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The Process of Triple Elimination Program Implementation in Antenatal Care Batang Regency: Qualitative Study

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Abstract

Introduction: The Maternal Mortality Rate (MMR) of Batang Regency in 2023 is still high. Many efforts have been made to reduce the mortality of pregnant women and babies born with integrated ANC services, but have not received optimal results.

Objective: The purpose of this study is to analyze aspects of the process including planning, organizing, implementing and assessing in the triple elimination program.

Methods: The study used qualitative methods with process variables consisting of planning, organizing, implementing and assessing in a triple elimination program. Data collection through in-depth interviews with 8 main informants and 10 triangulation informants. The main informants are Midwives, Coordinators, and Analysts of the triple elimination program in 4 selected Puskesmas. Triangulated informants are selected based on management level. District level to the Head of Kesga and P2P Dinkes Batang, Puskesmas level to 4 selected Puskesmas Heads and grass-root level to 4 mothers who receive integrated ANC service benefits at Puskesmas. The instrument uses an interview guide. Analysis using qualitative descriptive methods.

Results: Planning is carried out in stages from the implementation of activities, namely the integrated ANC team of the Puskesmas by calculating needs. Furthermore, it was discussed with the team and submitted to the Head of the Puskesmas which was then submitted to the District through the Batang Health Office. Organizing is done from the Coordinator Midwife who manages his team. Team management is discussed together and approved by the Head of Puskesmas. Implementation is carried out in accordance with applicable SOPs. The triple elimination assessment is good but there needs to be improvement. Especially in the refusal of triple elimination examination from pregnant women during the implementation of the program.

Conclusion: The triple elimination program process in Batang Regency has been good. There needs to be a strategy to invite all pregnant women so that there is no rejection of the triple elimination program.

Keywords: Triple Elimination, Antenatal Care, Process

INTRODUCTION

Triple elimination is one of the services in ANC. The purpose of the program is to prevent and overcome the transmission of HIV (Human immunodeficiency virus), syphilis virus and hepatitis B from pregnant women to their babies. This program is an adoption of the World Health Organization (WHO) "triple elimination". The transmission rate of HIV, syphilis and hepatitis B can be reduced by up to 5% from the target of 15% with early detection such as HIV, hepatitis B, and syphilis tests when conducting antenatal care (ANC) at health facilities. The target of the Indonesian Ministry of Health is to achieve zero-point by 2030 in accordance with the Regulation of the Minister of Health of the Republic of Indonesia No. 52 of 2017.¹

Triple Elimination is an effort program to eliminate infection with three infectious diseases directly from mother to child born, namely HIV / AIDS infection, syphilis and hepatitis B. Examination can be done at the nearest puskesmas when pregnant women visit the first ANC care or ideally before 20 weeks of pregnancy. Screening is carried out through a rapid diagnostic test by taking blood samples of pregnant women by laboratory personnel who have been trained at the Puskesmas. The screening uses HIV rapid test, RPR (Rapid Plasma Reagin)-Tp rapid (Treponema pallidum rapid) and HBsAg (Hepatitis B surface Antigen) rapid test.^{2,3}

The estimated number of pregnant women in the period from January to March 2024 is 5,256,493 people and 590,440 pregnant women who have taken HIV tests (11.23%) and 1,360 HIV-positive pregnant women (0.23%). Pregnant women who tested for syphilis were 273,065 people and those who were positive for syphilis were 1,467 people (0.53%). The data shows that there is still low triple elimination coverage in integrated ANC services for pregnant women. HIV and syphilis testing is intended to prevent transmission of Sexually Transmitted Diseases (STDs) from mother to baby. The latest data from January-March 2024 shows that out of 113 HIV-positive pregnant women, 86 babies (78.3%) are HIV positive.^{4,5}

Batang is a district located along the North Coast of Java. The Batang region geographically consists of coastal areas and hills or mountains. The triple elimination program in the Integrated ANC service in Batang has not been implemented optimally. It is known that the number of pregnant women in 2023 is 10,849 people and those undergoing HIV testing are 10,522 people (95.35%), pregnant women undergoing STI tests are 10,597 people (95.69%), pregnant women undergoing hepatitis B tests are 10,600 people (100.03%). The results of triple elimination examination in pregnant women found that 6 people (0.068%) had HIV, 2 people (0.067%) had syphilis and 85 people (0.87%) had hepatitis. This figure tends to decrease from 2022. However, the achievement of triple elimination of Batang has not reached the target (100%) set by the government.⁴⁻⁶

The achievement of triple elimination in pregnant women in Batang is currently 95%, this figure is high but the implementation is not in accordance with the established standards. Based on the results of a preliminary study in Pekalongan Regency, there are several things that are not in accordance with the standards of the process of implementing the triple elimination program. This is, laboratory examination for HIV / Syphilis / hepatitis B which should be done in the first trimester, carried out in the second or even third trimester, so that there are cases of late treatment in pregnant women with positive laboratory test results. Pregnant women with positive test results also do not get optimal treatment because the examination time is approaching labor (already the third trimester), so there is a high risk of HIV / Syphilis / Hepatitis B transmission to mother to baby. Data for 2019-2022 is known that there is 1 baby infected with HIV and 6 babies infected with hepatitis in Batang. This shows that there are babies who are susceptible to transmission of HIV / Syphilis / Hepatitis B from the mother.⁴

In the triple elimination program, service success indicators can be seen from the aspect of quantity and quality. Quantity is obtained through the number of goals or targets that have received triple elimination services. According to the data above, it is known that the triple elimination achievement in ANC services in Batang has not reached the target (100%), but is above 90%. Meanwhile, the quality aspect is seen from the adequacy or absence of the availability of examination sticks, standard operating procedures (SOPs) for services regarding triple elimination, providing counseling before laboratory services, and timeliness of triple elimination implementation.^{4,7}

Based on the results of a preliminary survey conducted by researchers at the Kandeman Batang Health Center on 10 pregnant women, data was obtained that 40% of pregnant women came to the Puskesmas for triple elimination services with a gestational age of more than 12 weeks, as many as 100% of pregnant women received triple elimination services but were not asked for an informed consent signature either accept or refuse examination from health workers, and 80% of pregnant women do not get offers and counseling from health workers who serve them. So that researchers are interested in exploring aspects of the process in implementing triple elimination in Batang Regency.

METHODS

This study uses a qualitative descriptive design that aims to evaluate the triple elimination program process contained in integrated antenatal care services in Batang Regency. Data collection uses two ways, namely primary and secondary data collection. Primary data collection is carried out through in-depth interview methods or in-depth interviews to informants, while secondary data collection by tracing documents and information from other parties related to the triple elimination program in the integrated antenatal care program in the working area of Batang Regency. The informants in this study were divided into two, the main informant and the triangulation informant. The main informant is the coordinating midwife as the triple elimination implementer as well as the HIV/AIDS counsellor in the Integrated Antenatal Care service and the selected Puskesmas laboratory officer. The total number of main informants is 8 people. The triangulation informants were 4 Heads of Puskesmas, Head of Infectious Diseases (P2), Head of Family Health (Kesga) of the Batang Health Office and 4 mothers of ANC service beneficiaries. The total number of triangulated informants is 10 informants. The research instrument is an interview guide for aspects of the triple elimination implementation process. Once the data is collected, qualitative analysis is performed and data presentation using narration. This research has passed the ethical test from the Ethics Commission of the Faculty of Public Health, Diponegoro University with No. 458/EA/KEPK-FKM/2023.

RESULT

Table 1. The characteristics of Key Informants and Research Triangulation Informants

No.	Informan Code	Age (years old)	Education	Position	Length of Work (years old)
1.	IU1	48	S1/ Midwifery Profession	Midwife Coordinator Puskesmas Bandar 2	28
2.	IU2	44	S1/ Midwifery Profession	Midwife Coordinator Puskesmas Wonotunggal	24
3.	IU3	42	S1/ Midwifery Profession	Conselor Puskesmas Limpung	20
4.	IU4	50	DIV Midwifery	Midwife Coordinator Puskesmas Tulis	29
5.	IU5	35	S1/ Laboratory Analyst	Laboratory Analyst Puskesmas Bandar 2	5
6.	IU6	42	DIV / Laboratory Analyst	Laboratory Analyst Puskesmas Wonotunggal	7
7.	IU7	32	S1/ Laboratory Analyst	Laboratory Analyst Puskesmas Limpung	5
8.	IU8	34	S1/ Laboratory Analyst	Laboratory Analyst Puskesmas Tulis	5
9.	IT1	52	S2 Management	The Head of Puskesmas Bandar 2	16
10.	IT2	54	S2 Public Health	The Head of Puskesmas Wonotunggal	24
11.	IT3	51	S2 Public Health	The Head of Puskesmas Limpung	20
12.	IT4	41	S2 Health Promotion	The Head of Puskesmas Tulis	2
13.	IT5	51	S2 Public Health	The Head of Family Health Department Dinkes Kab. Batang	30
14.	IT6	49	S2 Epidemiologist	The Head of P2P Dinas Kesehatan Kab. Batang	23
15.	IT7	29	Senior High School	Pregnant Mom Puskesmas Bandar 2	-
16.	IT8	24	Senior High School	Pregnant Mom Puskesmas Wonotunggal	-
17.	IT9	31	Senior High School	Pregnant Mom Puskesmas Limpung	-
18.	IT10	27	Senior High School	Pregnant Mom Puskesmas Tulis	-

Process aspects in the triple elimination program of integrated ANC services in Puskesmas include planning, organizing, implementing and assessing. The results of research in the process aspect are stated as the main informant as follows:

Table 2. Statement of the Main Informant regarding Aspects of the Triple Elimination Implementation Process in the Integrated ANC Program

Statement	Planning	Organization	Implementation	Evaluation
Main Informan				
IU1	Planning was carried out at the beginning of the year with tiered coordination to the Health Office.	Organizing starts from the formation of a team starting from the person in charge of ANC, Bikor, other staff such as dentists, laboratories, general doctors, conselors and so on. Followed by coordination of village midwives and continued with the preparation of ANC picket schedules.	The implementation of triple elimination activities is carried out in the laboratory through ANC services first. Indorman said his health center is open every day for ANC services and triple elimination.	The informant stated that it was very good. There is reporting to Dinkes per trimester. The target has not been achieved because there is resistance from pregnant women who come.
IU2	Planning starts from the counselor and team then tiered to the Health Office.	The organization starts from bikor and tiered up to Dinkes. However, the Puskesmas is given the power to regulate ANC services.	The implementation of each day, the informant can explain related to the procedure for implementing the program.	The informant stated that it was best to achieve the target even though the target had not been achieved.
IU3	Planning starts from Bikor and the team then levels to the Health Office	The formation of a team of Bikor, informants as analysts followed the existing schedule.	The informant can clearly mention the process of implementing the triple elimination.	The informant stated that he had tried his best to achieve the target and the target had been achieved or even exceeded.
IU4	The program holder who plans is then approved by Kapus and implemented by the officer or team in it.	Organisation of Bikor and ANC.	The informant can clearly mention the implementation of triple elimination in his health center.	Triple elimination programs are good and informants hope there is sustainability.
IU5	The informant stated that he did not know about planning, because he was only a laboratory officer. But there is a briefing for the triple elimination program.	The informant stated that there was a division of laboratory duties. There is a separate picket schedule for analysts.	Informants can explain related to implementation.	The informant stated that the assessment was good and the team was solid.
IU6	Planning was carried out at the beginning of the year with tiered coordination to the Health Office.	The formation of a team from the ANC, inorman as an analyst follows the existing schedule.	The informant can clearly mention the process of implementing the triple elimination, and add the presence of a vct checklist.	The informant stated the assessment for the program was good, reports were always worked on.
IU7	Planning starts from the ANC and the team then goes to the Health Office. The informant stated that	Organisation of Bikor and ANC.	The informant can clearly mention the implementation of triple elimination in his health center.	Triple elimination programs are good and informants hope there is sustainability.

Statement	Planning	Organization	Implementation	Evaluation
Main Informan	he participated in the stock count only.			
IU8	Planning starts from the counselor and team then tiered to the Health Office.	The organization starts from bikor and tiered up to Dinkes. However, the Puskesmas is given the power to regulate ANC services. There is delegation of duties for health workers who work on other professions.	Informants can explain the procedures for implementing the program.	The informant stated that it was best to achieve the target even though the target had not been achieved.

Based on the table above, it is known that the main informant has carried out a series of processes in the triple elimination program including Planning, Organizing, Implementing and Assessing. In the Planning aspect, the main informant stated that planning was carried out at the beginning of the year in coordination with the team at the ANC service. The planning includes team building, goal calculation, logistics needs calculation and improvements from last year's program.

The organization of the triple elimination program is carried out by the formation of an integrated ANC service team in the Puskesmas. This organization is carried out through the Head of the Puskesmas then calculating the needs of existing human resources and HR competencies. This organization was carried out jointly by Kapus, Bikor and the ANC team. This organising also includes the establishment of schedules, the determination of pickets of Village Midwives, ANC Midwives, analysts and other authorised officers. This organization is also determined up to the decree of delegation of teams or health workers who work outside the tupoksinya. Most of the main informants stated that there was a delegation of analysts to Midwives because of the limited number of analysts (only one person). So that there is a delegation of duties from analysts to midwives if analysts are unable to work on that day.

The implementation of the triple elimination program in ANC services is adjusted to the applicable SOP. All key informants can explain the triple elimination service flow at the integrated ANC of their Puskesmas. The implementation starts from pregnant women who register through the Registration Locker, then directed to the MCH room, then given a letter of introduction to go to the Laboratory. But before going to the laboratory, an informed consent letter was given for approval to take blood samples. However, there are Puskesmas that do not go through this process. There is also a Puskesmas that asks for the signing of approval in the laboratory because the MCH room is full of goods. In fact, approval should have been carried out at the time in the MCH room in accordance with the SOP.

Box 1

“persetujuan kalau mau tindakan ke lab itu ada. kalo saat ini di laborat, tapi karena ruangan kia itu kan seperti ini masih banyak claim caliman banyak barang seperti ini jadi kita arahkan nya ke laborat” IU4

Next, the analyst took blood specimens of pregnant women, then pregnant women were asked to wait for approximately 15 minutes. Furthermore, pregnant women are asked to go back to the MCH room to give the results to the officers at MCH so that later the officers can explain the results. However, there are Puskesmas whose laboratories deliver the results directly to pregnant women without going through MCH. From the informant's statement, there are several different flows between Puskesmas, even though the SOPs provided by the Health Office are the same. Then, all the main informants stated that the results after coming out of the analyst, were handed back to pregnant women to be given to MCH. In this process, pregnant women can just see the results directly and read them. More privacy procedures are needed to avoid unwanted things from pregnant women who can read laboratory results.

The assessment of the triple elimination program according to all these key informants is good. There are targets and achievements that must be met, but overall, the main informant stated that the triple elimination program was well implemented and appropriate.

The statement of the main informant regarding the process of implementing triple elimination in integrated antenatal care services was validated by the triangulation informant at the Puskesmas and Batang Regency levels as follows:

Table 3. Triangulation Informant Statement on Aspects of the Triple Elimination Implementation Process in the ANC Program

Statement	Planning	Organization	Implementation	Evaluation
Triangulation Informant				
IT1	The informant stated that there was a meeting to plan the program at the beginning of the year. Furthermore, coordination to the Health Office as the organizer of the District.	Organizing starts from the formation of the team. The informant stated that there has been no team change and the team he has is very solid.	The informant explained the implementation of triple elimination in his health center. The informant also stated that the obstacle to the program was the refusal of pregnant women to be examined.	The informant stated that this triple elimination program was very good. Although the puskesmas has not met the target, the puskesmas does not have significant obstacles.
IT2	Preparation of plans at the beginning of the year in coordination with the next health office at the end of the year evaluation of its achievements.	Program management starts with teamwork. From a solid team then run their respective tupoksi.	Informants can explain the implementation of the triple elimination program in their health centers.	The informant considered his team to be solid so his assessment was very good.
IT3	Planning is coordinated with Dinkes.	Organizing begins with team building. Next is the scheduling of the anc picket and its laboratory.	Inorman describes the implementation of triple elimination with lancers and according to the main informant.	Assessment from informants, the program is good.
IT4	Planning at the beginning of the year.	Organizing is left to the program manager or bikor. The head of the puskesmas is involved in the approval of the program plan, monitoring and evaluation of the puskesmas level.	The informant stated that the implementation was in accordance with the plan. All officers are ready in their respective tupoksi.	The informant considered this program good.
IT5	District-level planning begins with a coordination meeting on puskesmas needs. If the budgeted budget is lacking, informants provide advice to use puskesmas funds such as blud or bok.	Organizing is handed over to the respective puskesmas. The district manages stock availability by increasing stock by 10% so that there is no shortage of supply.	The implementation at the district level is carried out by monitoring and evaluating the program. The district provides facilities for the program.	The informant stated that the assessment of the triple elimination program in the trunk was already very remarkable.
IT6	The planning is comprehensive. From p2p to triple program then coordination with kesga then brijing to puskesmas. There are advocacy,	Pengorganisasian diserahkan ke Puskesmas. Level kabupaten bekerjasama dengan Yayasan, LSM hiv KKPb. Sehingga	Implementation in the district is carried out by monitoring and evaluating all puskesmas. Districts conduct education, socialization to	The assessment should be more optimal because HIV in the trunk district continues to increase.

Statement	Planning	Organization	Implementation	Evaluation
Triangulation Informant				
	stakeholder engagements, and meetings.	untuk spm itu sudah terlampaui.	Puskesmas and training for capacity building.	
IT7	-	-	Informants can explain the current implementation of an integrated ANC in the Puskesmas clearly.	The informant judged the officer to be good and had carried out his duties accordingly.
IT8	-	-	The informant understands the flow of the triple elimination implementation by mentioning what tests he conducts.	Officers in carrying out their duties are appropriate, informants are satisfied with ANC services.
IT9	-	-	The informant knows the procedure for implementing triple elimination.	The informant felt that this program was beneficial for him.
IT10	-	-	The informant understands the process of performing triple elimination.	This program is very good because it can detect from the beginning and needs to be maintained. Very helpful to the community.

Based on table 3 above, it is known that triangulation informants validate the triple elimination program process including Planning, Organizing, Implementing and Assessing. Planning aspect, triangulation informants validate that planning is carried out at the beginning of the year in coordination with integrated ANC program managers who are usually coordinated by Coordinating Midwives at Puskesmas in each region. The planning includes calculating targets, calculating logistical needs and calculating budgets.

Triangulation informants validated that the organization of the triple elimination program was carried out in tiers at integrated ANC services in Puskesmas. Organizing at the Puskesmas level is carried out through the Head of the Puskesmas then calculating the needs of existing human resources and HR competencies. This organization was carried out jointly by Kapus, Bikor and the ANC team. Organising also includes the establishment of schedules, determination of pickets of Village Midwives, ANC Midwives, analysts and other authorised officers. Delegation to the team is done if needed.

Organizing at the Batang Regency level is carried out by managing the budget including logistics needs, sticks and reagents. The main informant at the district level stated that organizing also included advocacy to existing cross-sectors, capacity building of officers, socialization to the community and meeting activities for competency improvement and coordination.

The implementation of the triple elimination program in ANC services according to the triangulation informant at the Puskesmas level has been adjusted to the applicable SOP. All triangulated informants can explain the triple elimination service flow at the integrated ANC of their Puskesmas. However, the informant validated that the SOP was not installed in the MCH room because it assumed that all officers knew by heart the triple elimination implementation flow at the Puskesmas.

Meanwhile, the implementation from the district level is carried out through 21 Puskesmas in Batang Regency without exception. The implementation is handed over to each Puskesmas. The Health Office as a policy stakeholder as well as a party that monitors and evaluates the running of the program. The informant stated that the implementation was also carried out through advocacy and stakeholder involvement. In addition, the involvement of Foundations, Communities and Korum observers of sexually transmitted diseases HIV, Syphilis and Hepatitis B.

All triangulated informants at the Puskesmas level stated that this triple elimination program is running very well in their Puskesmas, although some Puskesmas have not reached the target. Meanwhile, according to one of the informants, triangulation stated that Batang Regency should be more optimal in achieving the triple elimination program. IT6 states that HIV cases in Batang Regency are numerous and increasing every year.

Box 2

“Saya rasa sih bisa lebih ditingkatkan lagi. Karena hiv semakin tahun batang ini malah semakin meningkat. Kita perlu evaluasi.” IT6

Most triangulation informants as beneficiaries of the triple elimination program know the entire set of triple elimination examination flows. However, there are some differences in flow according to the experience of informants. Some informants stated that no consent was given to perform a blood draw in the laboratory. However, the midwife tells a series of processes that will be passed by pregnant women at the triple elimination examination.

Triangulation informants stated that the program was rated very well. Informants are happy to get triple elimination examination services because they are beneficial for prevention and are free of charge.

Box 3

“pertama dirungan ini dulu ya di kia ini diperiksa dulu perutnya, ditimbang, terus ke laborat disuruh bidannya. Sebelum dilaborat itu pertama kali periksa ini tidak ke ruangan lain lagi. iya diberitahu. Salah satunya dicek golongan darahnya kan jadi diberi tahu. Sewaktu saya itu dikasih hasilnya kan saya lihat itu heheheheh. Tapi untuk tulisan yang diperiksa apa apa aja itu di buku pink itu. ee gakada ya bu, jadi langsung disuruh ke laborat ya saya ke laborat gitu ya. Terus yang ngasih tau hasil yang dari laboratnya itu bu bidan yang disini ya. Tapi saya bisa liat hasilnya soalnya kan dikasih ke saya. Tapi gakmudeng semuanya. iya gakada kehabisan itu waktu itu ya langsung diperiksa nunggu sebentar langsung ada hasilnya”IT7

“ada bu bidan ya yang diruangan itu. Pertama kan diruang yang kia itu terus diarahkan keruang lain untuk pemeriksaan sama dikasih tau kalo disuruh tes ini itu untuk prosedur pertama saat periksa. Nah terus itu anu kita diambil darahnya dicek ini itu. selanjutna itu dari sana di ruang dokternya itu dikasih tahu sama dokternya. Alhamdulillah hasilnya baik semua. Disitu dikasih penjelasan sama dokternya hasilnya kalo negative jadi bagus semua gitu.”IT8

“Saya merasa terbantu sih bu dengan adanya program ini di puskesmas kan jadinya saya bisa tau ada penyakit apa ndak di kehamilan saya. Ada resiko ke bayi saya atau ndak.”IT9

“Saya cukup tertolong ya bu sama program ini, dekat juga dari rumah.” IT10

DISCUSSION

Planning

Planning is an activity carried out to determine the goals and targets of the implementation of the triple elimination program. Planning in the process aspect can be known through goal setting, target setting, and planning human resources, funds, laboratory tools and materials. The goal setting of the triple elimination program is to reduce HIV/AIDS cases, while the target setting is pregnant women and brides-to-be. This was conveyed in the interview as follows:

“bukan hanya ketika ibu hamil sudah hamil tetapi ketika lebih mendahului yaitu lewat pemeriksaan calon pengantin.” (IU1)

“calon pengantin sudah ada kerja sama dengan kemenag... saat mau menikah harus ada pemeriksaan HIV pada kedua duanya, jadi insya Allah dari awal sudah kedeteksi” (IU6)

“Kita melebihi target karena catin juga kita periksa lho” (IT7)

The development of HIV disease prevention programs is not only through triple elimination programs but also screening or examination of brides-to-be. The development of the triple elimination program is carried out as an effort to reduce the rate of HIV / AIDS and prevent the transmission of HIV, hepatitis and syphilis from mother to child.⁹⁻¹³

Organizing

Organizing is an activity to organize the implementation of the triple elimination program in accordance with specified guidelines. Organizing includes the preparation of work teams, distribution of tasks and delegation of authority.

Preparation of work teams using human resources in the puskesmas. There are puskesmas that initially formed a triple elimination work team using puskesmas midwives and then developed, coordinated with laboratory officers, and used village midwives to educate pregnant women about triple elimination examination. This is according to the following interview:

“Data dasar untuk pembentukan tim diawali dari 5 bidan puskesmas yang diawali dari bidan koordinator terlebih dahulu, kemudian dari bidan koordinator kita mengembangkan diri masing-masing 4 bidan lainnya bahwa mau tidak mau mereka harus bisa... Nah dari situ kemudian dikembangkan lagi .. otomatis kita harus berkolaborasi dan berkoordinasi dengan bidan-bidan lain termasuk di bag laborat, tapi kan ini untuk pelaksanaan tripel eliminasi kita hanya sekedar mengarahkan sasaran ibu hamil, kemudian termasuk dengan keluarga ini dimasukkan ke dalam ANC terpadu” (IT5)

The work team for the triple elimination program includes doctors, midwives and laboratory personnel. The division of duties is that doctors carry out pregnancy checks through ultrasound, midwives provide counseling and laboratory officers conduct blood sample examinations. Each team member has their own objectives such as interviews as follows:

“Kita bisa ANC di BP atau ruang USG. USG bersama dokter” (IU4)

“jadi untuk yang tupoksi sudah sesuai masing-masing” (IT4)

“Semua bidan kita piketkan di KIA per harinya jadi ada petugas bidan paling nggak 3-4 orang untuk ANC terpadu di puskesmas” (IU6)

“Laboratnya ... tugasnya ada dua yang P3K satu masih” (IT6)

Based on the results of the interview above, it can be concluded that the team in the triple elimination program includes doctors, midwives, and laboratory officers, who have their respective duties and responsibilities in accordance with the predetermined objectives.

This study is in line with other studies showing that organizing is handed over to the puskesmas for triple elimination services. Meanwhile, the Health Office plays a monitoring and evaluation function.¹⁴⁻¹⁷

Implementation

Implementation is the activity carried out in the triple elimination examination. The implementation of triple elimination includes counseling, laboratory tests, notification of test results and management of positive test results. Each puskesmas has a different policy for laboratory examinations. There are puskesmas that provide laboratory examination services every day, but some are scheduled 3x a week and the schedule is determined every month.

The implementation of counseling is given to pregnant women who are not willing to do laboratory examinations. Midwives will take a persuasive approach to pregnant women who are not willing to do laboratory examinations. Counseling is given to pregnant women before the examination. Mothers who are willing to do the examination are given informed consent. Pregnant women with reactive laboratory test results will get counseling by midwives. Counseling is also given to mothers who experience health problems during pregnancy. The results of the interview obtained are as follows:

“Sebelum dilakukan pemeriksaan diberitahu tentang penyakit dan sebagainya” (IU3, IU5, IU7)

“Diberikan informed consent” (IU4)

Pregnant women who do pregnancy checks at the puskesmas for the first time, are always advised by midwives to do laboratory tests, but not all pregnant women are willing. The triple elimination program recommends laboratory examinations to be carried out as early as possible or the first trimester because if the test results are positive, then the pregnant woman can undergo treatment and plan a safe delivery for transmission of the infectious disease from mother to baby. The results of the interview obtained are as follows:

“Sebelum dilakukan pemeriksaan.”IU8

“Diperiksa ke laborat umur kehamilan 3 bulan. Disarankan tapi tidak bersedia pada usia 16 hari” (IU9)

“Diperiksa hamil 5 bulan” (IT7)

Management for the results of reactive triple elimination examination is to provide results to doctors, to provide referrals to advanced health facilities, but if the test results are negative, they are handed over to MCH midwives, but there are also puskesmas whose laboratory results notifications are different. Another puskesmas in charge of providing laboratory examination results is laboratory officers by writing in the MCH book, but if the results are reactive, the laboratory officer will submit the results to the MCH midwife, and given behind closed doors in the counseling room.

The implementation of the triple elimination program is inseparable from the visits of pregnant women to integrated ANC services as the program target. The visit of pregnant women is influenced by the support of the husband. Expectant mothers supported by their husbands have higher motivation to visit the integrated ANC. The support also increases the motivation of pregnant women to visit again until completing their ANC visit.^{8,14,18}

Evaluation

Assessment is an activity carried out to compare the implementation of the triple elimination program with predetermined guidelines. Based on the results of the triple elimination examination, it is known that the Puskesmas Tulis and Puskesmas Bandar have reached 100%, but the Limpung and Wonotunggal Puskesmas have not reached 100%.

Other studies have revealed that this 100% target is achievable. The triple elimination program at Puskesmas Banjar I runs according to the target, namely 100% of the target pregnant women have been examined for HIV, Syphilis and Hepatitis B tests.¹⁴

CONCLUSION

The process aspect in the triple elimination program of integrated antenatal care services in Batang Regency has been pursued in accordance with the program direction, but in its implementation, there are differences in each Puskesmas. The explanation is as follows:

The planning of the triple elimination program is carried out in stages from the Puskesmas to the Batang District Health Office at the beginning of the year.

The organization of the triple elimination program in Puskesmas is carried out by forming teams, arranging picket schedules and delegation of tasks and authorities. Meanwhile, organizing at the district level is carried out by cross-sectoral coordination, advocacy to stakeholders and capacity building and competence for triple elimination program officers.

The implementation of the triple elimination program at Puskesmas is attempted in accordance with the applicable SOP flow, but there are differences in the flow of implementation such as doctors for counseling who are not always on standby so they are replaced with Midwife counseling. In addition, in the implementation of the triple elimination program, there are differences in service schedules. The implementation at the district level is carried out in coordination with the Puskesmas related to monitoring and evaluating the running of the triple elimination program.

The assessment is in accordance with the provisions, namely by reporting to the Health Office of Batang District.

SUGGESTION

There is a need for commitment to follow the standard implementation flow in accordance with the SOP that applies to all implementers of the triple elimination program at the Puskesmas of Batang Regency so that the triple elimination implementation process is more optimal.

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