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# Factors Related to Sectio Caesarean Delivery Decision Making without Medical Indications at dr. ZainoelAbidin General Hospital Banda Aceh Year 2014

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***Abstract:***
***Background****: of the total number of deliveries. Based on data from the ZainoelAbidin General Hospital (RSUZA) Banda Aceh in 2012 their Sectio Caesarea is a surgery to deliver a child through an incision in the abdominal wall and uterus. The number of cesarean section deliveries in Indonesia, especially in government hospitals, is around 20-25% of the total number of deliveries. Based on data from the ZainoelAbidin General Hospital (RSUZA) Banda Aceh in 2012 there were 565 cases with the percentage of the incidence of section cesarean delivery without medical indication of 29.5% of the total 167 deliveries. In 2013 there were 658 cases with this percentage increasing to 36.9% of the total 243 section cesarean deliveries without medical indication, while in 2014 there was a significant increase of 924 cases with a percentage of 49.45% of the total 457 section cesarean deliveries without medical indication.*
***Materials and Methods****: Data were collected by random sampling. Data collection: done by retrieving data from the register book in the room. Data analysis was carried out in three stages, namely univariate, bivariate and multivariate.*
***Results****: This study was to study and explain the description of the incidence of factors associated with the decision-making of section cesarean delivery without medical indication. Research Design: is This survey research that is analytical in nature with the approach used is a cross-sectional study. This research was conducted at the ZainoelAbidin General Hospital in 2014 with the object of the study being all women who gave birth with section without medical and medical indication from January to December 2014, as many as 924 people and a sample of 399 people.*
***Conclusion:****Results: more than half of the respondents gave birth with section Caesarea without medical indication as much as 60.7%. Maternal age (p = 0.068), history of delivery of cesarean section (p = 0.010) which means there is a relationship, education (p = 0.000) which means there is a significant relationship, parity (p = 0.051), occupation (p = 0.595), income (p = 0.127). The most dominant variable is education (OR = 2, 499) which means that it has a 2.4 times greater chance of having a section cesarean without medical indication. Suggestion: Patients or families should increase knowledge about the indications for cesarean section delivery and its consequences so that the decision to be taken to deliver a section of a cesarean section should be based on medical indications, not the other way around. This research researcher can be used as an addition to knowledge or a reference that is used for further research.*
***Key Word****: Knowledge of PregnantWomen, Health Education*

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## I. Introduction

Almost every woman will experience the process of childbirth. The nature of women can give birth normally i.e. childbirth through the vagina or ordinary birth path (Siswosuharjo, et al. 2010). If the woman is unable to give birth normally then the medical personnel will perform an alternative delivery to help the production of the fetus. One of the treatment that can be done is the delivery of sectio caesarean. Sectio caesarean delivery is to give birth to the fetus through slices on the abdominal wall and uterine wall (Bobak, et.al, 2005).

Sectio caesarean section is a surgery to give birth to a child through incision in the abdominal and uterine walls (Oxorn, 2010). Sectio caesarean delivery should be understood as one way to help childbirth if normal childbirth cannot be done with the aim of achieving a healthy newborn and the mother is also safe. Medical considerations for caesarean delivery are due to factors from pregnant women and fetal factors. Maternal factors include mothers with heart disease, lung, kidney, or high blood pressure or in mothers with complications of pre-eclampsia / eclampsia or mothers with fatigue during childbirth. In addition, the urgent circumstances of pregnancy with bleeding, stunted labor, narrowness of the pelvis, abnormalities of fetal position in the uterus, abnormalities of the position of the head in the birth canal, and prolonged childbirth are

medically justified reasons for sectio caesarean delivery. Fetal factors include fetal emergency due to less amniotic water, breech baby position, less fetal growth and fetal death in the womb (Manuaba, et al. 2009).

The surgery was decided by the delivery assistant aimed to minimize the risk of endangering the life of the mother or her baby. However, in a healthy pregnancy, childbirth is naturally much safer. However, many patients now deliberately request childbirth by surgery even without proper medical reasons. (Kasdu, 2003) The help of sectio caesarean section has a long history. The danger of infection is such a serious threat that there are many deaths. The development of sectiocaesarea technology is so advanced that the danger can be further suppressed. Therefore, the help of sectio caesarean delivery is increasingly done (Ayu, 2009).

The number of sectio caesarean deliveries in Indonesia, especially in government hospitals is about 20-25% of the total number of childbirth, while in private hospitals the number is higher which is about 30-80% of the total number of childbirth (Oxorn, et, al 2010). Increased childbirth with sectio caesarean is carried out for a variety of reasons. Kartini magazine's survey of Mother and Child (2008) showed that 83.5% of respondents had a sectio caesarean delivery due to a doctor's decision based on medical complications, 10% of other respondents reasoned to choose sectio caesarean delivery because previous pregnancies were also in the same way, while the remaining 6.5% of respondents chose to give birth sectio caesarean because they did not want to feel severe pain, felt childbirth with a relatively fast process, aesthetic factors (do not want vaginal elasticity to change), can determine the date of birth of the baby, and the recommendation of relatives (Ayu, 2009).

Based on data from ZainoelAbidin General Hospital (RSUZA) Banda Aceh in 2012 as many as 565 cases with the percentage of sectio caesarean delivery incidence without medical indications amounting to 29.5% of the total 167 childbirth. In 2013 a total of 658 cases with that percentage increased to 36.9% of the total 243 sectio caesarean deliveries without medical indication, while in 2014 there was a significant increase of 924 cases with a percentage of 49.45% of the total 457 sectio caesarean deliveries without medical indications. This figure is a comparison that sectio caesarean delivery without medical indications performed at ZainoelAbidin General Hospital has increased every year, this is a problem that should be known about the factors associated with this incident.

Dewi and Fauzi Research, 2003. some of the underlying reasons for the sectio caesarean demand are because working mothers are very tied to a time that already has a certain schedule. Another reason is a matter of trust that relates the time of birth to the luck of fate in the hope that if the child is born on such a date or hour then his sustenance and life will be better, the belief of the baby born with sectio caesarean will be more assured of his health. But the most common reason is the mistaken assumption that with surgery, the mother will not experience pain as is the case with natural childbirth. This happens because of the worry and anxiety in the face of the pain that will occur in natural childbirth (Kasdu, 2003).

In a previous study conducted by Ernawati in 2012 at raaSoewondo District General Hospital and Islamic Hospital (RSI) Pati it was obtained that the variables in the study on factors related to non-medical sectio caesarean delivery were the previous history of sectio caesarean delivery, while the other variables namely age, parity, and Hb levels were not meaningfully related to sectio caesarean delivery. The difference between this research and previous research is the place of research and the time of research conducted.

Based on the data description above, researchers are interested in conducting further research on the factors that influence the decision-making of sectio caesarean delivery without medical indications at ZainoelAbidin General Hospital in 2014.

## II. Material And Methods

This type of research is an analytical survey research with the approach used is cross sectional study that is variables that include risk factors and variables that include the effects studied at the same time. To find out the factors related to the decision-making of childbirth sectiosecarea without medical indications in 2014.

This study was conducted at ZainoelAbidin General Hospital in 2014.The object of the study was conducted on all maternity mothers with sectiosecarea without medical and medical indications from January to December 2014, which was 924 people, while the data collection time was done in December 2015. The large sample in this study was 399 respondents using slovin formula. The data used is secondary data from the register book of the ward and actions in the poly-midwifery room and maternity ward. Analysis of univariate, bivariate and multi variate data using Chi-Square.

## III. Result

### Sectio caesarean Delivery Decision Making Without Medical Indications

**Table 1**
**Distribution of Frequency of Respondents Decision Making Sectio caesarean Delivery Without Medical Indications at Dr. ZainoelAbidin General Hospital in 2014**

| PengambilanKeputusanPersalinan SC TanpaIndikasiMedis | Jumlah | Persentase |
|---|---|---|
| Ya | 242 | 60.7 |
| Tidak | 157 | 39.3 |
| **Total** | **399** | **100** |

Based on the data in table 1 there is a difference in proportion between "yes" i.e. decision making of sectio caesarean delivery without medical indication and "no" i.e. decision making of sectio caesarean delivery with medical indication of 21.4%. The highest proportion of "yes" is the decision-making of sectio caesarean delivery with no medical indication.

### Mother's Age

**Table 2**
**Maternal Frequency Distribution at Dr. ZainoelAbidin General Hospital in 2014**

| Usiaibu | Jumlah | Persentase |
|---|---|---|
| ≥35 tahun | 167 | 41.9 |
| < 35 tahun | 232 | 58.1 |
| Total | 399 | 100 |

Based on the data in table 5.2 there is a difference in proportion between the age of mothers ≥ 35 years and < 35 years of age by 16.2%. The highest proportion of mothers < 35 years of age.

### History OfSectio Caesarean Delivery

**Table 3**
**Distribution of Frequency of Sectio caesarean Delivery History of Respondents at Dr. ZainoelAbidin General Hospital in 2014**

| RiwayatPersalinan SC | Jumlah | Persentase |
|---|---|---|
| Ada | 178 | 44.6 |
| Tidakada | 221 | 55.4 |
| Total | 399 | 100 |

Based on the data in table 3 there is a difference in proportion between there are mothers who have a history of sectio caesarean delivery and do not have a history of sectio caesarean delivery of 10.8%. The highest proportion of people with no history of cesarean delivery

### Mother's Education

**Table 4**
**Distribution of Respondents' Education Frequency at Dr. ZainoelAbidin General Hospital2014**

| Pendidikan | Jumlah | Persentase |
|---|---|---|
| ≥SMA | 210 | 52.6 |
| <SMA | 189 | 47.4 |
| Total | 399 | 100 |

Based on the data in table 4 there is a difference in proportion between the education of mothers ≥ high school and high school < by 5.2%. The highest proportion is in high school ≥ education.

**Maternal Parity**

**Table 5**
**Distribution of Respondent Parity Frequency at Dr. ZainoelAbidin General Hospital2014**

| ParitasIbu | Jumlah | Persentase |
|---|---|---|
| Multipara | 231 | 57.9 |
| Primipara | 168 | 42.1 |
| Total | 399 | 100 |

Based on the data in table 5 there is a difference in proportion between primipara and multipara by 15.8%. The highest proportion of respondents with Multipara.

**Job**

**Table 6**
**Distribution of Frequency of Respondents' Work at Dr. ZainoelAbidin General Hospital2014**

| Pekerjaan | Jumlah | Persentase |
|---|---|---|
| Bekerja | 201 | 50.4 |
| TidakBekerja | 198 | 49.6 |
| Total | 399 | 100 |

Based on the data in table 5.6 there is a difference in proportion between existing work and not working by 0.8%. The highest proportion were in working respondents.

**Income**

**Table 7**
**Distribution of Respondents' Income Frequency at Dr.ZainoelAbidin General Hospital 2014**

| Penghasilan | Jumlah | Persentase |
|---|---|---|
| Tinggi | 273 | 68.4 |
| Rendah | 126 | 31.6 |
| Total | 399 | 100 |

Based on the data in table 7 there is a difference in proportion between there is a high income and a low income of 36.8%. The highest proportion of respondents were those with high incomes.

**Bivariate Analysis**

**Mother's Age Relationship with Sectio caesarean Delivery Decision Making Without Medical Indications**

**Table 8**
**Distribution of Frequency of Maternal Age Relationship With Childbirth Decision MakingSectio caesarean Without Medical Indication At Dr.ZainoelAbidin General Hospital In 2014**

| UsiaIbu | PengambilanKeputusanPersalinan*Sectiocaesarea*TanpaIndikasiMedis | | | | Total | | p *value* | OR |
|---|---|---|---|---|---|---|---|---|
| | Ya | | Tidak | | | | | |
| | n | % | N | % | n | % | | |
| ≥35 tahun | 92 | 55.1 | 75 | 44.9 | 167 | 100 | | |
| <35 tahun | 150 | 64.7 | 82 | 35.3 | 232 | 100 | 0.068 | 0.671 |

Based on table 5.8 there are 55.1% of mothers aged ≥ 35 years who carry out sectio caesarean delivery without medical indication, while in mothers aged < 35 years the proportion is known 64.7% take the decision to perform sectio caesarean delivery without medical indication. The results of the analysis of statistical data obtained a value of p value = 0.068 which means there is no relationship between the age of the mother and the decision-making of childbirth sectio caesarean without medical indications.

Sectio Cesarean Delivery History Relationship WithSectio caesarean Delivery Decision Making Without Medical Indications

**Table 9**
**Distribution of Frequency of Sectio caesarean Delivery History With Decision Making of Sectio caesarean Delivery Without Medical Indication At Dr. ZainoelAbidin General Hospital in 2014**

| RiwayatPersalinan SC | PengambilanKeputusanPersalinan*Sectiocaesarea*TanpaIndikasiMedis | | | | Total | | p *value* | OR |
|---|---|---|---|---|---|---|---|---|
| | Ya | | Tidak | | | | | |
| | n | % | n | % | n | % | | |
| Ada | 95 | 53.4 | 83 | 46.6 | 178 | 100 | | |
| Tidak | 147 | 66.5 | 74 | 33.5 | 221 | 100 | 0.010 | 0.576 |

Based on table 9 it is known that most mothers who have a history of sectio caesarean delivery there are 53.4% choose sectio caesarean delivery without medical indications, while those who do not have a history of sectio caesarean delivery proportion 66.5%. The results of the analysis of statistical data obtained a value of p value 0.010 which means there is a relationship between the history of sectio caesarean delivery and decision-making of sectio caesarean delivery without medical indications. And OR 0.576 or 1/2 (1 to 2), then mothers who do not have a history of sectio caesarean delivery carry out sectiocaesarean delivery without medical indications amount to 2 times more than those who have a history of sectio caesarean delivery.

**Mother's Educational Relationship with Sectio caesarean Delivery Decision Making Without Medical Indications**

**Table 10**
**Distribution of Frequency of Maternal Education Relationship with Decision Making of Sectio caesarean Delivery Without Medical Indication AtDr.ZainoelAbidin General Hospital in 2014**

| Pendidikan | PengambilanKeputusanPersalinan*Sectiocaesarea*TanpaIndikasiMedis | | | | Total | | p *value* | OR |
|---|---|---|---|---|---|---|---|---|
| | Ya | | Tidak | | | | | |
| | n | % | n | % | n | % | | |
| ≥SMA | 148 | 70.5 | 62 | 29.5 | 210 | 100 | | |
| <SMA | 94 | 49.7 | 95 | 50.3 | 189 | 100 | 0.000 | 2.412 |

Based on table 5.10 it is known that mothers who have an education ≥ high school there are 70.5% choose sectio caesarean delivery without medical indications, while those whose education < high school proportion is 49.7%. The results of the analysis of statistical data obtained a value of p value of 0.000 which means there is a significant relationship between maternal education and decision-making of childbirth sectio caesarean without medical indications. And OR 2,412 means that mothers whose education is higher carrying out sectio caesarean delivery without medical indications amount to 2.4 times more than mothers whose education < high school.

**Mother's Parity Relationship with Sectio caesarean Delivery Decision Making Without Medical Indications**

**Table 11**
**Distribution of Frequency of Maternal Parity Relationship WithSectio caesarean Decision Making Without Medical Indication At Dr.ZainoelAbidin General Hospital in 2014**

| ParitasIbu | PengambilanKeputusanPersalinan*Sectiocaesarea*TanpaIndikasiMedis | | | | Total | | p *value* | OR |
|---|---|---|---|---|---|---|---|---|
| | Ya | | Tidak | | | | | |
| | n | % | n | % | n | % | | |
| Multipara | 150 | 64.9 | 81 | 35.1 | 231 | 100 | | |
| Primipara | 92 | 54.8 | 76 | 45.2 | 76 | 100 | 0.051 | 1.530 |

Based on table 10 there are 64.9% of mothers with multipara who carry out sectio caesarean delivery without medical indications, while in mothers with primipara the proportion is known to be 54.8% who take the decision to perform sectio caesarean delivery without medical indications. The results of the analysis of statistical data obtained a value of p value = 0.051 which means there is no relationship between maternal parity and decision-making of childbirth sectio caesarean without medical indications.

**Mother's Working Relationship with Sectio caesarean Delivery Decision Making Without Medical Indications**

**Table 12**
**Distribution of Frequency of Mother's Work With Sectio caesarean Decision Making Without Medical Indication At Dr.ZainoelAbidin General Hospital in 2014**

| PekerjaanIbu | PengambilanKeputusanPersalinan*Sectiocaesarea* TanpaIndikasiMedis | | | | Total | | p *value* | OR |
|---|---|---|---|---|---|---|---|---|
| | Ya | | Tidak | | | | | |
| | n | % | n | % | n | % | | |
| Bekerja | 125 | 62.2 | 76 | 37.8 | 201 | 100 | | |
| TidakBekerja | 117 | 59.1 | 81 | 40.9 | 198 | 100 | 0.595 | 1.139 |

Based on table 5.12 there are 62.2% of mothers who work to carry out sectio caesarean delivery without medical indications, while in unemployed mothers the proportion is known to be 59.1% who take the decision to perform sectio caesarean delivery without medical indications. The results of the analysis of statistical data obtained a value of p value = 0.595 which means there is no relationship between the mother's work and the decision-making of childbirth sectio caesarean without medical indications.

**Mother's Income Relationship with Sectio caesarean Delivery Decision Making Without Medical Indications**

**Table 13**
**Distribution of Frequency of Maternal Income Relationship WithSectiocaesarea Decision Making Without Medical Indication At Dr. ZainoelAbidin General Hospital in 2014**

| Penghasilan | PengambilanKeputusanPersalinan*Sectiocaesarea* TanpaIndikasiMedis | | | | Total | | p *value* | OR |
|---|---|---|---|---|---|---|---|---|
| | Ya | | Tidak | | | | | |
| | n | % | n | % | n | % | | |
| Tinggi | 173 | 63.4 | 100 | 36.6 | 273 | 100 | | |
| Rendah | 69 | 54.8 | 57 | 45.2 | 120 | 100 | 0.127 | 1.429 |

Based on table 13 there are 63.4% of high incomes carrying out sectio cesarean delivery without medical indications, while in families of mothers whose income is low the proportion is known to be 54.8% who take the decision to perform sectio caesarean delivery without medical indications. The results of the analysis of statistical data obtained the value of p value = 0.127 which means there is no relationship between income and decision-making of childbirth sectio caesarean without medical indications.

**Multivariate Analysis**
**Bivariate Selection**

**Table 14**
**Bivariate Selection**

| Variabel | p *value* | Keterangan |
|---|---|---|
| 1. Usiaibu | 0.054 | IkutMultivariat |
| 2. RiwayatPersalinan | 0.008 | IkutMultivariat |
| 3. Pendidikan | 0.000 | IkutMultivariat |
| 4. Paritas | 0.040 | IkutMultivariat |
| 5. Pekerjaan | 0.526 | TidakIkutMultivariat |
| 6. Penghasilan | 0.103 | IkutMultivariat |

The result of bivariate selection turns out that there is one independent variable that has a p value of >0.25 i.e. work, so that the work variable does not go into the next stage of multivariate.

**Multivariate Initial Modeling**

**Table 15**
**Multivariate Modeling**

| Variabel | p *value* | OR |
|---|---|---|
| 1. Usia | 0.184 | 0.748 |
| 2. RiwayatpersalinanSC | 0.029 | 0.618 |
| 3. Pendidikan | 0.000 | 2.448 |
| 4. Paritas | 0.278 | 1.275 |
| 5. Penghasilan | 0.114 | 1.434 |

The first modeling result turned out to be three variables whose P value > 0.05 namely Age, Parity, and Income.

**Table 16**
**Or Change Result**

| Variabel | p *value* | OR |
|---|---|---|
| 1. RiwayatPersalinan SC | 0.008 | 0.570 |
| 2. Pendidikan | 0.000 | 2.429 |

Modeling calculations have been completed and obtained data from multivariate analysis turned out to be variables related to the decision-making of sectio caesarean delivery without medical indications are variables of sectio caesarean delivery history and Education. While the variable Age, parity, employment and income as a confounding variable.

The dominant variable associated with sectio caesarean delivery decision making without medical indication is education, after being controlled by the sectio caesarean delivery history variable and Education. The result of the analysis obtained Odds Ratio (OR) of the educational variable is 2,499 meaning that mothers who have higher education are 2.4 times more likely to have a sectio caesarean delivery without medical indications compared to mothers who have a low education

## IV. Discussion

**Sectio caesarean Delivery Decision Making Without Medical Indications Sectio Caesarean Delivery Without Medical Indications**

Optimal decision making according to Robbins (2001) is rational. That is, he makes the choice to maximize consistent value within certain limits.

The definition of decision-making is the selection of specific behavioral alternatives from two or more existing alternatives (George R. Terry, 2000). The decision-making process is a basic and integral part of the practice of a profession and its existence is very important because it will determine the next action. In the field of health, especially midwifery services, decision making must be made through deep thinking, because the objects that will be influenced by the decision are human, not only the client or patient and his family, but also the health center (midwives, doctors, nurses and others) and the health care system itself. (Soepardan, 2008)

According to Kasdu, 2003. Sectiocesarea is an action that is done in order to give birth to a baby through surgery by opening the abdominal wall and uterine wall. The number of sectio cesarean deliveries in Indonesia, especially in government hospitals is about 20-25% of the total number of childbirth, while in private hospitals the number is higher which is about 30-80% of the total number of childbirth Increased childbirth with sectio cesarean is carried out for various reasons. Sectio caesarean without medical indication is a childbirth performed by splitting the abdominal wall to remove the fetus that is sufficient months or 39-40 weeks old without any complications from pregnancy. (Mulyawati, et al. 2011).

Based on the data in table 1 there is a difference in proportion between "yes" i.e. decision making of sectio caesarean delivery without medical indication and "no" i.e. decision making of sectio caesarean delivery with medical indication of 21.4%. The highest proportion of 60.7% in "yes" is the decision-making of sectio caesarean delivery without medical indication.

**Age**

Based on the data in table 2 there is a difference in the proportion between the age of mothers < 35 years and ≥ 35 years of age by 16.2%. The highest proportion was 58.1 % of mothers ≥ 35 years of age.

Age is one of the benchmarks of a mother's readiness to give birth, where the ideal age to undergo the process of pregnancy and childbirth is the age of 20-35 years. Women younger than 20 years of age have

immature psychic conditions and less supportive financial abilities, while women over the age of 35 tend to experience decreased reproductive abilities (Harnowo, 2013)

**Sc Childbirth History**

Based on the data in table 3 there is a difference in proportion between there are mothers who have a history of sectio caesarean delivery and do not have a history of sectio caesarean delivery of 10.8%. The highest proportion was 55.4% in mothers who had no history of cesarean delivery.

According to the Great Dictionary of Indonesian Language (KBBI) the word history means a description of life about everything that has been experienced. As for the research conducted by Supriyati et al, 2011 said that there is a relationship between the history of sectio caesarean delivery and the incidence of sectio caesarean delivery where a mother who has experienced complications in pregnancy and childbirth such as having had a sectio caesarean delivery before is a risk for subsequent childbirth.

**Education**

Based on the data in table 4 there is a difference in proportion between the education of mothers ≥ high school and high school < by 5.2%. The highest proportion was 52.6% in high school ≥ education.

Education is the process of changing the attitude of a person or group of people in an effort to mature people through teaching and training efforts, the process of making, and how to educate. Education is also an effort to advance the ethics, mind and body of children in order to advance the perfection of life and support children who are in harmony with nature and society. (Kardjati, 1985).

**Parity**

Based on the data in table 5 there is a difference in proportion between primipara and multipara by 15.8%. The highest proportion was 57.9% of respondents with primipara

It is the number of children ever born. Parity is an important factor that supports the success of pregnancy and childbirth. First childbirth usually has a relatively high risk to mother and child, then this risk decreases at the second and third parity and will increase again there is a fourth parity and so on (Mochtar, 1998)

**Job**

Based on the data in table 6 there is a difference of almost the same proportion of 50 % and 50 % between working and not working by 0.8%. The largest proportion was 50.4% in working respondents.

Work is something that man does for a certain purpose that is done in a good and correct way. Work is often referred to as a profession. Usually mausia work with the aim of getting rewarded in the form of money to meet the needs of life. Alassan works in addition to earning money is to develop potential or self-capability (Sofianty, et al. 2002).

**Income**

Based on the data in table 7 there is a difference in proportion between there is a high income and a low income of 36.8%. The largest proportion was 68.4% of respondents with high incomes.

The respondent's family income per month is grouped into two groups, namely low and high income. Determination of low and high income is determined based on UMR in Banda Aceh. The monthly family income can be used as an indicator of the family's economic degree, the greater the family income, the higher the economic degree (Kaufinan, 2006).

**Factors Related to Sectio caesarean Delivery Decision Making Without Medical Indications**

**Mother's Age Relationship with Sectio caesarean Decision Making Without Medical Indications**

Based on table 8 there are 55.1% of mothers aged ≥ 35 years who carry out sectio caesarean delivery without medical indications, while in mothers aged < 35 years the proportion is known 64.7% take the decision to perform sectio caesarean delivery without medical indication. The results of the analysis of statistical data obtained - p value 0.068 which means there is no relationship between the age of the mother and the decision-making of childbirth sectio caesarean without medical indications. But at the age of < mothers 35 years more than half of respondents that is 64.7 % it tends to perform sectio caesarean delivery without medical indication.

The results of this study support previous research conducted by Annisa (2011) which concluded there is no relationship between maternal age and sectio caesarean delivery. Mothers aged < 20 - 35 years are more at risk of childbirth by sectio caesarean than mothers aged ≥ 35. While pregnant women ≥ 35 years are more easily tired, have a greater risk of miscarriage, at risk of maternity with aids, such as with forsep or sectio caesarean (Akhmad, 2008). This is reinforced by Manuaba, et al (2009) who said pregnancy at an unhealthy reproductive age can increase the risk of preeclampness and eclamtion.

The assumption of researchers about mothers who perform sectio caesarean without medical indications is mostly < 35 years old this is because mothers aged < 35 years do not want to feel pain during normal childbirth and the psychological inability of the mother to perform normal childbirth so take the path to perform sectiocaesarean .

**Sectio Caesarea's Historical Relationship WithSectio caesarean Decision Making Without Medical Indications**

Based on table 9 it is known that most mothers who have a history of sectio caesarean delivery there are 53.4% choose sectio caesarean delivery without medical indications, while those who do not have a history of sectio caesarean delivery proportion 66.5%. The results of the analysis of statistical data obtained p value 0.010 which means there is a relationship between the history of sectio caesarean delivery with the decision-making of sectio caesarean delivery without medical indications. And OR 0.576 or 1/2 (1 to 2), then mothers who do not have a history of cesarean section delivery carry out sectio caesarean delivery without medical indications amount to 2 times more than those who have a history of sectio caesarean delivery. In this case, mothers who do not have a history of sectio cesarean delivery may have experienced complications and complications during previous childbirth so that the occurrence of sectio caesarean during future childbirth.

The results of the study supported by research conducted by Supriyati et al, 2011 said that there is a relationship between the history of sectio caesarean delivery and sectio caesarean delivery where a mother has experienced complications in pregnancy and childbirth previously a risk for subsequent childbirth.

However, the results of the study that took place at ZainoelAbidin General Hospital Banda Aceh 2014 is inversely proportional to the research conducted by Supriyati, et al., which states that from the results of the study found that almost some respondents perform sectio caesarean delivery without medical indications do not have a history of sectio caesarean delivery, this is due to the age of the mother > 35 years. These results can be reinforced by Akhmad's theory, 2008 which states that pregnant women over the age of > 35 years are more easily tired, have a greater high risk, are at risk of maternity with aids, or sectio caesarean section.

According to the researchers' assumptions about the history of sectio caesarean has a relationship with sectio caesarean without any medical indications. This is because mothers who do not have a history of caesarean section have experience of complications at the time of delivery, such as maternity with a tool (vacuum) so that the mother performs sectio caesarean section.

**Mother's Educational Relationship WithSectio caesarean Decision Making Without Medical Indications**

Based on table 10 it is known that mothers who have an education ≥ high school there are 70.5% choose sectio caesarean delivery without medical indications, while those whose education < high school proportion is 49.7%. The results of the analysis of statistical data obtained p value 0.000 which means there is a significant relationship between maternal education and decision-making of childbirth sectio caesarean without medical indications. And OR 2,412 then this means very meaningful means that mothers whose education is higher carry out sectio caesarean delivery without medical indications number 2.4 times more than mothers whose education < high school.

The results of the study are inversely proportional to research from Permata (2002) which said that those who have a high education, namely high school level and good knowledge tend to utilize health services by professionals.

According to the assumption of researchers mothers who have an education ≥ high school is more dominant to perform sectio caesarean without medical indications this is because the mother does not want to feel pain and can be done briefly does not take as long as normal childbirth.

Parity Relationship WithSectio caesarean Decision Making Without Medical Indications

Based on table 11 there are 64.9% of mothers with multipara who carry out sectio caesarean delivery without medical indications, while in mothers with primipara the proportion is known to be 54.8% who take the decision to perform sectio caesarean delivery without medical indication.

The results of the analysis of statistical data obtained p value = 0.051 which means there is no relationship between maternal parity and decision making of childbirth sectio caesarean without medical indications. Mothers who perform sectio caesarean delivery without medical indication at the first delivery at ZainoelAbidin General Hospital has become a trend or lifestyle performed by mothers because at the time of childbirth the effects of pain and the inability of psychology of a mother makes the mothers do sectio caesarean .

However, this study is inversely proportional to the research conducted by Mulyawati (2010) said that respondents who have parity (1 and ≥ 4 times) there are 39 respondents (65%). The number is greater when compared to respondents who have parity (2 and 3 times) which is 21 respondents (35%). Based on fisher test results obtained p value 0.001 (< α 0.05) or it can be said that there is a relationship between maternal parity with the delivery of sectio caesarean section in mothers who give birth at yakssiGemolongSragen Islamic Hospital with a Coefficient Contingency (CC) value of 0.420, which means the level of tightness of maternal

parity relationship with cesarean section delivery is quite strong. At low parity (parity one), the mother's unpreparedness in facing the first childbirth is a contributing factor to the inability of pregnant women in handling complications that occur during pregnancy and childbirth so that the mother chooses with sectio caesarean (RiriWijaya, 2008).

According to the researchers' assumptions there is no connection between parity and sectio caesarean without any medical indications. It is suspected that mothers with multipara do a lot of sectio caesarean on nonmedical grounds because they do not want to feel pain again during normal childbirth.

**Working Relationship WithSectio caesarean Decision Making Without Medical Indications**

Based on table 12 there are 62.2% of working mothers carrying out sectio caesarean delivery without medical indications, while in non-working mothers the proportion is known to be 59.1% who take the decision to perform sectio caesarean delivery without medical indications. The results of the analysis of statistical data obtained p value = 0.595 which means there is no relationship between the mother's work and the decision-making of childbirth sectio caesarean without medical indications.

The results of this study support from previous research conducted by Sarmana (2004) that the selection of sectiocaesarea found no work-related reasons.

Usually the work outside the house is done by men (fathers). However, there are times when you also work outside the house. At this time many mothers work outside the home like a father. This situation is usually caused by economic demands in the family (Sofianty, et al. 2007) According to Laksana, 2012. Work is not a source of pleasure, but rather a way of making a living that is boring, repetitive and many challenges. Work is generally a time-consuming activity. Working for mothers will have an impact on family life. The limitations of working mothers are mothers who do economic activities to earn income in both the formal and informal sectors that are done regularly outside the home.

According to the researchers the working mother did a lot of childbirth sectio caesarean without medical indications because the time for childbirth that can be planned and takes a short time so fast for mobilization. However, the mother's work has nothing to do with caesarean section because the mother gets 3 months off so the time for the mother to rest is very sufficient.

**Income Relationship WithSectio caesarean Decision Making Without Medical Indications**

Based on table 13 there are 63.4% of high incomes carrying out sectio caesarean delivery without medical indications, while in families of mothers whose income is low the proportion is known to be 54.8% who take the decision to perform sectio caesarean delivery without medical indications. The results of the analysis of statistical data obtained p value = 0.127 which means there is no relationship between income and decision making of childbirth sectio caesarean without medical indications.

This study is supported by Sarmana (2004) that income is not determined as an excuse to perform sectio caesarean delivery without medical indication. According to Kasdu (2003) sectiocaesarea is a familiar thing, especially the upper middle class so that some of them choose sectio caesarean delivery in the process of childbirth.

In the face of childbirth with sectio caesarean it is important to do careful economic planning because the costs that must be incurred are not small. Childbirth by surgery will cost 3-5 times greater than normal childbirth. Therefore, financial capability is one of the considerations in making the decision to give birth with sectiocaesarea (Kasdu, 2003).

Based on the results of Permata research (2002) obtained data that most of the respondents numbered 26 respondents (60.5%) low monthly income and a total of 17 respondents (39.5%) have a high income. According to Kaufinan (2006) the cost of childbirth affects a person in determining the way of delivery. This means that a person on a high income tends to give birth by sectio caesarean section.

According to the assumption of researchers from the results of the study at ZainalAbidin General Hospital obtained that the majority of respondents who perform sectio caesarean delivery without indication of high-income medical, but the families of respondents are more utilizing government facilities such as the Social Security Organizing Agency (BPJS), Maternity Insurance (JAMPERSAL) and Health Insurance (ASKES). So the income plays less role in the decision-making of sectio caesarean delivery without medical indications. If the income is used for consideration of childbirth sectio caesarean should be considered the number of families.

## V. Conclusion

Based on the results of research that has been done, it can be concluded that:

Decision-making of sectio caesarean delivery without medical indication as much as 60.7 %. This figure is very high 3 times more than the national figure of about 20 - 25%.

1. Factors of sectio caesarean delivery history: respondents who do not have a history of SC childbirth who perform sectio caesarean delivery without medical indications proportion 66.5% and p = 0.010 means there is a relationship between sc delivery history with sectio caesarean without medical indication.

2. a. educational factors: respondents who have an education ≥ high school proportion is 70.5%. And p = 0.000 which means there is a very significant relationship between education and sectio caesarean delivery without medical indication

b. maternal age factor: mothers aged < 35 years who perform psectio caesarean without medical indication with a proportion of 64.7%. P = 0.068 means there is no relationship between childbirth without medical indications with the age of the mother. But there is a tendency to sectio caesarean higher. This supports the high sectio caesarean with a figure of 60.7 %.

3. a. Parity factor whose proportion is known 64.9 % of mothers with multipara who perform sectio caesarean delivery without medical indication. And its p value is 0.051 which means there is no link between parity with sectio caesarean delivery without medical indication. But there is a tendency for sectio caesarean at multipara which is 64.9 % so as to support the high number of sectio caesareans without medical indications.

b. The occupational factors were known to 62.2% of working mothers carrying out sectio caesarean delivery with no medical indication. This figure is almost as much between working and unemployed mothers. And its p value is 0.595 which means there is no relationship between maternity decision making and caesarean section without medical indication with employment.

c. Income factors that proportion 63.4 % of respondents with high incomes perform sectio caesarean delivery without medical indications. p value 0.127 which means there is no relationship between income and decision making of sectio caesarean delivery without medical indication. But for those with high incomes 63.4 % tend to do sectio caesarean section, while at univariate the proportion is 68.4 %, so high-income people strongly support the high number of sectio caesareans without medical indications at ZainoelAbidin General Hospital Banda Aceh Year 2014.

d. The most dominant factor associated with sectio caesarean delivery is education OR = 2,499 which means having a 2.4 chance of having a sectio caesarean delivery without medical indications compared to low education.

## References


[1]. Akhmad, S.A. 2008. PanduanLengkapKehamilan, Persalinan, danPerawatanBayi. Jogjakarta : DIGLOSSIA MEDIA

[2]. American College of ObstetriCians&Gynecologists. 2013. Medical Management of Abortion. ACOG Practice Bulletine, 26;1-13.

[3]. Annisa, Fithrianti. 2011. PengaruhUsiaIbuDenganPersalinanSectio Caesarea. Skripsi . Bandung FPEB UPI

[4]. Anonim. 2009. SekaliOperasiSaecar, SaecarSelamanya. Diaksestanggal 13 November 2013.

[5]. . 2012. HubunganPengetahuanIbuHamilTentangResikoPersalinanDenganSikapIbuHamilMemilihPersalinanSectioSecarea di RS BundaThamrin. Medan

[6]. Ayu Ida, dkk. 2009. MemahamiKesehatanReproduksiWanita .jakarta : EGC

[7]. Benson, P &Pernoll.(2008). BukusakuObsetryGynecology William. Jakarta. EGC.

[8]. Cunningham, F. G. (2005). Obstetri Williams. Jakarta: EGC.

[9]. Bobak, Lowdermilk, Jensen. 2005. BukuKeperawatanMaternitas. Jakarta : EGC

[10]. Cunningham, F.G., Gant, N.F., Leveno, K.J., GiltrapIii.L.C., Hauth, J.C., &Wenstrom K.D. (2005). Williams Obstetrics; Abortion, Medical Publishing Division, 21; 855-856.

[11]. Dahlan S., 2012. LangkahMembuat Proposal PenelitianBidangKedokterandanKesehatan. Jakarta: CV SagungSeto.

[12]. DeCherney. 2007. Anatomy of the Female Reproduction System. In : Current Diagnosis and Treatment Obstetrics & Gynecologist.10th edition. New York: McGraw Hill Companies.

[13]. Depkes RI. 2003. Undang-undangTentangKesehatan . Jakarta

[14]. Dewi, Y danFauzi. 2007. Operasi Caesar Pengantar Dari A sampai Z. Jakarta : EdsaMahkota

[15]. DodohKhodijah. 2013. HubunganKarakteristikIbuDenganSectioSecarea Di RumahSakit TK. IV KESDAM. PematangSiantar

[16]. Dwienda, Octa. 2014. PrinsipEtikadanMoralitasdalamPelayananKebidananEdisi 1: Yogyakarta.Deepublish.

[17].

[18]. ElfitaMeiyetriani. Dkk. 2007.Peran AhlikebidanandanahliKandungan di Daerah KhususIbu Kota Jakarta. Jakarta :RinekaCipta.

[19]. Ernawati. 2012. Faktor – Faktor Yang BerhubunganDenganTindakan section secarea di Kabupaten PATI RSUD Soewondo. Yogyakarta

[20]. Fausiah, F. 2003. Psikologi Abnormal (klinisdewasa). Jakarta. FakutasPsikologiUniversitas Indonesia.

[21]. Harnowo, Yon. 2013. Kampung Batik LaweyanMendunia. http://krjogja.com/read/146211/kampung-batik-laweyan-mendunia.kr//

[22]. Helen Farrer. 2001. BukuPerawatanMaternitas.PenerbitBukuKedokteran. Jakarta: EGC

[23]. HidayatAlimul A.A. 2010. MetodePenelitianKesehatanParadigmaKuantitatif, Jakarta : Heath Books. 2010.

[24]. IntanSalfariani. M. 2012. Faktor- Faktor Yang MempengaruhiIbuMemilihPersalinanSectioSecareaTanpaIndikasiMedis Di RSU BundaThamrin. Medan

[25]. IstiMulyawati. Dkk. 2010.Faktor-Faktor TindakanPersalinanOperasiSectioSecarea di RS YAKSSI.Sragen

[26]. Jazayeri SB, Movaghar VR, Shokraneh F, Saadat S, and Ramezani R. 2013. Epidemiology of primary cnstumors in Iran: a systematic review. Asian Pacific J Cancer Prev. 14 (6): 3979-3985.

[27]. Kardjati, S. 1985. AspekKesehatandanGiziAnakBalita, YayasanObor Indonesia, Jakarta.

[28]. Kasdu, Dini. 2003. Operasi Caesar MasalahdanSolusinya. Jakarta: PuspaSwara.

[29]. Kaufinan, C. Laschinger, H.K.S., Wong, C., McMahon, L., 2006. Leader behavior impact on staff nurse empowerment, job tension and work effectiveness. Journal of Nursing Administration, 29 (5): 28-39.

[30]. Krishna, Hill, David T. 2001. AnalisisWacana: PengantarAnalisisTeks Media. Yogyakarta: PT. LkiSPelangiAksara.

[31]. Mitayani. 2009. AsuhanKeperawatanMaternitas. Jakarta: SalembaMedika.
[32]. Mochtar, R. 1998. Synopsis ObstetriJilid II (Edisi II).Jakarta : EGC
[33]. Notoatmodjo.Soekidjo. 2005. MetodologiPenelitian. Jakarta :RinekaCipta.
[34]. Sandjaja, dkk. 2006. BukuPanduanPenelitian.PrestasiPustaka Publisher. Jakarta
[35]. Sari, dkk. 2010. Persalinan Normal VS OperasiCaesar :Pahami, PilihdanTentukan Dari Sekarang. http://www.kemangmedicalcare.com/. Diaksestanggal 23 April 2013
[36]. Soepardan. 2008. KonsepKebidanan. Jakarta: EGC
[37]. Sofianty, Nila. Dkk. 2007.Wahana lmuPengetahuanSosial. Tim Pena Cendikia. Quadra. Jakarta :Yudisthira.
[38]. Sri Kardjati. 1985. AspekKesehatandanGiziAnakBalita. YayasanObor Indonesia. Jakarta

RaudhatunNuzul ZA. "Factors Related to Sectio Caesarean Delivery Decision Making without Medical Indications at dr. ZainoelAbidin General Hospital Banda Aceh Year 2014." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(2), 2021, pp. 26-37.