JNK

JURNAL NERS DAN KEBIDANAN
(JOURNAL OF NERS AND MIDWIFERY)
https://ojs.phb.ac.id/index.php/jnk

The Family and Health Workers Support Role to Undergo Triple Elimination Screening in Pregnant Women based on The Health Belief Model Perspevtive

[CA]Erika, Iskandar Muda
Universitas Riau, Indonesia
[CA]Corresponding Author rika_hardi@yahoo.com

Article Information

History Article:
Received, 09/07/2026
Accepted, 15/08/2026
Published, 15/08/2026

Keyword:
Health Belief Model, Family Support, Pregnant Mother, Health Workers, Triple Elimination

Abstract

Triple Elimination testing is an important strategy to prevent the transmission of HIV, syphilis, and hepatitis B from mother to child. However, currently the coverage of check-ups for pregnant women is still not optimal. This study aimed to explore the role of family and health worker's support in strengthening pregnant women's decisions to undergo Triple Elimination tests based on Health Belief Model perspective. This study used a qualitative design with a descriptive approach. Seven pregnant mothers were selected using purposive sampling in the working area of Sidomulyo Health Center, Pekanbaru City. Data were collected through in-depth interviews using semi-structured guidelines and manually analysed using the Directed Content Analysis method. The analysis produced one main theme, which is the role of family and healthcare support as reinforcing factors in pregnant women's decision-making, consisting of two subthemes: family support as a decision booster and healthcare support as a booster of pregnant women's confidence. Family support comes in the form of attention, motivation, accompaniment, and emotional reinforcement, while healthcare providers offer education, counselling, and therapeutic communication that increase confidence and reduce doubts regarding Triple Elimination checks. Family and healthcare support are important factors that reinforce a pregnant woman's decision to undergo Triple Elimination check-ups by boosting confidence, a sense of security, and understanding of the benefits of early detection. Antenatal services need to optimize family involvement, especially the husband, and enhance education and therapeutic communication by healthcare workers to increase pregnant women's participation in Triple Elimination check-ups.

✉Correspondence Address:
Universitas Riau – Riau, Indonesia
Email: rika_hardi@yahoo.com
P-ISSN : 2355-052X
E-ISSN : 2548-3811
DOI: https://doi.org/10.26699/jnk..v13i2.ART.p232-240

INTRODUCTION

Eliminating the transmission of Human Immunodeficiency Virus (HIV), syphilis, and hepatitis B from mother to child (elimination of mother-to-child transmission/EMTCT) is one of the global health priorities to reduce morbidity and mortality in both mothers and babies, while also supporting the achievement of the Sustainable Development Goals (SDGs). Vertical transmission could happen during pregnancy, childbirth, or breastfeeding and carries a risk of causing serious complications, such as congenital syphilis, chronic hepatitis B infection, lifelong HIV infection, premature birth, low birth weight, and even neonatal death (Elgalib et al., 2023; Lian et al., 2025). To reach the elimination target by 2030, the World Health Organization (WHO) recommends integrating HIV, syphilis, and hepatitis B testing into routine antenatal care through the Triple Elimination program, which comes with counseling, proper management, and follow-up for both mothers and babies (WHO & United Nations Children's Fund, 2025).

Even though it has become part of the integrated antenatal services in Indonesia, the implementation of Triple Elimination screening still faces various challenges. The 2024 Indonesia Health Profile shows that out of 3,245,224 pregnant women who underwent HIV testing, 2,490 (0.08%) tested positive for HIV. Hepatitis B screening found 50,789 (1.5%) pregnant women with reactive results, while syphilis testing coverage has only reached 36.5%, with 0.48% positive results (Kemenkes RI, 2024). In Riau Province, the prevalence of HIV, hepatitis B, and syphilis among pregnant women is 0.03%, 1.3%, and 0.07%, respectively, while Pekanbaru City is the area with the highest number of new HIV cases in the province (Dinkes Kota Pekanbaru, 2024; Dinkes Provinsi Riau, 2023). The data shows that increasing pregnant women's participation in the Triple Elimination check-ups is still a major challenge in efforts to prevent infections from being passed from mother to baby.

A pregnant mother's decision to undergo the Triple Elimination test is not only influenced by the availability of healthcare services, but also by psychosocial and interpersonal factors. Stigma around HIV, syphilis, and hepatitis B still makes some pregnant women feel scared, embarrassed, or worried about being treated unfairly if the test results show an infection (Armini et al., 2024). Besides that, fear of the test results, lack of family support, low understanding of the benefits of early detection, and less-than-ideal communication between healthcare workers and pregnant women also influence the decision to undergo the Triple Elimination check-up (Syaputri et al., 2024). This condition shows that the success of the program doesn't just depend on access to services, but also on the social support the mother receives during her pregnancy.

One of the most commonly used theories to explain health prevention behavior is the Health Belief Model (HBM). This theory explains that a person will take health actions if they believe in the benefits of those actions and receive prompts that trigger the formation of health behaviors. In HBM, these prompts are known as cues to action, which are external factors that encourage someone to turn their intentions into actual actions (Alyafei & Easton-Carr, 2024). In the context of Triple Elimination screening, support from family and healthcare workers is a form of cue to action that can potentially strengthen a pregnant woman's decision to undergo the check-up. Family support can come in the form of emotional support, appreciation, motivation, or practical help during pregnancy, while healthcare workers play a role through education, counseling, therapeutic communication, and woman-centered antenatal care (Wiantini et al., 2023). Dimention of family support that include informational support provide advice, guidance or useful facts. Inadequate knowledge directly stops families from knowing how to access healthcare resources or manage daily care. Emotional Support are offering empathy, trust, and a secure feeling. Ignorance about a diagnosis can lead to frustation, stigma or emotional withdrawal instead of comfort (Kurniawan, Sahar, Rekawati, & Sartika, 2025) Intrumental support is one of the forms of the dimension of family support. Giving tangible aid

like money, transportation or physical help. Poor understanding of a patiente's actual needs often leads to misallocated effort or neglect (Dehbozorgi, Moghadam, Shahriari, & Sarani, 2022). That support is believed to be able to boost confidence, reduce anxiety, and strengthen a mother's belief in the importance of check-ups as a way to detect early and prevent vertical transmission (Varela et al., 2026).

Various studies show that family and healthcare worker support is linked to increased use of maternal health services, including HIV, syphilis, and hepatitis B screenings during pregnancy. Effective counseling, good interpersonal communication, and family involvement have been shown to boost mothers' acceptance of Triple Elimination screenings and strengthen adherence to antenatal care (Siahaan & Sembiring, 2026; Wulandari et al., 2025). However, most previous studies used a quantitative approach that only measures the relationship between variables or the effectiveness of health education interventions, so they haven't been able to explain how family and healthcare support influence the decision-making process of pregnant women in undergoing Triple Elimination tests (Armini et al., 2024).

This research gap shows the need for a deeper exploration of pregnant women's experiences in receiving social support during pregnancy. So far, scientific evidence explaining how support from family and healthcare workers acts as cues to action to strengthen pregnant women's decisions to undergo Triple Elimination screenings is still limited, especially through a qualitative approach. Understanding these experiences is necessary to create education, communication, and guidance strategies that better meet pregnant women's needs and support the success of the Triple Elimination program implementation.

The novelty of this research lies in exploring the mechanism by which family support and healthcare workers interact as cues to action in the decision-making process of pregnant women. Unlike previous studies, which generally assess the relationships between variables quantitatively, this study provides a deeper understanding of pregnant women's decision-making processes through their direct experiences. The research findings are expected to serve as a basis for developing family-based interventions, strengthening therapeutic communication, and improving the quality of antenatal services to support the success of the Triple Elimination program. The aim is to explore the role of family support and healthcare workers as reinforcing factors in pregnant women's decisions to undergo Triple Elimination checkups, from the perspective of the Health Belief Model.

METHOD

This study is part of qualitative research exploring pregnant women's perceptions of Triple Elimination screening based on the Health Belief Model (HBM) perspective. This article specifically reports findings on the role of family and healthcare support as cues to action that strengthen pregnant women's decisions to undergo Triple Elimination screening. The study used a qualitative design with a descriptive approach and was conducted in October-November 2025 in the working area of Sidomulyo Community Health Center, Pekanbaru City. Informants were selected using purposive sampling based on inclusion criteria, namely pregnant women who had received information about Triple Elimination screening, were able to communicate well, were willing to participate, and signed an informed consent form to join the study. The recruitment process was stopped once the data reached saturation, resulting in seven informants. Data was collected through in-depth interviews using semi-structured interview guidelines based on the constructs of the Health Belief Model. All interviews were recorded with participants' consent, then transcribed verbatim and complemented with field notes to document the interview context, nonverbal expressions, and the researchers' observations. Data analysis was done manually using the Directed Content Analysis method according to Hsieh and Shannon. The analysis process included repeatedly reading the transcripts, identifying meaning units, coding based on HBM constructs, grouping codes into categories, and developing research themes. From all the themes

generated, this article focuses the analysis on the theme of family and healthcare support as cues to action in pregnant women's decision-making to undergo the Triple Elimination examination. Data validity was maintained through source triangulation, member checking, dependability, confirmability, and transferability. The study received ethical approval from the Health Research Ethics Committee of the Faculty of Nursing, University of Riau, with Number: 3532/UN19.5.1.8/KEPK.FKp/2025.

RESULTS

Informant Characteristics

The study involved seven pregnant women who were selected using purposive sampling techniques. The participants were between 27 and 33 years old, all within a healthy reproductive age. Their education levels ranged from Diploma III, Diploma IV, to a Bachelor's degree. Most of the participants were housewives, while the others worked as private employees or contract workers. Their pregnancy ages ranged from 8 to 11 weeks (first trimester), with a parity of one to two. These varied characteristics provide an overview of different experiences in the decision-making process for undergoing Triple Elimination tests.

The Role of Family and Health Workers support in deciding Triple Elimination Checkups

Analysis using Directed Content Analysis showed that a pregnant woman's decision to undergo Triple Elimination screening is influenced by family and healthcare worker support as cues to action in the Health Belief Model. Both forms of support act as reinforcing factors that boost confidence, reduce doubts, and encourage pregnant women to make the decision to get screened. This theme has two subthemes: family support as a decision booster and healthcare worker support as a confidence booster for pregnant women.

Family support as a boost for a pregnant women's decisions

All the informants described that the family, especially the husband, plays the biggest role in reinforcing the decision to undergo the Triple Elimination test. The support isn't just about agreeing to the test but also about showing care for the pregnancy, reminding them about check-up schedules, accompanying them during antenatal visits, giving motivation, and helping the mother deal with anxiety during pregnancy. Having family around makes the informants feel emotionally supported, which boosts their confidence in making decisions about their own and their baby's health.

One of the informants explained that the husband's care was shown through reminders to keep getting check-ups if any complaints came up during pregnancy.

"... my husband reminds me to go to the midwife if I have any complaints. What makes me feel sure is that it's real support from my family, especially my husband..." (I2).

Another informant also mentioned that the support was shown through direct assistance during pregnancy check-ups.

"... my husband is very supportive and always takes me to my check-ups..." (I5).

Besides that, some informants felt that family support made them more confident in taking care of their pregnancy health and considering every action that benefits the baby.

"... as a pregnant woman, I'm now more cautious even about the smallest things..." (I7).

Another informant revealed that pregnancy makes her more alert to various possibilities that could affect the baby's health, so family support becomes even more meaningful in every decision she makes.

"... as a pregnant woman, I'm now more cautious even about the smallest things..." (I4).

Besides the support, families also provide emotional reinforcement that makes informants feel calmer when making decisions about check-ups. Some informants mentioned that having their husband around made them feel they weren't facing

pregnancy alone, giving them confidence to follow healthcare advice. For some informants, this support became a source of motivation to take care of their pregnancy and do various things they believed could protect the baby in the womb. In fact, a few informants said that the family's attention further strengthened their desire to ensure the baby is born healthy.

Interestingly, all the informants showed a relatively similar pattern: the more support they received from their families, the stronger their desire to take care of their pregnancy health. The informants revealed that the wish to give the best for their baby became stronger when their family showed attention, encouragement, and trust. So, the family not only acts as a companion during pregnancy but also serves as a source of motivation that strengthens a mother's decision to attend antenatal services, including Triple Elimination check-ups.

Support from health workers as a boost to pregnant women's confidence

All the informants stated that healthcare workers, especially midwives, are the main source of information about the Triple Elimination check-up. They got this information during antenatal check-ups, individual counselling, or health education in pregnancy classes. The informants explained that the explanations given by the midwives helped them understand the purpose of the check-up, how it is done, the benefits of early detection, and the importance of the check-up in preventing the transmission of HIV, syphilis, and hepatitis B to the baby.

One of the informants said that they first got information about the Triple Elimination test when going for a pregnancy check-up at the health centre.

"....when I went for a pregnancy check-up, the midwife talked about the Triple Elimination test..." (I6).

Another informant also revealed that the midwife explained the benefits of check-ups, so she understood the importance of knowing her health condition from the early stages of pregnancy.

"... Knowing the illness from the start lets mom be more prepared..." (I1).

A similar experience was shared by another informant who felt more at ease after getting an explanation about the purpose of the examination.

"... it feels more reassuring to know the real situation than just guessing..." (I3).

Some informants also explained that information about the risk of disease transmission to newborns was only understood after attending counseling or prenatal classes facilitated by a midwife.

"... The first time I joined a prenatal class, the midwife explained that HIV, syphilis, and hepatitis B can be transmitted from mother to baby...." (I4).

A similar thing was also mentioned by another informant who admitted that they just realized that not only HIV, but also syphilis and hepatitis B can be transmitted to the baby during pregnancy.

"... At first, I only knew that HIV could be transmitted to babies. But it turns out that syphilis and hepatitis B can too. I only found that out after attending a prenatal education session...." (I7).

Besides providing information about the benefits of check-ups, healthcare workers also explained that HIV, syphilis, and hepatitis B can be transmitted from mother to baby during pregnancy, childbirth, or breastfeeding. For most of the informants, this information was new knowledge that increased their awareness of pregnancy health. The informants admitted that they started to understand that a person can still look healthy even if they have an infection, so check-ups are necessary to ensure the health of both mother and baby.

The informants also explained that the communication carried out by healthcare workers wasn't judgmental, but gave them the chance to ask questions and express concerns about the check-ups. This made them feel more comfortable, safe, and confident in considering check-ups as part of taking care of their pregnancy health. So, healthcare

workers aren't just providing information but also offering psychological support that strengthens mothers' confidence in making decisions.

DISCUSSION

The role of family support in strengthening pregnant women's decision to undergo Triple Elimination tests

Research results show that family, especially the husband, is the main source of support that strengthens a pregnant woman's decision to undergo Triple Elimination screening. This support is shown through attention to the pregnancy condition, giving motivation, accompanying during antenatal visits, reminding about check-up schedules, and providing emotional reinforcement when the mother feels anxious before the screening. The presence of family gives a sense of security and boosts the mother's confidence that Triple Elimination screening is an important preventive step to protect both her and the baby's health. These findings show that family support not only serves as practical help but also acts as a psychosocial factor influencing a pregnant woman's health decision-making process.

These findings can be explained through the Health Belief Model (HBM) perspective, particularly the cues to action construct, which explains that health behavior is influenced not only by an individual's perception of the benefits and risks of a disease, but also by external stimuli that encourage someone to turn intention into actual action. In the context of this study, family support acts as an external stimulus that strengthens a mother's belief in undergoing the Triple Elimination examination. Attention, motivation, and accompaniment from the husband can reduce doubt and increase the mother's psychological readiness to accept the examination as part of antenatal care. This explanation aligns with the HBM concept, which states that successful health behavior change is influenced by social support that can strengthen an individual's motivation to act (Alyafei & Easton-Carr, 2024).

The results of this study are consistent with the research by Mumtaz et al (2023) which shows that support from partners and family is an important factor in a pregnant mother's decision to undergo HIV testing during antenatal care. Shivambo et al. (2025) also reported that family involvement boosts a pregnant mother's motivation to undergo infectious disease screening because of the shared desire to protect the baby's health. Likewise, the research by Sude et al (2025) found that family support is significantly related to pregnant women's compliance with undergoing Triple Elimination tests.

Interestingly, this study shows that family support not only boosts compliance with check-ups but also shapes a mother's emotional confidence in making decisions. Most of the participants said that their husbands' support made them feel calmer, more confident, and better prepared for possible results. These findings show that the decision to go through Triple Elimination screening is the result of the interaction between a mother's intrinsic motivation to protect her baby and the social support she gets from her family.

The role of healthcare workers as cues to action in pregnant women's decision-making

This study shows that healthcare workers, especially midwives, play a key role as the main source of information that shapes mothers' understanding and beliefs about the importance of Triple Elimination screening. The information provided during antenatal care about the purpose of the screening, the benefits of early detection, and explanations of the screening procedures can reduce uncertainty and increase mothers' readiness to make decisions. Informants revealed that easy-to-understand explanations and empathetic communication made them more confident about the recommended screening.

From the perspective of the Health Belief Model, healthcare workers are one form of cues to action that have a big influence on the emergence of health behaviours (Haning et al., 2022). The education provided not only increases knowledge but also strengthens perceptions about the benefits of check-ups and reduces the psychological barriers that mothers previously felt (Purwantanti et al., 2024). The education provided not only increases

knowledge but also strengthens perceptions about the benefits of check-ups and reduces the psychological barriers that mothers previously felt.

The findings of this study are supported by Wiantini et al (2023) who reported that focused education on Triple Elimination increases knowledge and the intention of pregnant women to participate in screening from early pregnancy. Vebriyani et al's study (2022) also showed that healthcare workers are the most influential source of information in shaping screening behaviour in pregnant women. Besides that, Sabin et al (2024) explaining that effective communication from health workers can increase a mother's acceptance of HIV, syphilis, and hepatitis B testing while also reducing anxiety during the screening process.

The results of this study show that the relationship between pregnant mothers and health workers is not just about sharing information, but also about providing support. An empathetic communication approach gives a sense of security, so mothers trust the benefits of check-ups more and are more prepared for antenatal services. This shows that the success of the Triple Elimination program doesn't depend only on the availability of services but also on the quality of interpersonal communication between health workers and pregnant mothers.

CONCLUSION

This study shows that family support and healthcare workers act as cues to action that strengthen pregnant women's decisions to undergo Triple Elimination screenings. Family support, especially from husbands, through attention, motivation, accompaniment, and emotional reinforcement, along with support from healthcare workers through education, counseling, and therapeutic communication, increases confidence, reduces doubts, and strengthens mothers' understanding of the importance of early detection of HIV, syphilis, and hepatitis B during pregnancy. These findings emphasize that enhancing family involvement and improving the quality of communication and education by healthcare workers need to be integrated into antenatal services to boost pregnant women's participation in Triple Elimination screenings and support efforts to eliminate mother-to-child transmission.

SUGGESTION

Antenatal care should optimize family involvement, especially the husband, through education and counseling integrated with therapeutic communication by health workers. An approach based on the Health Belief Model, particularly on the 'cues to action' aspect, can be applied to strengthen pregnant women's decisions to undergo Triple Elimination checks. Future research is suggested to explore the role of other family members and various levels of healthcare facilities to broaden the understanding of factors influencing pregnant women's decisions.

ACKNOWLEDGEMENT

The author would like to thank the Head of Sidomulyo Health Center in Pekanbaru City and all the healthcare staff who have given permission, support, and facilitated the research. Appreciation is also extended to all the informants who were willing to take the time and share their experiences during the data collection process, allowing this study to be carried out successfully.

FUNDING

This research didn't receive any grants or funding support from any sources.

CONFLICTS OF INTEREST

The authors confirm that there are no conflicts of interest related to this study.

AUTHOR CONTRIBUTIONS

Erika is responsible for developing the research concept, preparing the methodology, supervising, validating, analyzing data, as well as reviewing and editing the manuscript. Iskandar Muda is responsible for collecting data, managing data, performing formal analysis, drafting the initial manuscript, and revising the manuscript until the final version.

REFERENCE

Alyafei, A., & Easton-Carr, R. (2024). *The health belief model of behavior change*. https://www.ncbi.nlm.nih.gov/books/nbk606120/.

Armini, L. N., Setiawati, E. P., Arisanti, N., & Hilmanto, D. (2024). Patient perspective on the elimination mother-to-child transmission of HIV, syphilis, and hepatitis B in Bali, Indonesia: a qualitative study. *BMC Public Health*, *24*(1), 2258. https://doi.org/10.1186/s12889-024-19692-3

Dehbozorgi, R., Moghadam, M., Shahriari, M., & Sarani, E. (2022). Barriers to family involvement in the care of patients with chronic mental illnesses: A qualitative study. *Front Psychiatry*, 1-11.

Dinkes Kota Pekanbaru. (2024). *Laporan Kinerja Instansi Pemerintah*. Dinkes Pekanbaru.

Dinkes Provinsi Riau. (2023). *Laporan Kinerja Instansi pemerintah (LKJIP) Tahun 2022*. Dinas kesehatan Provinsi Riau.

Elgalib, A., Lau, R., Al-Habsi, Z., Shah, S., Al-Rawahi, B., Memish, Z. A., Lee, S. S., & Al-Abri, S. (2023). Elimination of mother-to-child transmission of HIV, syphilis and viral hepatitis B: A call for renewed global focus. *International Journal of Infectious Diseases*, *127*, 33–35. https://doi.org/10.1016/j.ijid.2022.11.031

Haning, F. L. A., Lada, C. O., Junias, M. S., Manafe, Y. J., & Gero, S. (2022). Aspek Health Belief Model dan Kepatuhan Ibu Melakukan Kunjungan Antenatal K4 di Masa Pandemi COVID-19. *Journal of Telenursing (JOTING)*, *4*(2), 804–819. https://doi.org/10.31539/joting.v4i2.3898

Kemenkes RI. (2024). *Profil Kesehatan Indonesia*. Kementerian Kesehatan Republik Indonesia.

Kurniawan, D., Sahar, J., Rekawati, E., & Sartika, R. (2025). Translation and validation of the Indonesian version of the Family Support Scale (FSS) for elderly. *Lentera Perawat*, 713-721.

Dehbozorgi, R., Moghadam, M., Shahriari, M., & Sarani, E. (2022). Barriers to family involvement in the care of patients with chronic mental illnesses: A qualitative study. *Front Psychiatry*, 1-11.

Lian, J., Ke, B., Zhang, X., Li, J., Li, Y., Wang, K., Feng, Y., & Wang, S. (2025). Global burden of HIV, syphilis, and HBV infection among women of childbearing age and children under five: based on the Global Burden of Diseases Study 2021. *Frontiers in Public Health*, *13*. https://doi.org/10.3389/fpubh.2025.1666408

Mumtaz, Z. (2023). Factors Influencing the Uptake of HIV Testing During Antenatal Care in Rural Uganda. *Journal of Women's Health Care*, *02*(02). https://doi.org/10.4172/2167-0420.1000121

Purwantanti, T. C., Demartoto, A., & Murti, B. (2024). Multilevel Analysis of The Implementation of The Health Belief Model on Antenatal Visit at Integrated Health Posts in Kapuas Hulu, West Kalimantan, Indonesia. *Journal of Health Promotion and Behavior*, *9*(3), 236–244. https://doi.org/10.26911/thejhpb.2024.09.03.05

Sabin, L., Haghparast-Bidgoli, H., Thapaliya, B., Chand, O., Bhattarai, S., Arjyal, A., & Saville, N. (2024). Factors influencing the implementation of integrated screening for HIV, syphilis, and hepatitis B for pregnant women in Nepal: A qualitative study. *PLOS Global Public Health*, *4*(10), e0003006. °https://doi.org/10.1371/journal.pgph.0003006

Shivambo, L., Ntsie, L., Qwabi, T., Shaik, S., Maixenchs, M., Johnstone, S., Blevins, J., Dangor, Z., Madhi, S., & Myburgh, N. (2025). *Understanding Barriers to HIV testing Among Pregnant women in Soweto, Johannesburg: A Socio-Ecological Perspective*. https://doi.org/10.12688/verixiv.2029.1

Siahaan, V. R., & Sembiring, R. N. (2026). The effect of health education on pregnant women's knowledge and attitudes regarding triple elimination. . *Jurnal Kebidanan Malahayati*, *12*(4), 233–239.

Syaputri, R., Hartono, B., & Rawani, A. (2024). Evaluating the Triple Elimination Screening Program for Pregnant Women in Rokan Hilir District, Indonesia. *Viva Medika: Jurnal Kesehatan, Kebidanan, Dan Keperawatan*, *17*(1), 73–87.

Varela, N., Dewi, Y., Murti, B., Novika, R., & Rahardjo, S. (2026). The Role of the Health Belief Model in Antenatal Care Visits among Pregnant Women at Sentru Saude Komunitaria, Baucau Municipality, Timor Leste. *Journal of Health Promotion and Behavior*, *11*(1), 41–54.

Vebriyani, N., Putri, R., & Munawaroh, M. (2022). Hubungan Persepsi, Sumber Informasi dan Perilaku Ibu Hamil terhadap Pemeriksaan Triple Eliminasi. *Journal of Midwifery Science and Women's Health*, *2*(2), 52–59. https://doi.org/10.36082/jmswh.v2i2.542

WHO, & United Nations Children's Fund. (2025). *Country guidance for planning triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus programmes*. Https://Iris.Who.Int/.

Wiantini, N. N., Widiastini, L. P., & Risna, N. M. (2023). The Effect of Triple Elimination Health Education to Knowledge and Intention Level of Pregnant Women in Screening Triple Elimination Implementation. *Jurnal Kesehatan Pasak Bumi Kalimantan*, *5*(1), 17. https://doi.org/10.30872/j.kes.pasmi.kal.v5i1.7327

Wulandari, A., Suryani, P., Siwi, R., & Retnaningtyas, E. (2025). Compliance in Carrying Out Triple Elimination Examination Reviewed from Parity and Husband Support in Pregnant Women at Gondanglegi Public Health Center, Malang Regency. *Journal Of Nursing Practice*, *8*(4), 884–895. https://doi.org/10.30994/jnp.v8i4.870