantu dalam mencegah komplikasi saat kehamilan."

BSA more readable: "Pemeriksaan kehamilan rutin membantu mencegah komplikasi."

In this case, the use of the word "regularly" and the structure "helps in preventing" feels unnatural and prolongs the comprehension process. Meanwhile, the second version is more concise and uses a structure more commonly found in Indonesian.

Overall, the readability of the translation of assertive speech acts significantly impacts the quality of health message delivery. Poorly readable translations can reduce communication effectiveness, particularly in the context of health education for families, where direct understanding is crucial. Therefore, readability is a key indicator in assessing the success of the translation of assertive speech acts in the health sector.

Conclusion

In this study, there are 100 assertive speech act data, where there are 37 assertive speech act data that fall into the convincing category, 44 assertive speech act data that fall into the conveying category, and 19 assertive speech act data that fall into the stating category. There are 5 translation techniques used in this study, namely literal translation, transposition, modulation, reduction, and adaptation. In terms of translation quality, nursing students scored 2.78, while midwifery students scored 2.54. Nursing students showed a higher level of accuracy of meaning, but midwifery students were superior in readability. This shows that technical and communicative approaches have their respective advantages in translating assertive speech acts. Based on the analysis of a number of articles in family health texts, it was found that assertive speech acts dominate the discourse structure. This is in accordance with the main purpose of health texts, which is to convey factual and educational information.

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