



FACTORS INFLUENCING COMPLIANCE WITH TRIPLE ELIMINATION EXAMINATION

Roza Aryani*, Sirajul Muna, Elyza

Sekolah Tinggi Ilmu Kesehatan Muhammadiyah Aceh, Jl. Harapan No.14, Punge Blang Cut, Jaya Baru, Banda Aceh, Aceh 23234, Indonesia

*oja.aryani@gmail.com

ABSTRACT

The impact of non-compliance by pregnant women in carrying out triple elimination examinations is the cause of increasing high risk rates in pregnant women (bleeding, infectious diseases, etc.). Knowledge, attitudes, beliefs, beliefs, perceptions and traditions are important components as predisposing factors for health behavior. The triple elimination examination is intended to help reduce the fairly high maternal mortality rate in Indonesia. Objective to conduct an analysis of factors influencing compliance with triple elimination examinations in the Krueng Sabee Community Health Center Work Area, Aceh Jaya Regency in 2023. This quantitative research has a cross sectional design. The population of this study was all pregnant women with a gestational age of more than 20 weeks. Total sampling technique was used in this research (30 people). Data collection for this research was carried out by distributing questionnaires that had been tested for validity (> 0.361) and reliability (0.801). Data analysis used the chi square test. Shows that there is an influence between maternal knowledge ($p=0.000$), maternal attitude ($p=0.009$) and husband's support ($p=0.001$) on triple elimination examination. There is an influence of husband's knowledge, attitudes and support on triple elimination examinations in the Krueng Sabee Community Health Center Work Area, Aceh Jaya Regency.

Keywords: husband's support; mother's knowledge; mother's attitude; triple elimination

How to cite (in APA style)

Aryani, R., Muna, S., & Elyza, E. (2024). Factors Influencing Compliance with Triple Elimination Examination. *Indonesian Journal of Global Health Research*, 6(S5), 171-180. <https://doi.org/10.37287/ijghr.v6iS5.4489>.

INTRODUCTION

Pregnancy is a physiological process that causes changes in the mother and her environment. With pregnancy, the entire female genetic system experiences fundamental changes to support the development and growth of the fetus in the womb during the pregnancy process. Pregnancy is a process of changing identity and roles for each family member. During pregnancy, mothers often experience a psychological imbalance which may be caused by the situation or stage of development so that various supports and assistance are very important and needed for a mother to support her during her pregnancy (Hutahaeen, 2020). In line with sustainable development goals or Sustainable Development Goals (SDGs), especially SDGs 3, promotion of healthy living and prosperity must be carried out for all people of all ages by paying attention to health priorities as a development insight, including reproductive health, maternal and child health, and disease control. infectious. Several infectious diseases such as HIV infection, Syphilis and Hepatitis B are diseases that can be transmitted from infected mothers to their children during pregnancy, childbirth and breastfeeding, and cause morbidity, disability and death, thus having a negative impact on the survival and quality of life of children (Kemenkes RI, 2019).

HIV Aids numbers can occur differently in the field like an iceberg phenomenon. Official data issued by the Ministry of Health can be very different from the actual situation. This happens because only a small number of people are identified as being infected with HIV, while many family members, friends or colleagues know the person's HIV status. This case

was not identified, among other things, because they were not open about their HIV status, there was public stigma towards HIV sufferers and there was very little public concern about knowing their HIV status (Yayasan AIDS Indonesia, 2020) According to WHO data, in Southeast Asia in 2015 the HIV figure reached 5.1 million patients with 77,000 pregnant women living with HIV, and 19,000 new cases of pediatric HIV infection were discovered. This is a figure that can be said to be fantastic compared to other regions. Meanwhile for syphilis, the incidence rate has shown an increase of 0.32% in the Southeast Asia region. The number of patients shows a figure of up to 167,000 cases of syphilis in pregnant women. It had a devastating impact, resulting in 65,800 adverse outcomes including premature fetal death. For Hepatitis B, Southeast Asia accounts for 15% of the total number of Hepatitis B patients worldwide with 39 million people (WHO, 2018b).

Triple elimination is a program held by the Ministry of Health of the Republic of Indonesia to overcome the transmission of HIV (Human Immunodeficiency Virus), syphilis and hepatitis B from pregnant women to their babies. This activity is an activity adopted from the WHO (World Health Organization) program called triple elimination. WHO believes that the transmission rate can be reduced to 5% from the supposed 15% with preventive activities in the form of testing for HIV, hepatitis B and syphilis during antenatal care (ANC). Meanwhile, the Ministry of Health has a target to reach zero by 2030 in accordance with what is written in the Regulation of the Minister of Health of the Republic of Indonesia number 52 of 2017 (Bappenas, 2020). In Indonesia, the number of pregnant women tested for HIV is 1,725,760 people. The number of HIV positive pregnant women is 5,828 people. The number of HIV positive pregnant women receiving ART (Antiretroviral Therapy) was 1,311 people. The number of pregnant women tested for Syphilis was 498,927 people. The number of pregnant women who tested positive for syphilis was 3,021 people. The number of pregnant women treated for syphilis was 1,540 people. Meanwhile, 1,545,302 pregnant women were tested for Hepatitis B and 26,743 people were reactive for HBsAg (Pusat Data dan Informasi Kementerian Kesehatan RI, 2020).

However, this can be prevented with simple and effective interventions in the form of early detection (screening) during antenatal care, early treatment and immunization. More than 90% of children contract HIV, syphilis and hepatitis B infections from their mothers. The prevalence of HIV, Syphilis and Hepatitis B infection in pregnant women is 0.3%, 1.7% and 2.5% respectively. The risk of mother-to-child transmission for HIV is 20%-45%, for Syphilis is 69-80%, and for Hepatitis B is more than 90% (Kemenkes, 2017). For the case in Aceh, in the 2022 Aceh Province Level HIV/AIDS and PIMS (Sexually Transmitted Infectious Diseases) Data Validation Meeting, the Head of the Health Service said that for 2021 there were 155 new positive cases of HIV/AIDS recorded. This figure was obtained from the results of HIV screening on 43,120 people in the westernmost province of Sumatra. The results found 155 new cases that were positive for HIV/AIDS. Of that number, there are 100 people who are HIV positive and 55 people who are AIDS positive. The highest number of HIV/AIDS cases was in Banda Aceh City with 35 people. What is currently needed is to improve Treatment and Treatment Support (PDP) services at both community health centers and hospitals in an effort to bring treatment services closer to HIV/AIDS sufferers. The results of Hepatitis B screening in pregnant women in 2021 were 89,266, of which 919 pregnant women were detected as hepatitis B reactive. Triple elimination screening in Aceh Jaya Regency in 2021, namely HIV screening carried out on 1915 pregnant women out of a target number of pregnant women of 2,269 people. Syphilis screening was carried out on 1878 mothers from a target number of 2269 people and it was found that 7 people were reactive to syphilis. Furthermore, Hepatitis B screening was carried out on 1878 mothers out of a target

number of 2269 people and 11 people were found to be reactive to hepatitis B (Dinkes Aceh Jaya, 2022).

As a form of state responsibility in ensuring the survival of children, efforts need to be made to break the chain of transmission of HIV, Syphilis and Hepatitis B through elimination of transmission. Efforts to eliminate HIV, Syphilis and Hepatitis B transmission are carried out jointly because HIV, Syphilis and Hepatitis B infections have relatively the same transmission patterns, namely they are transmitted through sexual intercourse, blood exchange/contamination, and vertically from mother to child. Elimination of HIV, Syphilis and Hepatitis B transmission together or what is often called "Triple elimination" is carried out to ensure that even if the mother is infected with HIV, Syphilis and/or Hepatitis B, as far as possible it is not transmitted to her child. Therefore, a guideline is needed to achieve the elimination of HIV, Syphilis and Hepatitis B transmission from mother to child as a reference for the Central Government, Regional Government, health workers according to their competence and authority, the community and related stakeholders (Kemenkes, 2017).

VCT or voluntary counseling and testing is an HIV counseling and testing service carried out voluntarily (KTS). This service aims to help prevent, care and treatment for people living with HIV/AIDS (PLWHA). In principle, VCT is confidential and carried out voluntarily. This means that counseling and tests are only carried out with the initiative and consent of the party who comes to the VCT service provider for examination. The results of examinations carried out during VCT are kept confidential (Costa et al., 2022). The Triple Elimination Program aims for early detection of HIV, syphilis and Hepatitis B infections in pregnant women and is very important for all pregnant women to carry out because it can save the lives of mothers and children. The examination can be carried out at the nearest Community Health Center at the first antenatal care visit, ideally before 20 weeks of gestation and for pregnant women who come after 20 weeks the screening test and treatment should be carried out as quickly as possible (WHO, 2018a).

The impact of pregnant women's non-compliance in carrying out triple elimination examinations is one of the causes of increasing high risk rates in pregnant women (bleeding, infectious diseases and others). This is often caused by the patient's lack of knowledge and understanding regarding the health examination provided. Knowledge, attitudes, beliefs, beliefs, perceptions and traditions are important components of predisposing factors for health behavior. If a pregnant mother has more knowledge about the high risks of pregnancy then it is likely that the mother will think about preventing, avoiding or overcoming the problem of the risks of pregnancy, and the mother has the awareness to have her pregnancy checked, so that if a risk occurs during pregnancy it can be treated early and appropriately by health workers. This is also intended to help reduce the fairly high maternal mortality rate in Indonesia (Damayanti, 2018).

Krueng Sabee Community Health Center data shows that the number of HIV screening was 154 people, while the number of syphilis screening was 135 people and the number of hepatitis B screening was 135 people, out of the target number of pregnant women of 198 people (Dinkes Aceh Jaya, 2022). Therefore, pregnant women need to be given information about HIV, Syphilis and Hepatitis B with the aim of increasing pregnant women's knowledge of virus transmission. The knowledge that mothers have is influenced by education, including health education, the higher the education, the easier it will be to receive information and the more knowledge they have, this will influence the compliance of pregnant women in carrying out triple elimination examinations (Othman & Baharuddin, 2018). Pregnant women's

perception is the mother's knowledge of something, whether she knows it or not. Pregnant women's perceptions, attitudes and family support regarding triple elimination examinations are a response to the triple elimination examinations they receive through the sense of hearing from health workers which are very closely related to compliance with health screening in pregnancy (Vebriyani, 2022).

Based on the results of interviews conducted by researchers with 8 pregnant women in the 1st trimester, it was discovered that 4 mothers had not had a triple elimination examination because there had been no recommendation from health workers, 2 people said they had carried out the examination with negative test results and 2 other people said it was not permitted. by the husband because he was worried if the result was declared positive for Covid. Next, the researchers conducted interviews with health workers and the results showed that there were still families who thought that the Triple Elimination examination was related to Covid (because of the pandemic), even though it had been explained, the families were reluctant to carry out the examination. Based on this background, the aim of this research is to analyze factors influencing compliance with triple elimination examinations in the Krueng Sabee Community Health Center work area, Aceh Jaya Regency in 2023.

METHOD

The variables in this study consist of independent variables and dependent variables, where the dependent variable is Triple Elimination compliance visits while the independent variables are knowledge, attitude and husband's support. This research uses a cross sectional method, where the data collection method is obtained at the same time. The population in this study were all pregnant women with a gestational age of more than 20 weeks who were in the Krueng Sabee Aceh Jaya Community Health Center Work Area in October 2022, totaling 30 people. The sampling technique in this study used a total population of 30 pregnant women with a gestational age of over 20 weeks. This research was conducted at the Krueng Sabee Aceh Jaya Community Health Center from 12 to 30 June 2023. In this research, the tool used to collect data used a structured questionnaire with closed questions, namely questions whose possible answers had been determined beforehand and respondents were not given the opportunity to provide other answers and used the KIA book. To see the relationship between the independent and dependent variables, use the chi square statistical test. With a significance limit ($\alpha = 0.05$) or Confident Level (CL) = 95%.

RESULT

Based on table 1, it can be seen that the majority of respondents were aged 26–31 years (early adulthood) amounting to 12 people (40%), with the majority being at secondary education level, namely 21 people (70%) and the number of children was 2 people as many as 13 people. (43.3%). The results of descriptive analysis using triple elimination variable frequency distribution statistics show that the majority of pregnant women are compliant in carrying out triple elimination, namely 24 respondents (80%), namely at a gestational age of less than 20 weeks. The results of descriptive analysis using frequency distribution statistics for the maternal knowledge variable show that the majority of pregnant women have good knowledge about triple elimination, namely 20 respondents (66.7%), with the majority of pregnant women having attitudes in the positive category, namely 20 respondents (66.7%). The results of descriptive analysis using the frequency distribution statistics of the husband's support variable showed that the majority of pregnant women's husbands provided support to the mothers to carry out triple elimination checks, namely 26 respondents (86.7%).

Table 1
Respondent Characteristics (n=30)

Characteristics	Category	f	%
Age	Late Adolescences (17-25 years)	10	33,3
	Early Adulthood (26-31 years)	12	40
	Late Adulthood (36-45 years)	8	26,7
Education Level	Elementary School	3	10
	Intermediate School	21	70
	High School	6	20
Number of Children	0	3	10
	1	7	23,3
	2	13	43,3
	3	5	16,7
	4	2	6,7
<i>Triple eliminasi</i>	Obedient	24	80
	Not Obey	6	20
Mother's Knowledge	Good	20	66,7
	Less	10	33,3
Attitude	Positive	20	66,7
	Negative	10	33,3
Husband Support	Support	26	86,7
	Does not Support	4	13,3

Table 2
The Influence of Knowledge on Compliance with Triple Elimination Examinations (n=30)

The Influence of Knowledge on Compliance with Triple Elimination Examinations (n=50)							
Variable	Triple eliminasi				Total		p-value
	Obedient		Not Obey				
	f	%	f	%	f	%	
Knowledge							
Good	20	100	0	0	20	100	0,000
Less	4	40	6	60	10	100	
Attitude							
Positive	19	95	1	5	20	100	0,009
Negative	5	50	5	50	10	100	
Husband Support							
Support	24	80	2	20	26	100	0,001
Does not Support	0	0	4	100	4	100	

Based on table 2 above, it can be seen that of the 30 respondents, 20 of them had good knowledge and all of them complied with carrying out triple elimination examinations during pregnancy, namely 20 respondents (100%). Meanwhile, of the 10 respondents with insufficient knowledge, the majority did not comply with triple elimination examinations during pregnancy, namely 6 respondents (60%). After carrying out the cross test, the p value was 0.000 ($< \alpha = 0.05$), so it can be concluded that the hypothesis which states that there is an influence of knowledge on the triple elimination examination is accepted or H_a is accepted. The results of the analysis to determine the influence of attitudes towards triple elimination examinations were that there were 20 respondents who had attitudes in the positive category, where the majority complied with carrying out triple elimination examinations during pregnancy, namely 19 respondents (95%). Meanwhile, of the 10 respondents with negative attitudes, there were the same percentage of compliant and non-compliant in carrying out triple elimination examinations during pregnancy, namely 5 respondents (50%). After carrying out the cross test, the p value was 0.009 ($< \alpha = 0.05$), so it can be concluded that the hypothesis which states that there is an influence of attitude towards the triple elimination examination is accepted or H_a is accepted.

The results of the analysis to determine the effect of husband's support on triple elimination examinations were that 26 respondents had husbands who provided support to good mothers, of which the majority were obedient to carrying out triple elimination examinations during pregnancy, namely 24 respondents (80%). Meanwhile, of the 4 respondents who did not receive support from their husbands, all of them were in the category of not complying with triple elimination examinations during pregnancy, namely 4 respondents (100%). After carrying out the cross test, the p value was 0.001 ($< \alpha = 0.05$), so it can be concluded that the hypothesis which states that there is an influence of husband's support on the triple elimination examination is accepted or H_a is accepted.

DISCUSSION

The Influence of Knowledge on Triple Elimination Examination

After carrying out the cross test, the p value was 0.000 ($< \alpha = 0.05$), so it can be concluded that the hypothesis which states that there is an influence of knowledge on the triple elimination examination is accepted or H_a is accepted. According to the researcher's assumption, pregnant women who have clear knowledge about triple elimination from trusted information sources will have an impact on knowledge that can influence taking action. These results can be seen from the respondents' answers where 70% of respondents answered that they knew what triple elimination was and that the cause of syphilis and HIV was sexual behavior. 76% answered correctly regarding HIV testing carried out 3 months after the first examination. 83.3% answered correctly on the question triple elimination is carried out before delivery, 70% answered correctly on the question triple elimination examination is carried out to prevent transmission of the virus from mother to fetus and the risk of transmission is higher in the second trimester of pregnancy and 63.3% knew that hepatitis B can impact death.

This illustrates the knowledge of pregnant women obtained from leaflets, flip sheets, banners, posters and so on regarding preventing the transmission of HIV/AIDS, Hepatitis B and Syphilis from mother to fetus, the willingness of health workers to provide counseling services and assist health workers in reproductive health examinations. In health services, clearly greatly influences the willingness of pregnant women to undergo voluntary triple elimination examinations. Increasing pregnant women's knowledge about triple elimination is expected to form a positive attitude of mothers towards triple elimination screening during ANC. Apart from knowledge, the formation of attitudes within a person is influenced by personal experience, support from other people who are considered important (husband or other family members), culture, sources of information (mass media), and educational institutions/religious institutions (BKKBN et al., 2018). Knowledge is a very important cognitive part in shaping a person's actions. Pregnant women who do not carry out HIV testing, whether they have good or poor knowledge, may be because they are still in the process of behaving or because of other causal factors such as the lack of reinforcing factors that influence pregnant women to behave, for example support from their husband or family to carry out the examination. Knowledge is important for patients in carrying out prevention and recognizing risks (Nurmala, 2018).

The results of this research are in line with the research of Kundaryanti dan Suciawati (2022), where the data analysis used was univariate analysis and bivariate analysis using the chi square test. 55.7% of pregnant women have had the tri-elimination examination, 59.8% have good knowledge, 59.8% have a positive attitude, and 62.9% have the role of health workers. There is a relationship between knowledge ($p=0.000$) and the role of health workers ($p=0.001$) and there is no relationship between attitudes towards tri-elimination examinations in pregnant women. Likewise, with the results of research by Wulandari dan Kusumaningsih

(2022), there is a relationship between knowledge and triple elimination examinations in pregnant women during the Covid-19 pandemic ($p = 0.037$), there is no relationship between education and triple elimination examinations in pregnant women during the Covid pandemic.-19 ($p = 0.649$). There is no relationship between gravida and triple elimination examinations in pregnant women during the Covid-19 pandemic ($p = 0.367$) and pregnant women are advised to be more aware and increase their knowledge about the importance of triple elimination examinations in every pregnancy.

The Influence of Attitude on Triple Elimination Examination

After carrying out the cross test, the p value was 0.009 ($< \alpha = 0.05$), so it can be concluded that the hypothesis which states that there is an influence of attitude towards the triple elimination examination is accepted or H_a is accepted. Based on researchers' assumptions, attitudes grow starting from knowledge that is perceived as something good/positive, or bad/negative, then internalized within oneself, things that are known will influence attitudes. Based on respondents' answers, it was found that 76.7% of pregnant women agreed that triple elimination examinations were important during pregnancy, 56.7% said that triple elimination examinations should be carried out by health workers. As many as 83.3% said that only pregnant women who frequently have sexual relations with non-partners should carry out HIV, syphilis and hepatitis B tests and 83.3% said that pregnant women need to ask the family for approval to carry out triple elimination tests. This illustrates how enthusiastic mothers are or are willing to carry out triple elimination examinations because the level of awareness of maternal and child health is high. This is thought to be the basis for the influence of attitudes with the triple elimination examination.

The behavior of pregnant women towards the triple elimination examination is the mother's attitude and actions towards the examination, the mother can behave positively and can also behave negatively. Mothers with positive behavior will accept, support and be willing to carry out examinations recommended by the midwife or doctor, while mothers with negative behavior will refuse to undergo examinations for various reasons stated by them (Muntarti, 2021). One of the things that influences a person to take a stance on a particular issue is conformity or suitability with people who are important to him, or what is known as 'the significant others'. Indonesian society is a collective society that values relationships with others as important, so the role of family support, especially the husband, will influence the mother's attitude towards utilizing health services. This was also mentioned by Notoatmodjo that encouragement from the family to seek health help will have a big influence on the desire or motivation to access health services (Koamesah, 2021).

The results of this research are in line with the results of Aristadewi (2022), showing that the majority of respondents had good knowledge (75%) and as many as (75%) had a positive attitude. The relationship between knowledge of pregnancy and triple elimination examination is low with a p value of 0.012 and the relationship between pregnant women's attitudes and examination is low with a p value of 0.000. Likewise, research by Chasanah et, al (2021) showed that of the 69 respondents, 13 mothers were not willing to undergo an examination. The internal factors of pregnant women have different average values between those who are willing and unwilling, but the difference is not significant (>0.05) and does not influence the mother's decision to undergo triple elimination examination. The P -value for each factor was obtained from the characteristics and socio-economic results (age (0.550), education (0.602), gravida (0.829), gestational age (0.612), family type (0.567), number of family members (0.407), mother's occupation (0.886), husband's occupation (0.761), income (0.733), knowledge (0.311), motivation (0.281), and attitude (0.014).

The Influence of Husband's Support on Triple Elimination Examination

After carrying out the cross test, the p value was 0.001 ($< \alpha = 0.05$), so it can be concluded that the hypothesis which states that there is an influence of husband's support on the triple elimination examination is accepted or H_a is accepted. According to researchers' assumptions, husbands have a significant role in determining the mother's health status, because husbands have a role as motivators and policy makers in the household. Pregnant women really need support from a husband. Based on respondents' answers, it is known that 60% of mothers said that their husbands advised mothers to carry out pregnancy examinations, 53.3% of husbands explained the importance of pregnancy examinations, 56.7% of husbands took mothers to carry out examinations, 53.3% of husbands advised mothers to consume nutritious food and little sport. 50% advised the mother to take part in activities at the community health center, 63.3% of the mother involved her husband in decision making, 60% of the husband listened to the mother's opinion, 56.7% of the husband told the mother to rest, 60% of the mother accepted the advice given by the husband

As many as 56.7% of husbands cared for and looked after the mother during this pregnancy, 56.7% of husbands asked about whether the mother's health seemed to be in decline and whether she knew about the pregnancy check-up schedule. 53.3% of mothers' husbands pay attention to the mother's wishes for the food she wants. This illustrates good husband support where this support can provide good motivation to mothers to carry out pregnancy checks. With the husband's encouragement, pregnant women will feel cared for, loved and accompanied, which can make the mother feel calmer and safer so that she will want to carry out the recommended triple elimination examination. This is thought to be the cause of the influence of husband's support in the triple elimination examination.

Husbands must play an active role in health checks for pregnant women. The husband's support is not given to the wife in total, only to accompany her to the place but not ensuring the condition of the pregnancy, and the husband does not help with work at home. Pregnant women themselves also need to get strong support from those closest to them, namely their family, especially their husbands. The husband's responsible role as head of the household must be able to protect his family, especially his wife (Apriadi, 2021). Several other factors such as intention, distance affordability, support from partner, self-efficacy and outcome expectations can also influence examination visits. Husband's support is in the form of responses from the presence or absence of encouragement, motivation, advice that will influence pregnant women to continue or stop triple elimination examinations (Fatimah et al., 2020).

The greatest support was obtained in the form of giving permission to wives to have their pregnancy checked for HIV, Syphilis and Hepatitis B (80%). Giving the husband's permission is important for the successful implementation of the Triple Elimination program, apart from that, emotional support is also said to be important. The form of emotional support provided by the husband is done by asking for news via telephone regarding the wife's pregnancy, the health condition of the fetus, and even expressions of enthusiasm and affection. Apart from that, a husband's good supportive behavior is caused by the husband's good knowledge and attitude, because knowledge and attitude are the basis for creating behavior which is supported by several other factors both from within and outside. The higher the absorption of information and good access to knowledge, the better the husband's attitude will be and he will be confident in himself, so that in the end it will form the husband's good supportive behavior towards the health of the wife's pregnancy (Taufiq, 2019).

The results of this research are in line with Koamesah (2021), where the results only show that 36.7% of respondents have good triple elimination knowledge, and 33.9% have poor knowledge. Most respondents (64%) had a neutral perception, and 27% had a positive perception of family support (husband). 79% of respondents received rare information about triple elimination. Respondents' attitudes were generally neutral (61%). However, 23% still had a negative attitude towards triple elimination testing. There was a significant relationship between perceived family support and attitudes towards triple elimination testing ($p < 0.001$). Likewise, the results of research by Rohani et al (2022) which showed that of the 146 respondents who carried out examinations, 67 (45.9%), respondents with positive husband support were 75 (51.4%), respondents with positive health workers were 88 (88). 60.3%). There is a relationship between husband's support ($p\text{-value} = 0.003$), and there is a relationship between support from the officer's role ($p\text{ value} = 0.000$) with the triple elimination examination.

CONCLUSION

The results of the analysis in this study concluded that there was an influence of pregnant women's knowledge on compliance with Triple Elimination examinations, there was an influence of pregnant women's attitudes towards compliance with Triple Elimination examinations and there was an influence of husband's support on compliance with Triple Elimination examinations in the Krueng Sabee Community Health Center Working Area, Aceh Jaya Regency in 2023.

REFERENCES

- Apriadi. (2021). Analisis Faktor Keikutsertaan Screening Hepatitis “B” Pada Ibu Hamil. *SAGO: Gizi Dan Kesehatan*, 3(1), 51–61.
- Bappenas. (2020). Pedoman Teknis Penyusunan Rencana Aksi (Tujuan Pembangunan Berkelanjutan (TPB)/ Sustainable Development Goals (SDGs). Bappenas.
- BKKBN, BPS, RI, K., & USAID. (2018). Survei Demografi dan Kesehatan Indonesia 2017. Kemenkes RI.
- Chasanah, S., Dewanti, L., & Anis, W. (2021). Pengaruh Faktor Internal Ibu Hamil Dalam Melakukan Pemeriksaan Triple Eliminasi. *Indonesian Midwifery and Health Sciences Journal*, 5(1), 88–102.
- Costa, A. B., Henriques, L., Feijo, M., & Vaite, A. M. (2022). HIV Voluntary Counseling and Testing (VCT-HIV) Effectiveness for Sexual Risk-Reduction Among Key Populations: A Systematic Review and Meta-analysis. *EClinical Medicine*, 52.
- Damayanti, E. (2018). Hubungan Tingkat Pengetahuan Ibu Hamil tentang Risiko Tinggi Kehamilan dengan Kepatuhan Kunjungan Antenatal Care di RSUD Pandan Arang Boyolali. *Publikasi Ilmiah Universitas Muhammadiyah Surakarta*, 2(3 Agustus), 174–182.
- DinkesAcehJaya. (2022). Data Triple Eliminasi Kabupaten Aceh Jaya. Dinkes Aceh Jaya.
- Fatimah, M., et al., Respati, S. H., & Pamungkasari, E. P. (2020). Determinants of Pregnant Women Participation on Triple Elimination of HIV , Syphilis , and Hepatitis B , in Semarang. *Journal of Health Promotion and Behavior*, 05(02), 124–134.
- Hutahaean. (2020). Perawatan Antenatal. Salemba Medika.

- Kemenkes. (2017). Peraturan Menteri Kesehatan Republik Indonesia Nomor 11 Tahun 2017 Tentang Keselamatan Pasien Dengan Progress in Physical Geography. 14(7), 450.
- Kemenkes RI. (2019). Buku PPIA-Combination. Kementerian Kesehatan RI.
- Koamesah, S. M. J. et al. (2021). Relationship Between Knowledge, Family Support, Frequency of Information, and Attitude Towards Triple Elimination Testing During Covid-19. *Journal of Community Health*, 3(1), 1–9.
- Kundaryanti, R., & Suciawati, A. (2022). Faktor-Faktor yang Berhubungan dengan Pemeriksaan Tri Eliminasi pada Ibu Hamil. *Jurnal Farmasetis*, 11(2), 177–182.
- Muntarti. (2021). Hubungan Tingkat Pengetahuan Ibu Hamil Dengan Kepatuhan Pemeriksaan Triple Eliminasi Di UPTD Puskesmas Sonokidul. *Skripsi*, 126.
- Notoatmodjo, S. (2014). Ilmu Perilaku Kesehatan. Rineka Cipta.
- Nurmala, I., & dkk. (2018). Promosi Kesehatan. Airlangga University Press.
- Othman, K., & Baharuddin, H. A. (2018). The Total Factor Productivity in Strategic Food Crops Industry of Malaysia. *Asian Journal of Agriculture and Rural Development*, 5(5), 124–136.
- Pusat Data dan Informasi Kementerian Kesehatan RI. (2020). Peraturan Menteri Kesehatan Republik Indonesia Nomor 9 Tahun 2020 Tentang Apotek. Peraturan Menteri Kesehatan Republik Indonesia Nomor 9 Tahun 2020.
- Rohani, S., Fitria, Y., Wahyuni, R., & Mukhlis, H. (2022). Husband Support and The Role of Health Officers with Triple Elimination Examination in Pregnant Women. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 7(S1), 61–66.
- Taufiq, M. A. (2019). Faktor-Faktor Yang Mempengaruhi Dukungan Suami Dalam Pelaksanaan Program Triple Eliminasi. *Skripsi*.
- Vebriyani, N. (2022). Hubungan Persepsi, Sumber Informasi dan Perilaku Ibu Hamil terhadap Pemeriksaan Triple Eliminasi di PMB Neti Vebriyani. *Journal of Midwifery Science and Women's Health*, 2(2), 52–59.
- WHO. (2018a). Regional Framework for the Triple Elimination of Mother-to-child Transmission of HIV, Hepatitis B and Syphilis in Asia and th Pacific 2018-1030. May 2017(1), 1–20.
- WHO. (2018b). Regional Framework for The Triple Elimination of Mother-to-Child Transmission of HIV and Syphillis in Asia and the Pacific 2018-2030. WHO.
- Wulandari, F. C., & Kusumaningsih, T. P. (2022). Faktor-Faktor Yang Berhubungan Dengan Pemeriksaan Triple Eliminasi Pada Ibu Hamil Di Masa Pandemi Covid-19 Di Puskesmas Purworejo. *Jurnal Kesehata Karya Husada*, 10(2), 137–145.
- YayasanAIDSIndonesia. (2020). Fenomena Gunung Es. Yayasan AIDS Indonesia.
- Yuni Aristadewi, N. K. (2022). Hubungan Pengetahuan Dan Sikap Ibu Hamil Dengan Pemeriksaan Triple Eliminasi Di Puskesmas Manggis 1. *Poltekkes Kemenkes Denpasar Jurusan Kebidanan 2022*.