



Evaluation of Knowledge and Attitude of Religious Affairs Office's Staff in Conducting Reproductive Health Education for Prevention of Sexually Transmitted Infections in Premarital Couples

Muthia Sari¹, Yeva Rosana^{2*}, Resti Hardianti Lestari¹, Aiman Idrus Alatas¹, Dimas Seto Prasetyo²

¹Program Pendidikan Dokter Spesialis Mikrobiologi Klinik, Faculty of Medicine, Universitas Indonesia, Jakarta

²Departement of Microbiology, Faculty of Medicine, Universitas Indonesia – Rumah Sakit Cipto Mangunkusumo, Jakarta

*Corresponding author: yeva.rosana@ui.ac.id

Submitted: September 14, 2024

Accepted: January 9, 2025

Published: March 28, 2025

ABSTRACT

Sexually transmitted infections (STIs) are a significant public health challenge worldwide. Besides being transmitted through sexual intercourse, STIs can also be transmitted from mother to fetus during pregnancy, childbirth, and breastfeeding. Inadequate surveillance systems, community stigma, and limited access to health care hinder efforts to prevent STI transmission. Therefore, effective interventions are needed. This study aimed to increase the knowledge of the religious affairs office (KUA) staff about STIs and prevention of transmission so that KUA can become a partner to the community health center in providing counseling on healthy reproductive life to prospective couples. Participants were Cilandak KUA's staff and couples who came there. Activities included educational presentations, group discussions, and distribution of educational materials. Pre- and post-tests were conducted to measure the level of knowledge. Questionnaires were used to collect data on demographic characteristics, attitudes, and couple's willingness to undergo STI screening. The results showed an increase in the knowledge of couples and staff regarding STIs and prevention of transmission. Presentation by the doctor was the most effective method. This activity shows KUA's potency as a partner of a community health center in promoting STI prevention. However, ongoing support, training, and evaluation are needed to ensure that accurate information is consistently provided to the couples.

Keywords: prevention, prospective couples, religious affair office, sexually transmitted infections

INTRODUCTION

Sexually transmitted infections (STIs) are a significant public health problem and challenge worldwide (Fasciana et al., 2022). The vulnerable groups to STIs are women and young adults (de Wit et al., 2023; Otu et al., 2021). STIs are infections caused by the transmission of pathogens (bacteria, viruses and parasites) through sexual contact (Otu et al., 2021). The World Health Organization (2024) estimates that more than one million STIs occur every day worldwide and there are 374 million new infections each year caused by one of the four curable STIs (*chlamydia*, *gonorrhoea*, *syphilis* and *trichomoniasis*). There are also four viruses that cause incurable STIs: hepatitis B virus (HBV), herpes simplex virus, human immunodeficiency virus (HIV) and human papillomavirus (HPV) (World Health Organization, 2023). In Indonesia, the prevalence is reported to be very high, especially in key populations and male bridge population, while data from syphilis screening in

pregnant women showed a positive rate of about 1% in 2019 (Kementerian Kesehatan Republik Indonesia, 2021).

Besides sexual contact, some STIs can also be transmitted from mother to fetus during pregnancy, childbirth and breastfeeding (World Health Organization, 2023). Initially, STIs are often asymptomatic and if left untreated can have serious long-term health effects, especially in women (Fasciana et al., 2022; de Wit et al., 2023). This infection can reduce the fertility of infected individuals by damaging reproductive cells and organs, causing tissue damage, forming scarring or obstruction in the reproductive organs (Otu et al., 2021). In pregnant women with STIs, there is a high chance that the fetus will also be infected which can lead to premature birth, stillbirth, and death of the newborn or severe disability of the baby (de Wit et al., 2023; Kementerian Kesehatan Republik Indonesia, 2019).

Behaviour change techniques are highly effective in facilitating the cessation or minimization of health-risk behaviours and the increase of health-beneficial behaviours (Haywood et al., 2023). These interventions include habit formation, goal setting and planning that can be used to facilitate behaviour change (Haywood et al., 2023). There is increasing recognition of the role of close relationships in health, and relational interventions to improve health are growing (Gouin & Dymarski, 2024). In two large-scale studies, couple-based interventions were superior to individual interventions on several health behaviours (Gouin & Dymarski, 2024). Couples will motivate each other, plan together, initiate and sustain behaviour change (Gouin & Dymarski, 2024). Therefore, couples-based health behaviour change interventions are suitable to be applied in this community service activity.

To support the success of STI elimination program in Indonesia, Department of Clinical Microbiology, Faculty of Medicine, Universitas Indonesia conducted a community service by collaborating with the Office of Religious Affairs (Kantor Urusan Agama, KUA) Cilandak Jakarta. This community service, chaired by Prof. Dr. dr. Yeva Rosana, M.S., SpMK(K), aims to provide additional knowledge to KUA staff about STIs so that it is hoped that KUA staff can help provide counseling on preventing STI transmission and promoting healthy reproductive life to prospective couples. Counseling about STI transmission prevention is actually routinely facilitated by community health center. However, not many couples know and use the facility, so the role of KUA is needed to participate in providing counseling.

METHOD

Community service activities were conducted from September 13 to October 25, 2023 at KUA Cilandak, South Jakarta. KUA Cilandak was chosen because it is a leading KUA in Jakarta and has supporting human resources. Thus, it is expected that the information conveyed can be comprehended and implemented well by the staff. After the activity, staff is expected to help provide reproductive health education for the prevention of sexually transmitted infections in prospective couples and become a model for implementation in other KUAs.

The targets of this activity were KUA Cilandak staff and all prospective couples who came to KUA Cilandak Jakarta on October 11, 2023 and October 25, 2023. Team developed flyers containing information on STIs, made educational videos, gave presentations and also held group discussions to further solidify the transfer of information.

This Community Service is divided into three steps. The first step was conducted on September 13, 2023. At this step, team provided counseling training to KUA staff. Before training, KUA staffs were given a pre-test to assess their level of knowledge on STIs. The

next step was conducted on October 11, 2023. In this second step, the team provided counseling on STIs to the couples and was observed by KUA staff. To assess their level of knowledge about STIs, couples were given a pre-test before starting counseling and a post-test afterwards. The pre and post-test were completed in pairs. Then the last step was conducted on October 25, 2023. In this step, KUA staff provided counseling on STIs to couples by being observed by the team. To assess their level of knowledge about STIs, couples were also given a pre-test before starting counseling and a post-test afterwards. Post-test for KUA staff was also given at this step.

Flyers containing information on STIs were given to all participants and educational videos were also played at each step. In addition, group discussions were held after presentation of material by forming several small groups. At the end of discussion, one representative from each group was asked to present the results of the discussion obtained. Couples were also given a questionnaire to obtain data on individual characteristics, level of attitude and willingness to screen for STIs, while KUA staff were given a questionnaire to find out their opinions on community service activities.

The data from questionnaire are presented in the form of tables and pie charts. Data on the results of the pre-test and post-test are presented in the form of bar charts. The pre-test and post-test results were calculated to measure the understanding of the group of counseling participants before and after presentation of the material. The increase in knowledge is seen from the increase in the average post-test results compared to the pre-test results.

RESULTS

This Community Service consists of three steps. The first step focused on counseling training for KUA Cilandak staff which was attended by 14 staff. Then in the second and third steps, counseling was conducted to the couples. There were 26 couples and 6 prospective brides or grooms who came without his/her partners to KUA Cilandak on October 11, 2023 and October 25, 2023, bringing the total number of couple respondents to 58 people. The majority of respondents had the following characteristics: 51.7% female; 48.3% in the age range of 25-29 years; 62.1% have a D3 or S1 degree; and 27.6% have an income of Rp. 5,000,001 – Rp. 7,500,000 per month. In addition, they were also asked about the location and access to the nearest health facility from the residence. 72.4% of respondents stated that the distance from home to the nearest health facility was in the range of 1-5 km and 79.3% stated that the residence was easily passed by public transportation. There were no significant differences in demographic characteristics between couples coming on October 11, 2023 and October 25, 2023.

Couples were given a pre and post-test to measure the level of knowledge about STIs. Of the 32 couples, 7 couples only filled out the pre-test or post-test. Therefore, for the calculation of the average results of the pre-test and post-test, we only included the test results of the couples who completed both (pre-test and post-test). There was an increase in knowledge about STIs as seen from the results of the pre-test and post-test given to couples, both on October 11, 2023 and October 25, 2023. For KUA Cilandak staff, there was only 7 staff that completely filled in the pre-test and post-test, while the other 10 people only filled in one of them. The calculation of the average pre-test and post-test result of KUA staff also only included the test results of staff that completed both. There was also an increase in knowledge about STIs in KUA Cilandak staff as seen from the increase in post-test results compared to pre-test.

Table 1. Demographic characteristics of the bride and groom

Demographic characteristic	Male (%)	Female (%)	Total (%)
Sex	28 (48.3)	30 (51.7)	58 (100)
Age (in year)			
<20	0 (0)	1 (1.7)	1 (1.7)
20-24	3 (5.2)	11 (19)	14 (24.1)
25-29	15 (25.9)	13 (22.4)	28 (48.3)
30-34	6 (10.3)	2 (3.4)	8 (13.8)
≥35	4 (6.9)	3 (5.2)	7 (12.1)
Education			
Elementary school	1 (1.7)	0 (0)	1 (1.7)
Junior high school	0 (0)	0 (0)	0 (0)
Vocational, high school	10 (17.2)	10 (17.2)	20 (34.5)
D3, S1	16 (27.6)	20 (34.5)	36 (62.1)
S2	1 (1.7)	0 (0)	1 (1.7)
Income (IDR)			
<1,000,000	0 (0)	0 (0)	0 (0)
1,000,000-2,500,000	2 (3.4)	5 (8.6)	7 (12.1)
2,500,001-5,000,000	7 (12.1)	6 (10.3)	13 (22.4)
5,000,001-7,500,000	5 (8.6)	11 (19)	16 (27.6)
>7,500,000	10 (17.2)	5 (8.6)	15 (25.9)
No answer	4 (6.9)	3 (5.2)	7 (12.1)
Distance from home to the nearest health facility			
<1 km	6 (10.3)	5 (8.6)	11 (19)
1-5 km	20 (34.5)	22 (37.9)	42 (72.4)
5-10 km	1 (1.7)	3 (5.2)	4 (6.9)
>10 km	1 (1.7)	0 (0)	1 (1.7)
Residence is easily accessible by public transportation			
Yes	22 (37.9)	24 (41.4)	46 (79.3)
No	6 (10.3)	6 (10.3)	12 (20.7)

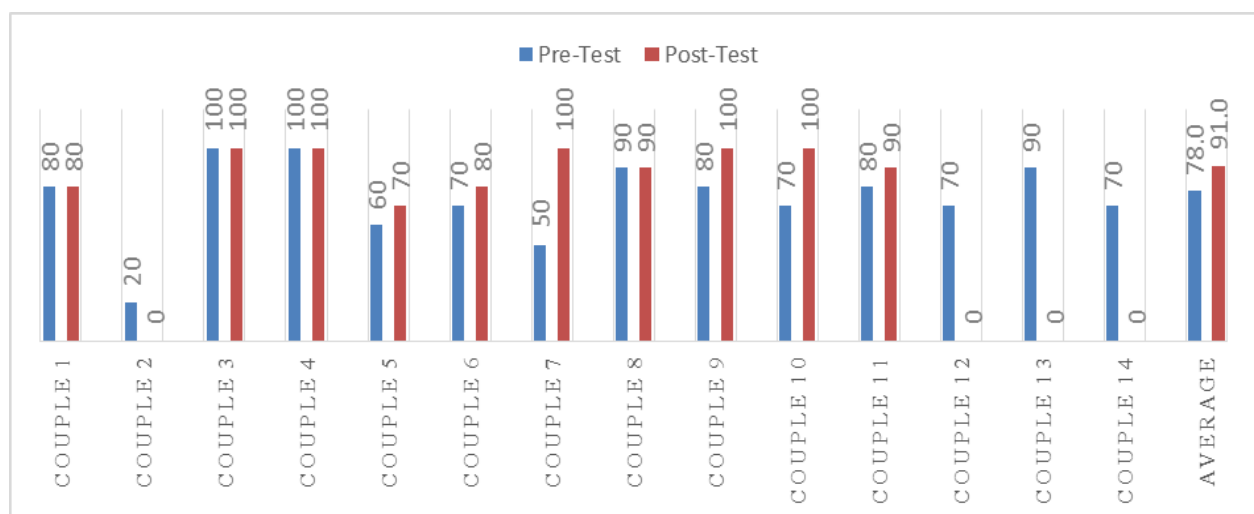


Figure 1. Graph of pre-test and post-test scores of couples on October 11, 2023

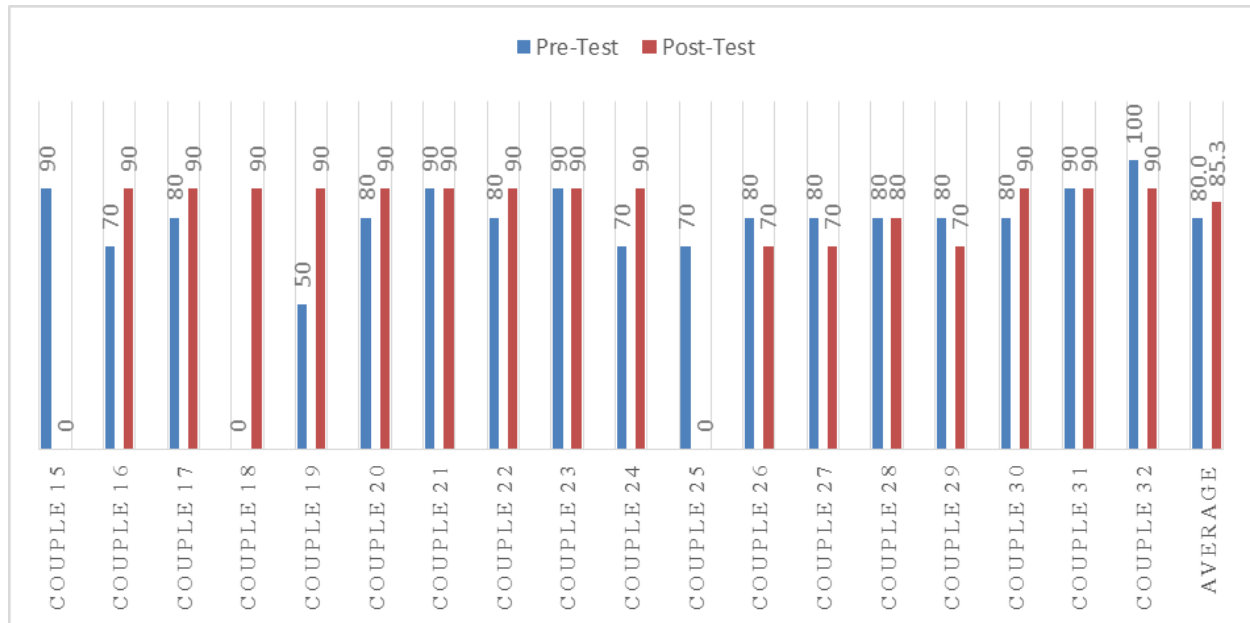


Figure 2. Graph of pre-test and post-test scores of couples on October 25, 2023

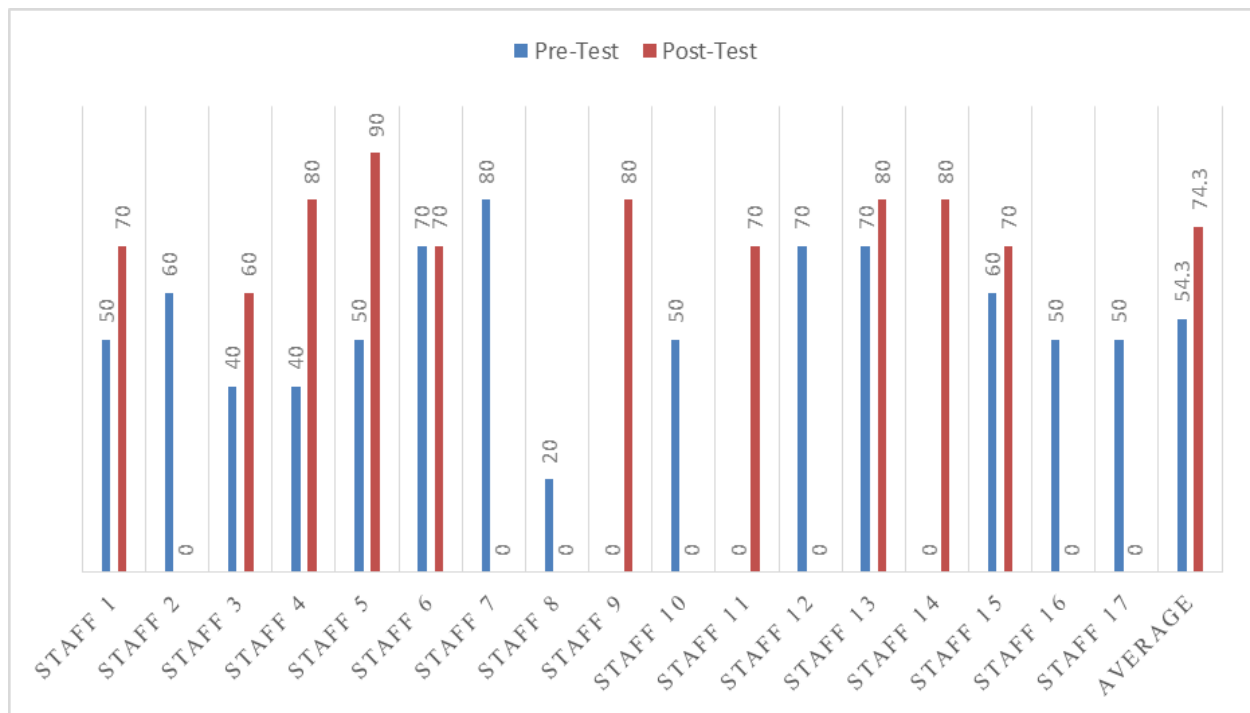


Figure 3. Graph of pre-test and post-test scores of KUA Cilandak staff

Results regarding the attitude and willingness of the couples towards STIs screening in Table 2 show a positive attitude to conduct STI screening. As for the educational media, both couples and KUA staff stated that the presentation of educational materials by doctors is the most helpful educational media in understanding the material provided. Of the ten KUA staff who completed the questionnaire, six people (60%) said that they first received information about the STI transmission prevention program from this activity. Three people said they got information from booklets, pamphlets and leaflets from health organizations and one person got information from the internet. All KUA staff stated that this activity added insight and knowledge about STI transmission prevention screening and were more aware of the importance of providing education to couples to conduct pre-marital screening.

Table 2. Couples attitude towards STI elimination program

Question	Groom (%)	Bride (%)	Total (%)
I agree to be screened for HIV, Hepatitis B and Syphilis			
Yes	28 (48.3)	30 (51.7)	58 (100)
No	0 (0)	0 (0)	0 (0)
I think it is important that i am screened for HIV, Hepatitis B and Syphilis			
Yes	26 (44.8)	29 (50)	55 (94.8)
No	2 (3.4)	1 (1.7)	3 (5.2)
I know that the nearest health facility to where I live, can screen for HIV, Hepatitis B and Syphilis			
Yes	20 (34.5)	24 (41.4)	44 (75.9)
No	8 (13.8)	6 (10.3)	14 (24.1)
If the screening result is positive, my partner and I are willing to follow a series of follow-up examinations or therapies as recommended by the doctor?			
Yes	27 (46.6)	29 (50)	56 (96.6)
No	1 (1.7)	1 (1.7)	2 (3.4)
I am willing to pay for the cost of HIV, Hepatitis B and Syphilis screening tests			
Yes	21 (36.2)	23 (39.7)	44 (75.9)
No	5 (8.6)	7 (12.1)	12 (20.7)
No answer	2 (3.4)	0 (0)	2 (3.4)
I have had Hepatitis			
Yes	1 (1.7)	1 (1.7)	2 (3.4)
No	27 (46.6)	29 (50)	56 (96.6)
I have had the Hepatitis B vaccination			
Yes	13 (22.4)	15 (25.9)	28 (48.3)
No	13 (22.4)	15 (25.9)	28 (48.3)
No answer	2 (3.4)	0 (0)	2 (3.4)
Health facilities chosen to conduct routine check-ups during pregnancy			
Midwife	5 (8.6)	5 (8.6)	10 (17.2)
Community health center	7 (12.1)	6 (10.3)	13 (22.4)
Clinic	1 (1.7)	0 (0)	1 (1.7)
Hospital	15 (25.9)	16 (27.6)	31 (53.4)
Community health center and/or hospital	0 (0)	3 (5.2)	3 (5.2)

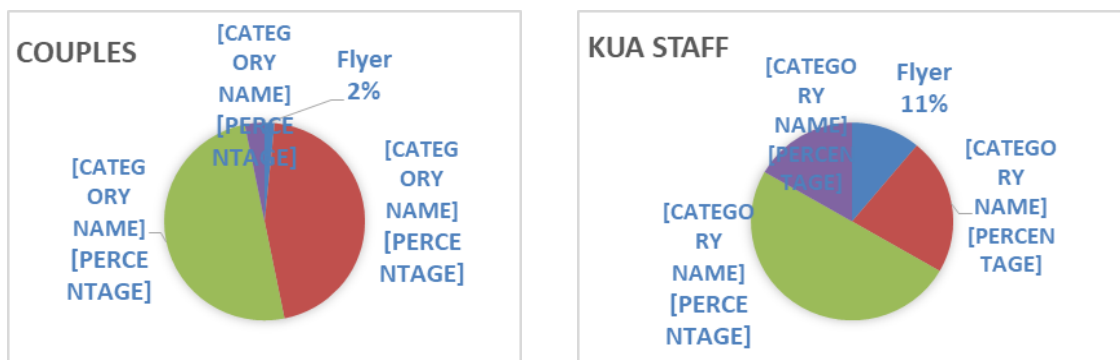


Figure 4. Educational media graphics those are most helpful in understanding the material

DISCUSSION

When looking at the total number of couples, the difference in the numbers obtained (48.3% male and 51.7% female) is due to the fact that there are several brides/grooms who come without their partners. There were more grooms who didn't show up than bride. This could be due to the fact that men as the main breadwinners are constrained by time because they have to work. All couples are over 19 years old. This is in accordance with Law number 16 of 2019 article 7 which states that marriage is only allowed if a man and a woman have reached the age of 19 years (Kementrian Sekretariat Negara RI, 2019). The majority of couples are between the age of 25-29 years, both male and female. This is slightly different from the data from national socio-economic survey (Survei sosial ekonomi nasional, SUSENAS) kor 2020 and 2021 where the majority of women's first marriage age in DKI Jakarta is in the 19-24 age group (Badan Pusat Statistik, 2022a).

The majority of couples stated that they had completed their last education at the undergraduate level. This is relatively different from the portrait of Indonesian Education 2022 where about 63% of the Indonesian population has reached 9 years of compulsory education, while about 30% have studied up to high school and only about 10% of the Indonesian population continues to higher education, especially at the undergraduate level (Badan Pusat Statistik, 2022b). Likewise, the results of SUSENAS kor 2021 which states that the majority of DKI Jakarta residents complete their education up to high school and only about 15-16% of DKI Jakarta residents continue to the undergraduate level (Badan Pusat Statistik, 2022b). With the high level of education of the couple, it is expected that the couples can understand the educational materials delivered and implement them well.

In general, the couple's monthly income is above Rp. 5,000,000. This is also not in accordance with the results of the National Labor Force Survey in 2022 which states that the average net income in a month of the Indonesian population is around Rp. 2,600,000 (Badan Pusat Statistik, 2022a). This difference can be caused by the fact that couples work in DKI Jakarta, which is a province in Indonesia with the largest monthly per capita income (Badan Pusat Statistik, 2022a). With an income above the average Indonesian population and living in a big city with adequate infrastructure, access to quality health care should not be a barrier for couples.

To reduce the incidence of STIs, including reducing the transmission rate of infection from mother to fetus, WHO has initiated several programs (World Health Organization, 2021). The Ministry of Health of the Republic of Indonesia (Kementerian Kesehatan Republik Indonesia, Kemenkes RI) then developed a strategy that is aligned with the STI strategy launched by WHO (Kementerian Kesehatan Republik Indonesia, 2021a). Several strategies are essential components necessary for program success, including the prevention of new infections in women of reproductive age and their sexual partners, promoting healthy reproductive life including the prevention of unwanted pregnancies and access to screening and treatment which includes access to HIV, syphilis or hepatitis B screening and treatment for pregnant women to prevent mother-to-baby transmission (World Health Organization, 2021).

In Indonesia, STIs have not been routinely reported by many health care facilities (Kementerian Kesehatan Republik Indonesia, 2021a). The stigma in the community against key populations and bridge populations is one of the barriers to accessing health services and syphilis screening has also not reached most of the key populations or pregnant women (Kementerian Kesehatan Republik Indonesia, 2021a). Limited laboratory capacity is also an obstacle to STI control in Indonesia (Kementerian Kesehatan Republik Indonesia, 2021a). While most STIs are often asymptomatic, STI screening requires accurate and affordable diagnostic examinations (Kementerian Kesehatan Republik Indonesia, 2021a). This leads to frequent detection delays (World Health Organization, 2021).

Knowledge about antenatal care and the distance of health services from home also influence pregnant women to conduct antenatal check-ups (Puspasari, 2019). Other factors such as socio-economics, education, knowledge about pregnancy complications, low support from husband and family and lack of responsiveness of midwives also play a role in the low utilization of antenatal care services (Puspasari, 2019). Spouse support or involvement from pregnancy planning will help pregnant women psychologically and mentally and influence the pregnant woman's decision to seek services (Puspasari, 2019; Widoyo, 2015). All couples who attended on October 11 and 25, 2023 were willing to undergo STI screening even though there were 5.2% of participants who considered this screening not important. Willingness to do screening is an important first step to the success of the elimination program promoted by the government.

The cost factor is one of the considerations of couples in conducting STI screening. Although the majority of couples did not object to paying, there were also couples who objected. This can be an input for the government to continue to free screening fees so that the goal of the elimination program can be achieved. In addition, it is also necessary to socialize the treatment obtained by couples with positive screening results. In this study, one couple was not willing to take part in a series of follow-up examinations or therapy as recommended. The exact reason for this couple is unknown, but for cases with positive screening results, more education, guidance and assistance from health care facilities are needed so that couple is willing to take part in a series of follow-up examinations and/or appropriate therapy.

The majority of couples had never had hepatitis. The results of this service are in accordance with Indonesia's 2020 health profile which states that the prevalence of hepatitis B in the western part of Indonesia is low (Kementerian Kesehatan Republik Indonesia, 2021b). Almost half of the couples in this service had never been vaccinated against hepatitis B. This is due to several factors, including the lack of willingness from the community to get vaccinated because they feel healthy or because of the limited availability of hepatitis B screening and vaccination services (Dwiartama et al., 2022). Therefore, it is necessary to develop better health promotion strategy and diagnostic screening for hepatitis B in the community.

STI detection relies heavily on the capacity of health system to promote health services and individual initiatives to utilize screening services for early detection (World Health Organization, 2021). Although the majority of couples choose hospitals for antenatal care, community health center, midwives and clinics can also play a role in the success of the STI elimination and prevention programs. Good coordination between the government and health facilities, especially private health facilities, as well as periodic and continuous guidance from the Government are needed to ensure that this program runs smoothly and disease transmission, including from mother to child, can be prevented. Effective STI interventions will inhibit STI transmission while ensuring access to quality STI services for all (Kementerian Kesehatan Republik Indonesia, 2021a). STI case management is strengthened by following the latest guidelines, laboratories are strengthened with new diagnostic tools that are more accurate and affordable (Kementerian Kesehatan Republik Indonesia, 2021a). STI screening and treatment, including in newborns, is extended to all public and private health facilities, including midwives (Kementerian Kesehatan Republik Indonesia, 2021a).

Knowledge of pregnant women and attitudes of health workers contribute to the utilization of HIV and Hepatitis B screening (Puspasari, 2019). A study found that 81.4% of pregnant women lacked information about HIV and Hepatitis B screening because they did not know that the screening is a program to reduce mother-to-child transmission (Puspasari, 2019). The increase in knowledge from couples and KUA staff as reflected in the increase in average post-test score can be an indicator of the success of counseling

conducted by the community service team to couples and KUA staff as well as the success of the counseling of KUA staff to couples in the third step of this activity. However, the increase in knowledge was more evident in couples counseled by the community service team on October 11, 2023. For KUA Cilandak staff themselves, there was an increase in knowledge about STIs by 36.8%. Lack of confidence when KUA staff provided STI counseling to couples caused the delivery of information to be less clear.

The average post-test score of KUA staff was still lower than the average score of couples. This may be due to the fact that the post-test for KUA staff was held after step three of the community service activities, which means one month away from step one when the pre-test for KUA staff was conducted. Activities in step two and three, KUA staff did not follow intensively because they also had to do their routine tasks. From these results, it can be seen that there is still a need for regular guidance, mentoring, evaluation or refreshment from the community service team to KUA Cilandak staff so that the knowledge that has been given can be maintained and further developed. Increased knowledge will increase the confidence of KUA staff in providing counseling so that information about screening and STI transmission prevention programs can still be conveyed properly and correctly to couples who come to KUA Cilandak.

The service team used four ways to provide information in this activity. The four ways are presentations of educational materials by doctors, educational video screenings, providing flyers containing information about STIs and also group discussions. This was done so that the counseling participants, both couples and KUA staff, could better understand the material presented. The existence of educational videos and flyers is one way that couples and KUA staff can repeat the information presented independently so their understanding can increase. Of the four methods, the presentation of educational materials by doctors is the method considered the most effective in conveying information, both by couples and KUA staff. The next effective methods were educational videos, group discussions and flyers, respectively.

This activity has several limitations. First, the assessment of KUA staff's knowledge is one month apart, which may lead to memory bias. Second, not all couples and KUA staff take the pre-test and post-test, there were some couples and KUA staff who only participated in the pre-test or post-test. This affected the data processing and the final results. Third, after counseling, questionnaires regarding attitudes and willingness to screen were not distributed to couples so that in this service couldn't see the relationship between the increase in knowledge of couples with their attitudes and willingness to do pre-marital STI screening.

CONCLUSION

The willingness of couples to conduct pre-marital screening is a good first step to the succeed the STI transmission prevention and elimination program launched by the Government. In addition, all public and private health facilities, including health laboratories, also need to be involved in this process. KUA staff can be an extension of the community health center to help promote health services and provide education about the importance of pre-marital STI screening to couples. For this reason, it is necessary to provide correct, appropriate and continuous knowledge to KUA staff so that the information conveyed to couples is also correct and appropriate. In addition, it also requires periodic assistance, supervision and evaluation from the community service team to KUA staff. The activities carried out at KUA Cilandak can also be applied in other KUAs in the future so that they can help the implementation of Government's program to prevent transmission and elimination of STIs.

ACKNOWLEDGMENT

The authors would like to thank the DRTPM of the Ministry of Research, Technology and Higher Education for supporting this activity through the Main Contract Number 097/E5/PG/02/00.PM/2023 and Derivative Contract Number 215/UN2.PPM/HKP.05.00/2023. We also thank the KUA and the Cilandak District Community Health Center, South Jakarta, as well as all couples who are willing to become respondents and the Department of Microbiology FKUI and all those who have helped the implementation of this community service.

REFERENCES

- Badan Pusat Statistik. (2022a). Indikator Kesejahteraan Rakyat Tahun 2022. *Jakarta*, 4102004.64, 64.
- Badan Pusat Statistik. (2022b). Statistik Pendidikan. *Media Akademi, February*, 1–353.
- de Wit, J. B. F., Adam, P. C. G., den Daas, C., & Jonas, K. (2023). Sexually transmitted infection prevention behaviours: health impact, prevalence, correlates, and interventions. *Psychology and Health*, 38(6), 675–700. <https://doi.org/10.1080/08870446.2022.2090560>
- Dwiartama, A., Nirbayati, W. F., Giri-Rachman, E. A., Niloperbowo, W., Tan, M. I., & Anin, A. (2022). Knowledge, Attitude, and Practice towards Hepatitis B Infection Prevention and Screening among Indonesians. *International Journal of Environmental Research and Public Health*, 19(8). <https://doi.org/10.3390/ijerph19084644>
- Fasciana, T., Capra, G., Lipari, D., Firenze, A., & Giammanco, A. (2022). Sexually Transmitted Diseases: Diagnosis and Control. *International Journal of Environmental Research and Public Health*, 19(9), 2–4. <https://doi.org/10.3390/ijerph19095293>
- Gouin, J. P., & Dymarski, M. (2024). Couples-based health behavior change interventions: A relationship science perspective on the unique opportunities and challenges to improve dyadic health. *Comprehensive Psychoneuroendocrinology*, 19(July), 100250. <https://doi.org/10.1016/j.cpnec.2024.100250>
- Haywood, D., Mullan, B. A., Liddelow, C., Rossell, S., & Castle, D. (2023). A call for the increased education and use of behaviour change techniques in mental health services. *General Hospital Psychiatry*, 80(November 2022), 64–65. <https://doi.org/10.1016/j.genhosppsych.2022.11.002>
- Kementerian Kesehatan Republik Indonesia. (2019). *Pedoman Program Pencegahan Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak*. Kementerian Kesehatan Republik Indonesia. <https://siha.kemkes.go.id/portal/ppia#>
- Kementerian Kesehatan Republik Indonesia. (2021a). *Peta jalan eliminasi infeksi menular seksual Indonesia 2021-2030*.
- Kementerian Kesehatan Republik Indonesia. (2021b). *Profil kesehatan Indonesia tahun 2020* (Vol. 48, Issue 1). <https://doi.org/10.1524/itit.2006.48.1.6>
- Kementrian Sekretariat Negara RI. (2019). Undang-undang Republik Indonesia No 16 Tahun 2019 Tentang Perubahan Undang-Undang Nomor 1 Tahun 1974 Tentang Perkawinan. *Undang-Undang Republik Indonesia*, 006265, 2–6. <https://peraturan.bpk.go.id/Home/Details/122740/uu-no-16-tahun-2019>

- KUA Kecamatan Cilandak Jakarta Selatan. (2017). *KUA teladan tingkat nasional tahun 2017*.
- Otu, A., Danhouno, G., Toskin, I., Govender, V., & Yaya, S. (2021). Refocusing on sexually transmitted infections (STIs) to improve reproductive health: a call to further action. *Reproductive Health*, 18(1), 1–4. <https://doi.org/10.1186/s12978-021-01296-4>
- Puspasari, D. (2019). Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B in Indonesia Towards Universal Coverage: Progress and Challenges. *Vrije Universiteit Amsterdam*.
- Widoyo, R. (2015). Peningkatan peran suami dalam kesehatan ibu dan anak Indonesia. *Jurnal Kesehatan Masyarakat Andalas*, 9 (2), 63–64.
- World Health Organization. (2021). Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of Hiv and Syphilis monitoring. In *International Journal of Gynecology and Obstetrics* (Vol. 143, Issue 3). <https://www.who.int/publications/i/item/9789240039360>
- World Health Organization. (2023). *Sexually transmitted infections (STIs)*.

@2025 Sari et al.

This is an open access article licensed under the terms of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (<http://creativecommons.org/licenses/by-nc-sa/4.0>).