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THE EFFECT OF PREGNANT WOMEN KNOWLEDGE ON COMPLIANCE WITH TRIPLE ELIMINATION EXAMINATION

Siti Aisah[1], Rahayu Khairiah[2]

[1,2]STIKES Abdi Nusantara Jakarta
E-mail: muslih1505@gmail.com[1], raeayufaithfairuz@gmail.com[2]

ABSTRACT
background: According to WHO data, in Southeast Asia in 2015 the HIV rate reached 5.1 million patients with 77,000 pregnant women living with HIV, and 19,000 new cases of pediatric HIV infection have been found. This is a number that can be considered fantastic compared to other regions. Meanwhile for syphilis, the incidence rate has shown an increase of 0.32% in the Southeast Asian region. The number of patients shows up to 167,000 cases of syphilis in pregnant women. It had a disastrous impact by producing 65,800 adverse outcomes including early fetal death. For Hepatitis B, Southeast Asia bears 15% of the total number of Hepatitis B patients worldwide with a total of 39 million people. Prevention activities have been carried out by the Ministry of Health of the Republic of Indonesia by holding a program called Triple Elimination in accordance with WHO recommendations (2017). The activity was in the form of carrying out tests for HIV, Hepatitis B and Syphilis (triple Elimination) during Antenatal Care (ANC) for Pregnant.
Research Objectives: to find out the factors that influence the triple elimination examination in pregnant women at the Sarageni Health Center, Lebak Regency in 2022.
Research Methods: quantitative with cross sectional research design. The sample in this study was 65 pregnant women in the Sarageni Health Center area in November 2022 (Purposive Sampling). Data were collected using a questionnaire given to respondents then processed and analyzed univariate and bivariate and tested with the Chi Square test.
The results of the study: the prevalence that affects the compliance of pregnant women Age p-value 0.006 <0.05 Education p-value 0.000 <0.05 Socio-economic p-value 1.000 >0.05 and Husband support p-value 0.000 <0.05.

Keywords:Pregnant Women, Compliance, Triple Elimination Examination.

PRELIMINARY

Pregnant women are one of the populations at risk of contracting HIV/AIDS, Hepatitis B and Syphilis. HIV, syphilis and hepatitis B infections in children are more than 90% contracted from their mothers. The risk of transmission from mother to child for HIV/AIDS is 20% - 45%, for syphilis is 69 - 80%, and for hepatitis B is more than 90% (Ministry of Health, 2017).

There were 630,000 people living with HIV/AIDS in Indonesia in 2017 with a total of 49,000 new cases and 39,000 people who died from HIV/AIDS. (Nurjanah, 2019).

Based on data from the Ministry of Health (Kemenkes), in 2018 HIV tests on pregnant women were only around 13.38% (761,373) of the total number of pregnant women in Indonesia of 5,291,143 people. Of the number who underwent the test, 2,955 were known to be HIV positive. Meanwhile, fewer were receiving ARV (antiretroviral) drug therapy in an effort to suppress the amount of virus (VL), namely only 893 pregnant women.

Ministry of Health reportIn 2017, there was an increasing trend in the number of new HIV cases among housewives more than the group of female commercial sex workers. The magnitude of this number is likely influenced by the routine of having sex withHIV positive husband(whether diagnosed and known, or not). Penile to vaginal penetration without a condom is the most common route of HIV transmission among heterosexual (men who have sex with women) partners. Apart from sex, a woman can also become infected with HIV from using unsterile needles before becoming pregnant.

Prevention activities have been carried out by the Ministry of Health of the Republic of Indonesia by holding a program called Triple Elimination in accordance with WHO recommendations (2017). WHO is of the opinion that the transmission rate can be reduced to below 5% from the supposed

15% with preventive activities. The activity was in the form of carrying out tests for HIV, Hepatitis B and Syphilis (triple Elimination) during Antenatal Care (ANC) for Pregnant Women. This must be done immediately considering the complications that will occur if there is transmission of the three diseases from mother to baby. The impact of HIV on pregnancy is very dangerous including premature, low birth weight babies (LBW), and the most severe is death (Gonzales et al, 2017).

RESEARCH METHOD

The type of research used in this research is quantitative with a cross sectional research design. The researchers carried out measurements and observations between the dependent variable and the independent variable which will be collected at the same time to find out the effect of knowledge of pregnant women on compliance with triple elimination examinations at the Sarageni Health Center in 2022.

The population in the study were all pregnant women in the Sarageni Health Center, totaling 193 people.

RESULT RESULTS

The characteristics of pregnant women who comply with the triple elimination examination can be described as follows:

Most of the respondents did not comply with the Triple elimination examination as many as 40 respondents (61.5%) while 25 respondents (38.5%) adhered to the Triple elimination examination.

Most of the respondents aged >20 years were 49 respondents (75.4%), while the respondents aged <20 years were 16 respondents (24.6%). Most of the respondents' education was junior high school - high school with 30 respondents (46.2%), while the education of the respondents was not attending school - elementary school with 35 respondents (53.8%).

Most of the respondents were moderate socio-economic as many as 48 respondents (73.8%), while low socio-economic as many as 17 respondents (26.2%). Whereas the majority of husbands did not support as many as 43 respondents (66.2%) while they supported as many as 22 respondents (33.8%).

Table 1
Age relationship with compliance with the Triple Elimination check
At the Sarageni Health Center, Lebak Regency
Year 2022

Age	Triple elimination check			
	obey		Not obey	
	n	%	n	%
<20 years	1	1.5	15	23.1
>20 years	24	36.9	25	38.5
Amount	25	38.5	40	61.5

The relationship between age and the triple elimination examination showed that 1 respondent aged <20 years who complied with the triple elimination examination was 1 person (1.5%) while those who were disobedient were 15 people (23.1%) Then respondents aged> 20 years 24 people (36.9%) adhered to the triple elimination examination, while 25 people (61.5%) did not comply.

The results of the chi square test showed that the P value for the age variable was 0.006. This shows that the p value <alpha (α = 0.05) Ho is rejected and Ha is accepted, meaning that there is no significant relationship between age and compliance with the triple elimination examination with an OR value of 0.567 so it can be concluded that pregnant women aged >20 years have a chance of 0.567 times more adherent to the triple elimination examination compared to pregnant women aged <20 years.

Table 2
Relationship of Education with Triple Elimination check compliance
At the Sarageni Health Center, Lebak District

Education	Triple elimination check				Total
	obey		Not obey		
	n	%	n	%	n
No Elementary School	4	6.2	31	47.7	35
Middle-High school	12	32.2	9	13.8	30
Amount	25	38.5	40	61.5	65

The relationship between education and the triple elimination examination showed that 21 respondents (32.3%) with junior high school education complied with the triple elimination examination, while 9 people (13.8%) did not comply. Respondents with non-educational education - Elementary school who complied with the triple elimination examination were 4 people (6.2%) while those who did not comply were 31 people (47.7%).

The results of the chi square test showed that the P value on the education variable was 0.000. This shows that the p value <alpha (α = 0.05) Ho is rejected and Ha is accepted, meaning that there is a significant relationship between education and compliance with the triple elimination examination with an OR value of 0.203 so it can be concluded that junior high school education has 0.203 times greater opportunities adherence to the triple elimination examination compared to the education of pregnant women who do not go to school - SD.

Table 3
Economic Relations with Triple Elimination check compliance
At the Sarageni Health Center, Lebak Regency
Year 2022

Socioeconomic	Triple elimination check				Total
	obey		Not obey		
	n	%	n	%	n
Low (1 million)	7	10.8	10	15.4	17
Moderate (>2 million)	18	27.7	30	46.1	48
Amount	24	38.1	39	61.9	65

The relationship between Socio-Economy and Triple Elimination Examination found that Socio-economic Moderate respondents (> 2 million) complied with the triple elimination examination as many as 18 people (27.7%) while 30 people (46.1%) did not comply. Then respondents with low socioeconomic status (<1 million) who obeyed the triple elimination examination were 7 people (10.8%) while those who did not obey were 10 people (15.4%).

The results of the chi square test obtained that the P value on the socio-economic variable was 1,000. This shows that the p value > alpha (α = 0.05) Ho is accepted and Ha is rejected, meaning that there is no significant relationship between socio-economic and compliance with the triple elimination examination with an OR value of 3.608 so it can be concluded that the socio-economic is moderate (> 2 million) have a 3.6 times greater chance of complying with the triple elimination examination compared to those with low socioeconomic status (<1 million).

Table 4
Husband support relationship with Triple Elimination examination compliance
At the Sarageni Health Center, Lebak Regency Year 2022

Husband Support	Triple elimination check				Total
	obey		Not obey		
	n	%	n	%	n
Support	20	30.8	2	3.0	22
Unsupport	5	7.7	38	58.5	43
Amount	25	38.5	40	61.5	65

The relationship between husband's support and triple elimination examination showed that 20 respondents (30.8%) supported and adhered to the triple elimination examination, while 2 respondents (3.0%) did not comply. While those who did not support and adhered to the triple elimination examination were 5 people (7.7%) while those who did not comply were 38 people (58.5%).

The results of the chi square test showed that the P value of the husband's support variable was 0.000. This shows that the p value < alpha (α = 0.05) Ho is rejected and Ha is accepted, meaning that there is a significant relationship between husband's support and compliance with the triple elimination examination with an OR value of 13,515 so it can be concluded that those who receive husband support have 13 times more chances greater adherence to the triple elimination examination than those without support.

DISCUSSION

Age is the age of a person which is counted from the time of birth until the birthday. The more mature, the level of maturity and strength of a person will be more mature in thinking and working. Age affects one's comprehension and mindset. The older you are, the more your comprehension and mindset will develop so that the knowledge you gain will improve. Hurlock (2012) states that the age of 20-35 years is called adulthood where at this time it is hoped that problems will be faced calmly emotionally, especially in dealing with pregnancy, childbirth and caring for babies. At this time a person will play an active role in society and society. In addition, you will spend more time reading. intellectual Ability,

According to the theory, age greatly influences a person's characteristics. A younger age or marrying young, for example at the age of <20 years, certainly has experience and emotional maturity that is different from people who are aged 20 years and over. At the age of <20 years, perhaps due to differences in experience and lack of information because the impact of age differences will affect adherence to health services. Besides that, emotional influences will also determine decision making in health services.

These results are in line with a study in Semarang, Indonesia, which was conducted in 2012. In that study, it was concluded that age does not affect the visits of pregnant women to check for HIV and other sexually transmitted infections (Legiati et al., 2012). Research in Medan, 2019 also showed similar results. In this study, it was concluded that age did not affect the visit of pregnant women to check for hepatitis B (Putri, 2019). The two studies concluded that the factors influencing pregnant women to carry out the triple elimination examination were family support, knowledge, perceptions and attitudes. In this study, age had no effect because knowledge, family support, and perceptions were more influential than age.

Education is a person's activity in developing abilities, attitudes, and forms of behavior, both for the future life through an organization or unorganized. Education may not be the only way to change behavior. However, to accept and deal with change, we need knowledge obtained from education.

Mothers with higher education have more awareness in conducting ANC visits. In accordance with the theory of Maria Yosefa Pattipeilohy (2018), educated mothers will be more open to new ideas and changes to get proportional health services because of the benefits of the service.

Mubarak (2011) said that the level of education also determines whether or not someone easily absorbs and understands the knowledge they acquire, because in general the higher a person's education, the easier it is to receive information. . The results of this study are in line with a study in Sleman, 2015. In that study, it was concluded that education level did not affect visits to check for HIV and other sexually transmitted infections, including syphilis (Setyawati, 2015). Another study in Tabanan, Indonesia, in 2018 also showed results that were in line with this study. In this study, it was concluded that the education level of pregnant women did not affect hepatitis B examination visits (Dhyana Putri et al., 2019).

According to theory, socio-economic status is the position or position of a person in a community group which is determined by the type of economic activity, education and also income. the opinion of Tulangow et al (2013) who said that economic status is one of the factors that influence health status, because meeting the necessities of life and getting the desired place of health services is more possible for high socioeconomic groups compared to low socioeconomic groups.

There are factors that affect the socio-economic status of pregnant women besides the level of education, namely work. Socioeconomic status in the family can be seen from the type of work held by the head of the household and his wife were the characteristics of the work owned by a family can reflect income, social status, educational level, and health problems of a family (Timmreck, 2005). According to research conducted by Suwignyo (2004) entitled "Analysis of Factors Influencing the Decision of Pregnant Women to Choose Antenatal Care Services", it was found that the work of pregnant women can influence the visit of pregnant women to carry out pregnancy checks, where working pregnant women have little free time less to do pregnancy checks, conversely pregnant women who do not work or as housewives have more free time to do pregnancy checks. This is in line with this study, where it was found that pregnant women with high socioeconomic status were mostly housewives as many as 25 people (37%).

In addition to the factors mentioned above, there is one factor that also influences the socio-economic status of pregnant women, namely family income. The income of pregnant women will also affect the condition of pregnancy, where pregnant women with low income are very vulnerable to health problems during pregnancy which can result in childbirth (Ministry of Health, 2011).

This research is in line with Hesty Putri Hapsari's research (2014) "relationship between socio-economic status of pregnant women and compliance with prenatal care visits" where a significance value (p) = 0.000 ≤ α (0.05) is obtained. It means that Ho is rejected, Ha is accepted, which means that there is a significant relationship between the socio-economic status of pregnant women and compliance with antenatal care visits. Meanwhile, the correlation (r) is 0.530, related to socioeconomic status which indicates that the direction of the correlation is positive with a "moderate" correlation level. This shows that the form of the relationship between the two variables is directly proportional, that is, the higher the socioeconomic status of pregnant women, the more obedient pregnant women will be in antenatal care visits. Family income of pregnant women greatly determines the size of meeting the needs of daily life in the family, both for family health needs, maintaining pregnancy and other supporting needs. Pregnant women with low income feel less able to care for their pregnancies optimally because there are no costs. This statement is supported by Nurhayati Nasyidah's research (2011) that the number of pregnant women who suffer from anemia is mostly found in pregnant women with low income, namely 53.8% and 12% in pregnant women with high income.

Husband's support is a form of embodiment of attention and affection. Support can be given both physically and psychologically. Husbands have a large enough share in determining the health status of the mother. Good husband support can provide good motivation for mothers to do pregnancy checks. The husband has full responsibility in a family and the husband has an important role, which is highly demanded not only as a breadwinner, but also as a motivator in various policies that will be decided including family planning. Husband's support is assistance given that makes the recipient of support feel loved, valued, and comfortable. The support is in the form of encouragement, motivation, empathy, or assistance that can make other individuals feel calmer and safer. Some argue

that social support, especially in the context of close relationships or the quality of marital and family relationships, is perhaps the most important source of social support. Husband's support during pregnancy will make her feel comfortable. Husbands are one of the keys so that mothers can maintain positive emotions during pregnancy. A positive attitude and good support from the husband will make the pregnancy process enjoyable and the condition of the fetus is always healthy and strong. Husband's support during pregnancy will make her feel comfortable. Husbands are one of the keys so that mothers can maintain positive emotions during pregnancy. A positive attitude and good support from the husband will make the pregnancy process enjoyable and the condition of the fetus is always healthy and strong. Husband's support during pregnancy will make her feel comfortable. Husbands are one of the keys so that mothers can maintain positive emotions during pregnancy. A positive attitude and good support from the husband will make the pregnancy process enjoyable and the condition of the fetus is always healthy and strong.

According to the researcher's assumption, the husband has a significant share in determining the health status of the mother, because the husband has a role as a motivator and policy maker in the household. Pregnant women really need support from a husband, good husband support can provide good motivation for mothers to do pregnancy checks. With the husband's encouragement, pregnant women will feel cared for, loved, and beside that can make the mother feel more calm and safe.

The results of research conducted by Handayani and Rinah (2019), obtained the results of respondents with good support as much as 43.0%, sufficient husband support 44.0%, and 13.0% lacking support. 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 as the relationship between husbands and mothers who want to visit increases, they carry out a triple elimination examination. A husband's support is needed so that it can foster mother's obedience. With the support of a good husband, they will be more obedient to pregnant women in carrying out examinations during their pregnancy to maintain the health of the mother and the fetus they contain.

CONCLUSION

The hypothesis in this study can be concluded that the majority of respondents did not comply with the Triple elimination examination as many as 40 respondents (61.5%) while adherent to the Triple elimination examination as many as 25 respondents (38.5%). There is a significant relationship between age and compliance with the triple elimination examination, there is a significant relationship between education and compliance with the triple elimination examination, there is no significant relationship between socioeconomic status and compliance with the triple elimination examination, and there is a significant relationship between husband's support and compliance with the triple elimination examination. elimination.

BIBLIOGRAPHY

Andriani. 2019. *Hubungan Pengetahuan Ibu Hamil Tentang Provider Initiated HIV Testing and Counseling (PITC) Dengan Sikap Terhadap PITC* di Puskesmas Bergas Kabupaten Semarang. *.http://repository2.unw.ac.id/449/1/artikel%20andriani.pdf* (diakses pada tanggal 13 Maret 2021)

Arikunto, S. 2010. *Prosedur Penelitian suatu Pendekatan Praktek*. Jakarta: Rineka Cipta.

Donsu, J. 2017. *Psikologi Keperawatan*. Yogyakarta: Pustaka Baru Press.

Fasa, Firdha. 2020. *Hubungan Tingkat Pendidikan dan Usia Ibu Hamil Terhadap Perilaku Kunjungan Pemeriksaan Triple Eliminasi*. Jurnal Kebidanan Indonesia.https://stikesmus.ac.id/jurnal/index.php/ (diakses pada tanggal 11 Februari 2021)

Hasdianah dan Dewi. 2014. *Virologi Mengenal Virus, Penyakit, dan Pencegahannya.* Yogyakarta: Nuha Medika.

Khamidah. 2015. *Faktor-faktor yang Mempengaruhi Kepatuhan Ibu Hamil dalam Mengkonsumsi Tablet Besi di Puskesmas Simo Boyolali*. Boyolali.

Kementerian Kesehatan Indonesia. 2015. Pedoman Manajemen Program Pencegahan Penularan HIV dan Sifilis dari Ibu ke Anak bagi Tenaga Kesehatan. Jakarta: Kementrian Kesehatan RI.

_____.2014. *Survey Demografi Kesehatan Indonesia (SDKI)*. Jakarta.

_____.2015. *Pedoman Pelaksanaan Pencegahan Penularan HIV dan Sifilis dari Ibu ke Anak Bagi Tenaga Kesehatan.* Jakarta.
_____. 2015. *Profil Kesehatan Indonesia*. Jakarta.

_____.2016. *Pedoman Nasional Penanganan Infeksi Menular Seksual 2016*. Jakarta.

_____.2017. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 5 Tahun 2017 Tentang Eliminasi Penularan Human Immunodeficiency Virus, Sifilis dan Hepatitis B dari Ibu ke Anak*. Jakarta.

_____.2019. *Pedoman Program Pencegahan Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak*. Jakarta.

Komisi Penanggulangan AIDS Nasional. 2010. *Strategi dan Aksi Nasional Penanggulangan HIV dan AIDS 2010-2014*. Jakarta: KPA Nasional.

Kumalasari I & Andhyantoro I. 2013.Kesehatan Reproduksi Untuk Mahasiswa Kebidanan dan Keperawatan. Jakarta: Salemba Medika.

Kuswanti. 2014. *Asuhan Kehamilan*. Yogyakarta: Pustaka Pelajar

Landhani, Braccio. 2016. *Prevention and Treatment of Mother-to-Child Transmission of Syphilis*. Current Opinion Infectious Disease, 29:268-74.

Moline, HR dkk. 2016. *The Continuing Threat of Syphilis In Pregnancy*. Current Opinion Obstetric and Gynecology, 28:101-4.

Munafo, Albery. 2011. *Psikologi Kesehatan Panduan Lengkap dan Komprehensif Bagi Studi Psikologi Kesehatan*. Yogyakarta : Palmall

Notoatmodjo, S. 2010. *Metodologi Penelitian Kesehatan*. Jakarta : Rineka Cipta

_____.*2014.Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.

_____. 2014. *Situasi dan Analisis Hepatitis*. Jakarta Selatan.

Nursalam. 2011. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan*. Jakarta : Salemba Medika.

Petralina, Bintang. 2019. *Determinan Tingkat Pengetahuan Ibu Hamil Tentang Pemeriksaan Triple Eliminasi*. Jurnal Kesehatan, 10 (1). http://dx.doi.org/10.35963/hmjk.v10i1.217 (diakses pada tanggal 11 Februari 2021).

Pythagoras, K.C.2017. Personal *Hygiene* Remaja Putri Ketika Menstruasi. *Jurnal Promkes,* Vol.5 (1):12-24

Rahmawati, A.D. 2015. *Kepatuhan Santri Terhadap Aturan di Pondok Pesantren Modern*. Surakarta : UMS.

Romauli, S. 2011. *Buku Ajar Kebidanan 1 Konsep Dasar Asuhan Kehamilan.* Yogyakarta: Nuha Medika.

Thedja, MD. 2012. *Genetic Diversity of Hepatitis B Virus in Indonesia*: *Epidemiological And Clinical Significance*. Jakarta: DIC Creative.

Tubiana, Mandelbrot dkk. 2015. *Perinatal HIV-1 Transmission from Women with Effective AntiretroviralTherapy Starting before Conception*. Clin Infect Dis, 61(11) :1715–25.

Walyani, E. S. 2015. *Asuhan Kebidanan pada Kehamilan*. Yogyakarta: Pustaka Baru.

Widatiningsih dan Christin. 2017. *Praktik Terbaik Asuhan Kehamilan*. Yogyakarta: Nuha Medika.

Widoyono. 2011. *Penyakit Tropis, Epidemiologi, Penularan, Pencegahan dan Pemberantasannya*. Jakarta: Erlangga.

Yunida, Halim. 2016. *Faktor-faktor yang Berhubungan dengan Perilaku Ibu Hamil dalam Pemeriksaan HIV di Wilayah Kerja Puskesmas Halmahera Kota Semarang*. Jurnal Kesehatan Masyarakat. http://ejournals1.undip.ac.id/index.php/jkm (diakses pada tanggal 13 Maret 2021)