

Compliance in Carrying Out Triple Elimination Examination Reviewed from Parity and Husband Support in Pregnant Women at Gondanglegi Public Health Center, Malang Regency

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ABSTRACT

Background: Triple Elimination is a health program about Elimination of HIV/AIDS, Syphilis and Hepatitis B transmission from mother to child. The lack of compliance of pregnant women in carrying out Triple Elimination examinations during pregnancy is very high. Participation in Triple Elimination examination can increase with strong husband support.

Purpose: This study aims to determine the relationship between compliance in conducting Triple Elimination examinations in terms of parity and husband support in pregnant women.

Methods: The research design used in this study is quantitative correlation with a cross-sectional approach. With the accidental sampling technique, the sample in this study was 81 pregnant women. The instrument in this study used a questionnaire. Data analysis used Spearman Rank.

Results: The results of the study from 81 respondents showed that the majority of respondents were primiparous 47 respondents (58.02%), the majority of respondents had good support from their husbands 64 respondents (79.01%), and the majority of respondents were obedient 42 respondents (51.85%). Analysis using Spearman's rho statistical test obtained the results of Sig. (2-tailed) 0.000 and a correlation value of 0.77, which indicates that the correlation is classified as strong. It's means there is a relationship between compliance with triple elimination examinations reviewed from parity and husband's support in pregnant women.

Conclusion: Pregnant women are required to undergo triple elimination examination and it is expected to be carried out in the first trimester to detect HIV/AIDS, syphilis, and hepatitis B early and to determine further medical action. Research can be carried out smoothly without any obstacles or barriers. The results of this study are expected to be a reference for further researchers who wish to conduct similar studies or continue research with a more specific focus, including exploring additional variables that have not been studied, such as socio-economic, attitudes, support and maternal knowledge about triple elimination examinations.

Keywords: compliance, husband support, pregnant woman, triple elimination examination

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BACKGROUND

HIV, Syphilis, and Hepatitis B are infectious diseases that can be transmitted through blood or other body fluids. The risk of a child being infected from his mother reaches 90% for these three diseases. Transmission to babies can occur through sexual contact, blood, or vertically from mother to fetus during pregnancy. Pregnant women can transmit HIV to their babies around 20-45%, Syphilis around 69-80%, and Hepatitis B around 90%. The prevalence of HIV in pregnant women is 0.39%, Syphilis 1.7%, and Hepatitis B 2.5%. HIV infection in pregnant women is increasing significantly, especially in the 20-29 age group. The Centers for Disease Control and Prevention (CDC) found 5,726 cases of Syphilis in pregnant women in 2020, which shows an increase of 16% from the previous year (Andhini et al., 2024). In 2020, there were 2,148 cases of congenital syphilis, including 149 stillbirths.

Data from the World Health Organization (WHO) shows that the number of Hepatitis B sufferers in 2019 reached around 296 million people, with 1.5 million new cases of infection each year. According to the Indonesian Health Profile in 2021, there were 202,260 pregnant women who made their first Antenatal Care (ANC) visit, 520,974 pregnant women underwent HIV examination, and 1,590 pregnant women tested positive for HIV. In addition, 189,883 pregnant women underwent Syphilis examination, and 964 of them tested positive, while 99 babies were born with Syphilis (Yuni Aristadewi, 2022). The number of pregnant women who underwent ANC examination in October was 70 pregnant women at the Gondanglegi Health Center, and 47 of them underwent triple elimination examination.

Triple Elimination is a health program based on the Minister of Health Regulation which applies the principle of law No. 52 of 2017 concerning the Elimination of HIV, Syphilis and Hepatitis B transmission from mother to child in Asia and the Pacific in 2018-2030 (Istawati et al., 2023). In an effort to reduce the risk of transmission of sexually transmitted infections in pregnant women, the World Health Organization (WHO) recommends eliminating transmission of infection from mother to child. The diseases that are the focus of elimination are HIV, Syphilis, and Hepatitis B. Elimination or often referred to as 3E (Triple) Elimination. The Sustainable Development Goals target a reduction in maternal mortality to 70 out of 100,000 live births by 2030. Through the Triple Elimination program according to WHO recommendations, it is hoped that the transmission rate can be reduced through preventive activities. This preventive activity involves the implementation of HIV, hepatitis B, and syphilis tests during "Antenatal Care (ANC)" visits for Pregnant Women (Anes et al., 2023). This examination is carried out once during pregnancy, usually in the first trimester, using a rapid diagnostic test on a sample of the mother's blood. HIV testing, uses an immunochromatographic HIV 1/2 rapid test or other rapid tests. Syphilis testing, performed with a non-treponemal test such as RPR or VDRL, and sometimes in combination with other tests to identify syphilis infection. And Hepatitis B testing, uses a rapid test to detect the presence of the HBsAg antigen.

Participation in Triple Elimination examination can be increased through high knowledge, good access to information, positive outcome expectations, self-efficacy, and strong husband support. There are various internal and external factors that influence the level of compliance of pregnant women in Triple Elimination examination and attending antenatal visits. These internal factors are the knowledge and attitudes of pregnant women, while external factors include family support, support from the role of health workers and access to health services. The role of health workers and family/husband is very important to support maternal compliance in carrying out early detection of HIV, Syphilis and Hepatitis B in pregnant women by carrying out triple elimination examinations (Widyastuti et al., 2023).

The increasing incidence of HIV, Syphilis and Hepatitis B from the previous year has provided an evaluation for local officers/midwives to be more active in providing information to pregnant women about the importance of triple elimination examinations. High antenatal visits are not supported by the compliance of pregnant women in carrying out triple elimination examinations at the beginning of pregnancy/trimester I, where around 40% of triple elimination examinations at the beginning of pregnancy/trimester I do not comply with the SOP for examinations at the beginning of pregnancy due to the lack of knowledge of mothers about the importance of triple elimination examinations. Early detection of infection transmission can only be known by laboratory examinations that can be carried out from the beginning of pregnancy or trimester I carried out inclusively together with routine examinations in accordance with 10T in complete integrated antenatal services carried out with rapid diagnostic tests (Mahar, 2024).

Compliance with antenatal care visits and triple elimination examinations is influenced by several factors, namely parity, age, knowledge, attitude, economy, socio-culture, geography and husband's support. The knowledge factor is one of the most important factors in conducting ANC visits and triple elimination examinations, because it can detect early signs and symptoms of pregnancy complications and diseases that accompany pregnancy so that pregnant women can conduct ANC visits and triple elimination examinations regularly. Parity is also a factor that influences compliance with ANC visits and triple elimination examinations. Mothers who have higher parity, the higher the risk of maternal death, therefore pregnant women are motivated to check or conduct ANC visits regularly (Subawa et al., 2025).

Therefore, pregnant women need to be given information about HIV, Syphilis and Hepatitis B which aims to increase the knowledge of pregnant women in virus transmission. The knowledge possessed by mothers 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 affect the compliance of pregnant women in carrying out triple elimination examinations (Alma, 2024). Based on this explanation, the researcher intends to conduct research related to compliance in carrying out triple elimination examinations associated with parity and husband's support for pregnant women at the Gondanglegi Health Center.

OBJECTIVE

This study aims to determine the relationship between compliance in conducting Triple Elimination examinations in terms of parity and husband support in pregnant women at the Gondanglegi Health Center, Malang Regency. The hypothesis in this study is that there is a relationship between compliance in carrying out triple elimination examinations in terms of parity and husband's support in pregnant women at the Gondanglegi Health Center, Malang Regency.

METHODS

This study uses an Observational Analytical research design with a cross-sectional approach. With the Accidental sampling technique, a sample of 81 respondents was obtained, the independent variables of parity and husband's support used a questionnaire and the dependent variable of the occurrence of compliance conducted a triple elimination examination with a questionnaire. Before the statistical test, the researcher conducted a normality test to determine whether the data distribution was normally distributed or not. Spearman's rho statistical test was used to determine the relationship between the two variables. The questionnaire was taken from previous research that had been tested for reliability and validity. And the ethics test was carried out in the ethics section of STRADA Indonesia University.

RESULTS**Table 1.** Respondent Characteristics Based on Age, Education, Occupation, Number of Children of Pregnant Women at Gondanglegi Health Center, Malang Regency

Variables	f	%
Age		
17-25	37	45.67
26-35	44	54.32
Education		
Elementary School	8	9.87
Senior High School	14	17.28
Junior High School	51	62.96
D3/S1/S2	8	9.87
Occupation		
Housewife	58	71.6
Private Sector Employee	14	17.28
Health Workers	1	1.23
Teacher	6	7.4
Lecturer	1	1.23
Seamstress	1	1.23
Number of Children		
0	36	44.44
1	11	13.58
2	14	17.28
3	14	17.28
4	3	3.7
5	3	3.7

Based on Table 1, the distribution of respondents based on age is obtained, the majority of respondents are aged 26-35 years as many as 44 respondents (54.32%), have a high school education as many as 51 respondents (62.96%), are housewives as many as 58 respondents (71.6%), and have 0 children as many as 36 respondents (44.44%).

Table 2. Parity in pregnant women at Gondanglegi Health Center, Malang Regency

Variables	Category	f	%
Parity	Primiparitas	47	58.02
	Multiparitas	31	38.27
	Grande Multiparitas	3	3.7

Based on Table 2, it was found that the parity of pregnant women at the Gondanglegi Health Center, Malang Regency, was mostly primiparous respondents, namely 47 respondents (58.02%).

Table 3. Husband support for pregnant women at Gondanglegi Health Center, Malang Regency

Variables	Category	f	%
Husband Support	Good	64	79.01
	Enough	5	6.17
	Less	12	14.81

Based on Table 3, it was found that the support of husbands for pregnant women at the Gondanglegi Health Center, Malang Regency, was mostly good, as many as 64 respondents (79.01%).

Table 4. Compliance with triple elimination examinations in pregnant women at the Gondanglegi Health Center, Malang Regency

Variables	Category	f	%
Compliance	Obedient	42	51.85
	No Obedient	39	48.14

Based on Table 4, it was found that the majority of respondents, 42 respondents (51.85%) were compliant with triple elimination examinations in pregnant women at the Gondanglegi Health Center, Malang Regency.

Table 5. Cross Tabulation of Parity with Compliance in Pregnant Women at Gondanglegi Health Center, Malang Regency

Parity	Compliance			
	Obedient		No Obedient	
	f	%	f	%
Primiparitas	40	49.3	7	8.64
Multiparitas	2	2.47	29	35.80
Grandemultiparitas	0	0	3	3.70

Based on Table 5, it is known that the respondents who fall into the primiparity category are mostly obedient, namely 40 respondents (49.38%).

Table 6. Cross Tabulation of Husband Support with Compliance in Performing Triple Elimination Examination at Gondanglegi Health Center, Malang Regency

Husband Support	Compliance			
	Obedient		No Obedient	
	f	%	f	%
Good	63	77.8	1	1.23
Enough	3	3.70	2	2.47
Less	1	1.23	11	13.58

Based on Table 6, it is known that the majority of respondents who received good husband support were obedient, namely 63 respondents (77.78%).

Table 7. The relationship between compliance in carrying out triple elimination examinations in terms of parity and husband's support for pregnant women at the Gondanglegi Health Center, Malang Regency

Correlations	Category		
	Compliance	Parity	Husband Support
Compliance			
Correlation	1.000	0.777	0.378
Coefficient			0.01
Sig. (2-tailed)		0.000	
Parity			
Correlation	0.777	1.0000	0.072
Coefficient			
Sig. (2-tailed)	0.000		
Husband Support			
Correlation	0.378	0.201	1.000
Coefficient			
Sig. (2-tailed)	0.001	0.072	

Based on table 7, the Spearman's rho test shows that there is a relationship between compliance in carrying out triple elimination examinations with parity and husband's support in pregnant women at the Gondanglegi Health Center, Malang Regency with a Sig. (2-tailed) value of 0.000 and a correlation value of 0.77, which indicates that the correlation is relatively strong. The direction of the positive correlation indicates that the two correlated variables move in the same direction, the higher the parity and the better the husband's support, the more compliant the pregnant women will be in carrying out triple elimination examinations.

DISCUSSION

Parity in pregnant women

Based on the results of the study on parity in pregnant women at the Gondanglegi Health Center, Malang Regency, most of the respondents were primiparous, as many as 47 respondents (58.02%). Most of the respondents aged 17-25 years were primiparous, namely 35 respondents (43.21%).

The results of the study by (Rahmawati et al., 2024), showed that the majority of pregnant women who visited the Sumberlawang Sragen Health Center had a parity status of second pregnancy (22 people or 36.7%). The variable number of pregnancies in this study is identical to the research subjects from a study conducted in Palembang, South Sumatra, in 2016. In this study, it was found that the majority of pregnant women had low parity or less than three pregnancies (76.8%) (Dewi et al., 2023). This result is good news because it is known that pregnancies with high parity are associated with an increased risk of complications in pregnancy. The results of the study are in line with the research of (Fauzi, 2023), that most primiparity respondents were aged 17-25 years, at this age it is considered a productive age, namely a productive age for ideal childbirth with peak fertility, although above that age it is still considered possible by paying attention to the risks and proper preparation.

Based on the opinion of researchers, the age of 17-25 years is often referred to as a transition period from late adolescence to early adulthood, or emerging adulthood, where individuals begin to explore their identity, love, work, and worldview. At this age is a transition period between late adolescence and early adulthood, where individuals begin to make important decisions about the future. One of them is having children, primipara is a term for a woman who has just given birth for the first time. In this age range, the ideal age range for pregnancy and childbirth because fertility rates are still high and the risk of pregnancy complications is relatively lower. In general, a woman's fertile age to follow a pregnancy program is when she is in her 20s. Fertility gradually decreases in the 30s, especially after the age of 35. This condition can even be a cause of difficulty getting pregnant in some women. It can be said that this happens when women are in their fertile age, namely in the range of 20 to 35 years. Women who are over 35 years old still have a chance to get pregnant. However, the chances are smaller compared to younger women. Women in their 30s to mid-40s can still get pregnant and give birth as long as their bodies are still producing eggs and they have not gone through menopause. However, the risk of pregnancy complications tends to increase with age.

Husband's support for pregnant women

Based on the results of the study, husband's support for pregnant women at the Gondanglegi Health Center, Malang Regency, most of the respondents were good, as many as 64 respondents (79.01%). Respondents who had good husband's support were mostly obedient, namely 63 respondents (77.78%).

This is in line with the research, that the factors that influence pregnant women to undergo triple elimination examinations are husband's support, knowledge, perception and attitude. In this study, age did not have an effect because knowledge, family support, and perception were more influential than age (SRI UTAMI, 2024).

Explained that visits for triple elimination examinations in pregnant women were not only influenced by education level, other factors that were more influential were perceptions of obstacles, behavioral instructions and husband's support (Solihah, 2024). Husband's support is the availability of resources provided by a husband to his wife, both in the form of physical and psychological comfort obtained through the knowledge that the individual is loved, cared for and cared for. There are 4 types of husband support, namely information support, emotional support, instrumental support, and appreciation support (Warliana & Solihah, 2023).

Obtained the results of respondents with good support as much as 43.0%, sufficient husband support 44.0%, and insufficient support 13.0%. The majority of respondents' support was sufficient as much as 44.0%, based on these results it is very important for husbands to increase support for mothers who will check their pregnancies at health facilities, especially pregnant women, so that along with the increasing relationship between husbands and mothers who want to visit to check their pregnancies, it can also reduce the risk of pregnancy risks. Researchers assume that family support can increase the willingness of pregnant women to undergo their pregnancy. Family support can be in the form of emotional support, appreciation, instrumental, and informational. The benefits of family support for pregnant women provide a sense of comfort and security, reduce anxiety, increase compliance with antenatal visits, provide motivation to take Fe tablets, provide encouragement to form health behaviors and are willing to undergo triple elimination examinations as an effort to prevent transmission of HIV, syphilis, and hepatitis B from mother to child.

Encouragement and motivation from the husband can encourage his wife to remain obedient in carrying out the triple elimination examination. In addition, the husband can also be a reminder and companion. The husband can remind his wife to carry out the triple elimination examination or consume Fe tablets regularly, and accompany her during the

examination. Information search. The husband can help find information related to pregnancy and the health of pregnant women, so that pregnant women feel safer and more comfortable. Attention and emotional support. Attention and emotional support from the husband can increase the comfort of pregnant women, so that they are more easily obedient in maintaining their health. Other factors that influence. Other factors that influence husband's support include income, education level, marital status, and socioeconomic status.

Compliance with triple elimination examinations in pregnant women

Based on the results of the study, compliance with triple elimination examinations in pregnant women at the Gondanglegi Health Center, Malang Regency, most respondents were compliant, as many as 42 respondents (51.85%).

Based on the results of (Adhawiyah & Kusumastuti, 2024), it showed that most respondents carried out less triple elimination examinations, namely 16 people (53.3%). Based on the theory of the Directorate General of Disease Control and Environmental Health, triple elimination is the elimination of transmission, namely reducing the transmission of HIV, Syphilis, and Hepatitis B from mother to child.

Based on the results of a study conducted, showed that out of 69 respondents, it was found that mothers who were willing to undergo triple elimination examinations were 56 people (81.2%), while mothers were not willing to undergo triple elimination examinations, namely 13 people (18.8%). There are no internal factors from pregnant women that influence the mother's decision to be willing or unwilling to undergo a triple elimination examination, either from character (age, education, pregnancy, gestational age), socio-economic (mother's job, husband's job, income), knowledge, motivation, and mother's attitude. (Ritonga, 2021)

According to the researcher's assumption, triple elimination examination is mandatory for pregnant women to detect early the presence of HIV/AIDS, Syphilis, and Hepatitis B to determine further medical action. With earlier medical action, at least it can reduce anxiety in pregnant women. This screening is also intended to provide additional information to pregnant women about HIV/AIDS, Syphilis, and Hepatitis B, such as the definition, signs and symptoms, prevention methods, and transmission. With the increasing knowledge of pregnant women, pregnant women can anticipate the possibilities that may occur. Pregnant women can also share the information obtained with people around them so that at least they can help reduce the incidence of HIV/AIDS, Syphilis, and Hepatitis B, especially in pregnant women. Compliance in ANC examinations is influenced by the support of the husband. So the husband's support is needed to reduce this anxiety. The existence of a good support system from family members makes pregnant women feel cared for, this makes pregnant women prioritize their own health and the health of their fetus, namely by making triple elimination visits (Wulandari & Sholika, 2025).

The psychological impact of having positive husband support for pregnant women will have a positive impact on the fetus, namely the growth and development of the fetus will always be healthy. The support given by the husband is the most important motivation for pregnant women because there will be a change in behavior in the form of compliance. Support will motivate pregnant women to seek good health services in order to maintain the condition of the mother and the fetus in her womb. To form a change in behavior in the form of compliance, there needs to be a stimulus. The process of changing behavior arises because of the stimulus from the husband's support, the stimulus from the husband's support will make pregnant women respond and pregnant women become enthusiastic in undergoing pregnancy and motivated to maintain their pregnancy. The response that arises will develop and then be followed by a stimulus so that it will strengthen the response of pregnant women in compliance with triple

elimination check-ups. The aspect of being motivated to be willing to act on pregnant women is done when pregnant women have realized the importance of triple elimination check-ups.

In addition, for primiparous mothers, pregnancy is the first thing for them, so indirectly they pay more attention to their pregnancy, they consider pregnancy check-ups to be something new. Mothers who are experiencing pregnancy for the first time are something new so they are motivated to want to get information related to their current pregnancy, so they will be more obedient in checking their pregnancy with health workers. On the other hand, mothers who have given birth to more than one child, think that they already have experience from previous pregnancies, so they feel it is not necessary to do a pregnancy check-up.

Relationship between compliance in carrying out triple elimination examinations in terms of parity and husband's support for pregnant women

From table 7, the Spearman's rho test shows that there is compliance in carrying out triple elimination examinations in terms of parity and husband's support for pregnant women at the Gondanglegi Health Center, Malang Regency with a Sig. (2-tailed) value of 0.000 and a correlation value of 0.77, which indicates that the correlation is relatively strong. The direction of the positive correlation indicates that two correlated variables move in the same direction, the higher the parity and the better the husband's support, the more compliant pregnant women will be in carrying out triple elimination examinations.

This is in line with (Siwi et al., 2021), which states that husband's support for pregnant women's examinations has a significant relationship. Husband's support can help pregnant women to comply with triple elimination examinations. Triple elimination is a program that aims to achieve and maintain mother-to-child elimination of HIV/AIDS, Hepatitis B, and Syphilis in order to achieve better health for women, children, and their families through a coordinated approach (Siwi et al., 2023).

Based on research by (Anjarpuspa et al., 2023), the higher the parity, the more knowledge pregnant women will have, so the higher the awareness of pregnant women to carry out triple elimination examinations. In addition, pregnant women can improve their knowledge and skills through pregnancy classes. Pregnancy classes can help pregnant women understand the physical, emotional, and complaint changes that are often experienced by pregnant women, health services available to pregnant women, how to maintain the health of pregnant women and fetuses through ANC examinations, things that pregnant women should avoid and be aware of, nutrition needed by pregnant women and IMD (Early Initiation of Breastfeeding) and exclusive breastfeeding (Sabilla et al., 2020). Researchers assume that many factors influence the compliance of pregnant women in carrying out triple elimination examinations and pregnancy examinations to monitor the health of the mother and fetus, and detect pregnancy problems early on. One of the factors is the support of the husband and family, the parity of the pregnant woman, the knowledge of the pregnant woman's age, economy, and sources of information. (Safitri & Lubis, 2020).

The main factor related to compliance is parity. In primiparous mothers, most are more compliant in pregnancy check-ups. Because they have just found out about their pregnancy, they indirectly pay attention to their pregnancy and consider pregnancy check-ups as something new. For mothers who are experiencing this for the first time, they may be more motivated to get more information about their current pregnancy so that they can be more compliant when checking their pregnancy with a doctor. On the other hand, mothers who have given birth to more than one child are considered not to need pregnancy check-ups because they already have experience with previous pregnancies. The next compliance factor is husband's support. The psychological impact due to positive husband's support for pregnant women will have a positive impact on the fetus, namely the growth and development of the fetus will remain

healthy. Husband's support is the main motivation for pregnant women because there will be changes in behavior related to compliance. Pregnant women will be more motivated to get good health care to maintain their health and that of their fetus.

CONCLUSION

The conclusion of this study is parity in pregnant women at the Gondanglegi Health Center, Malang Regency, most of the respondents are primiparous. Husband's support for pregnant women at the Gondanglegi Health Center, Malang Regency, most of the respondents are good. Compliance with carrying out triple elimination examinations in pregnant women at the Gondanglegi Health Center, Malang Regency, most of the respondents are compliant. And Spearman's rho test found that there is a relationship between compliance with carrying out triple elimination examinations in terms of parity and husband's support for pregnant women at the Gondanglegi Health Center, Malang Regency, that the correlation is quite strong.

The research results can be used as a basis for policies in community health centers so that pregnant women actively carry out triple elimination examinations. The results of this study are expected to be a reference for further researchers who want to conduct similar studies or continue research with a more specific focus. Data and findings from previous studies can help provide an initial overview and comparison. It can also open up insights for other researchers to explore additional variables that have not been studied, such as economic conditions and maternal knowledge about triplet elimination examinations.

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CONFLICTS OF INTEREST

There is no conflict of interest in this research.

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