GIVE BIRTH BY CAESAREAN SECTION WITHOUT MEDICAL INDICATION

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Abstrak. *This study aims to determine the factors influencing pregnant mothers to give birth by caesarean section without medical indication. This research is analytic with a cross-sectional study approach. Data were collected by survey method. This research was conducted at the Regional General Hospital dr. Zainoel Abidin in 2014. The population of this study was all pregnant mothers, with a total sample of 399 people. This study used univariate, bivariate, and multivariate data analysis using Chi-Square. The results showed that 60.7% of pregnant mothers chose to give birth by caesarean section without medical indication. In this case, the factors influencing the pregnant mother include a history of giving birth by caesarean section (p = 0.010) and education (p = 0.000). The most dominant variable is education (OR = 2, 499), which means a 2.5 times greater chance of a pregnant mother choosing to give birth by caesarean section without medical indication. Therefore, it is recommended for pregnant mothers and their families to increase their knowledge about giving birth by caesarean section. In addition, pregnant mothers should choose to give birth by caesarean section with a medical indication.*

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 (Lundgren, *et al.*, 2012). 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 Caesarea. Sectio Caesarea delivery is to give birth to the fetus through slices on the abdominal wall and uterine wall (Marfuah, *et al.*, 2019).

Sectio Caesarea section is a surgery to give birth to a child through incision in the abdominal and uterine walls (Morita, *et al.*, 2020). Sectio Caesarea 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 Caesarea 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 Caesarea delivery. Fetal factors include fetal emergency due to less amniotic water, breech baby position, less fetal growth and fetal death in the womb (Faa*, et al.*, 2016).

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 (Bohren*, et al.*, 2015). The help of sectio Caesarea section has a long history. The danger of infection is such a serious threat that there are many deaths. The development of sectio Caesarea technology is so advanced that the danger can be further suppressed. Therefore, the help of sectio Caesarea delivery is increasingly done (Aprina & Puri, 2016).

The number of sectio Caesarea 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 (Ayuningtyas*, et al.*, 2018). Increased childbirth with sectio Caesarea is carried out for a variety of reasons. Maolinda*, et al.* (2015) survey of Mother and Child showed that 83.5% of respondents had a sectio Caesarea delivery due to a doctor's decision based on medical complications, 10% of other respondents reasoned to choose sectio Caesarea delivery because previous pregnancies were also in the same way, while the remaining 6.5% of respondents chose to give birth sectio Caesarea 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.

Based on data from Zainoel Abidin General Hospital (RSUZA) Banda Aceh in 2012 as many as 565 cases with the percentage of sectio Caesarea 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 Caesarea 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 Caesarea deliveries without medical indications. This figure is a comparison that sectio Caesarea delivery without medical indications performed at Zainoel Abidin General Hospital has increased every year, this is a problem that should be known about the factors associated with this incident.

Dewi & Fauzi (2007) some of the underlying reasons for the sectio Caesarea 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 Caesarea 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 (Marbun, *et al.*, 2019).

In a previous study conducted by Ernawati (2014) in 2012 at RS Soewondo District General Hospital and Islamic Hospital (RSI) Pati it was obtained that the variables in the study on factors related to non-medical sectio Caesarea delivery were the previous history of sectio Caesarea delivery, while the other variables namely age, parity, and Hb levels were not meaningfully related to sectio Caesarea delivery. The difference between this research and previous research is the place of research and the time of research conducted.

Based on the description above, this study aims to determine the factors influencing pregnant mothers to give birth by cesarean section without medical indication at Zainoel Abidin General Hospital in 2014.

METHOD

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 sectio Caesarea without medical indications in 2014. This study was conducted at Zainoel Abidin General Hospital in 2014. The object of the study was conducted on all maternity mothers with sectio Caesarea 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.

RESULTS

A. Sectio Caesarea Delivery Decision Making Without Medical Indications

Table 1. Distribution of Frequency of Respondents Decision Making Sectio Caesarea Delivery Without Medical Indications at Dr. Zainoel Abidin General Hospital in 2014

Decision Making Sectio Caesarea Delivery Without Medical Indications	Frequency	Percentage
Yes	242	60.70%
No	157	39.30%
Total	**399**	**100.00%**

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

B. Mother's Age

Table 2. Maternal Frequency Distribution at Dr. Zainoel Abidin General Hospital in 2014

Age	Frequency	Percentage
≥ 35 Years of Age	167	41.90%
< 35 Years of Age	232	58.10%
Total	**399**	**100.00%**

Based on the data in table 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.

C. History of Sectio Caesarea Delivery

Table 3. Distribution of Frequency of Sectio Caesarea Delivery History of Respondents at Dr. Zainoel Abidin General Hospital in 2014

Sectio Caesarea Delivery History	Frequency	Percentage
Have	178	44.60%
Do Not Have	221	55.40%
Total	**399**	**100.00%**

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

D. Mother's Education

Table 4. **Distribution of Respondents' Education Frequency at Dr. Zainoel Abidin General Hospital in 2014**

Education	Frequency	Percentage
≥ Senior High School	210	52.60%
< Senior High School	189	47.40%
Total	**399**	**100.00%**

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.

E. Maternal Parity

Table 5. **Distribution of Respondent Parity Frequency at Dr. Zainoel Abidin General Hospital in 2014**

Parity	Frequency	Percentage
Multipara	231	57.90%
Primipara	168	42.10%
Total	**399**	**100.00%**

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.

F. Job

Table 6. **Distribution of Frequency of Respondents' Work at Dr. Zainoel Abidin General Hospital in 2014**

Work	Frequency	Percentage
Existing Work	201	50.40%
Not Working	198	49.60%
Total	**399**	**100.00%**

Based on the data in table 6 there is a difference in proportion between existing work and not working by 0.8%. The highest proportion were in working respondents.

G. Income

Table 7. **Distribution of Respondents' Income Frequency at Dr. Zainoel Abidin General Hospital in 2014**

Income	Frequency	Percentage
High	273	68.40%
Low	126	31.60%
Total	**399**	**100.00%**

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.

H. Bivariate Analysis

1. Mother's Age Relationship with Sectio Caesarea Delivery Decision Making without Medical Indications

Table 8. **Distribution of Frequency of Maternal Age Relationship with Childbirth Decision Making Sectio Caesarea without Medical Indication at Dr. Zainoel Abidin General Hospital in 2014**

Age	Decision Making Sectio Caesarea Delivery without Medical Indications				Total		P Value	OR
	Yes		No					
	n	%	n	%	n	%		
≥ 35 Years of Age	92	55.10	75	44.90	167	100.00	0.068	0.671
< 35 Years of Age	150	64.70	82	35.30	232	100.00		

Based on table 8 there are 55.1% of mothers aged ≥ 35 years who carry out sectio Caesarea delivery without medical indication, while in mothers aged < 35 years the proportion is known 64.7% take the decision to perform sectio Caesarea 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 Caesarea without medical indications.

2. Sectio Caesarean Delivery History Relationship with Sectio Caesarea Delivery Decision Making without Medical Indications

Table 9. Distribution of Frequency of Sectio Caesarea Delivery History with Decision Making of Sectio Caesarea Delivery without Medical Indication at Dr. Zainoel Abidin General Hospital in 2014

Sectio Caesarea Delivery History	Decision Making Sectio Caesarea Delivery without Medical Indications				Total		P Value	OR
	Yes		No					
	n	%	n	%	n	%		
Have	95	53.40	83	46.60	178	100.00	0.010	0.576
Do Not Have	147	66.50	74	33.50	221	100.00		

Based on table 9 it is known that most mothers who have a history of sectio Caesarea delivery there are 53.4% choose sectio Caesarea delivery without medical indications, while those who do not have a history of sectio Caesarea 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 Caesarea delivery and decision-making of sectio Caesarea delivery without medical indications. And OR 0.576 or 1/2 (1 to 2), then mothers who do not have a history of sectio Caesarea delivery carry out sectio Caesarea delivery without medical indications amount to 2 times more than those who have a history of sectio Caesarea delivery.

3. Mother's Educational Relationship with Sectio Caesarea Delivery Decision Making without Medical Indications

Table 10. Distribution of Frequency of Maternal Education Relationship with Decision Making of Sectio Caesarea Delivery without Medical Indication at Dr. Zainoel Abidin General Hospital in 2014

Education	Decision Making Sectio Caesarea Delivery without Medical Indications				Total		P Value	OR
	Yes		No					
	n	%	n	%	n	%		
≥ Senior High School	148	70.50	62	29.50	210	100.00	0.000	2.412
< Senior High School	94	49.70	95	50.30	189	100.00		

Based on table 10 it is known that mothers who have an education ≥ high school there are 70.5% choose sectio Caesarea 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 Caesarea without medical indications. And OR 2,412 means that mothers whose education is higher carrying out sectio Caesarea delivery without medical indications amount to 2.4 times more than mothers whose education < high school.

4. **Mother's Parity Relationship with Sectio Caesarea Delivery Decision Making without Medical Indications**

Table 11. Distribution of Frequency of Maternal Parity Relationship with Sectio Caesarea Decision Making without Medical Indication at Dr. Zainoel Abidin General Hospital in 2014

Parity	Decision Making Sectio Caesarea Delivery without Medical Indications				Total		P Value	OR
	Yes		No					
	n	%	n	%	n	%		
Multipara	150	64.90	81	35.10	231	100.00	0.051	1.530
Primipara	92	54.80	76	45.20	168	100.00		

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

5. **Mother's Working Relationship with Sectio Caesarea Delivery Decision Making without Medical Indications**

Table 12. Distribution of Frequency of Mother's Work with Sectio Caesarea Decision Making without Medical Indication at Dr. Zainoel Abidin General Hospital in 2014

Work	Decision Making Sectio Caesarea Delivery without Medical Indications				Total		P Value	OR
	Yes		No					
	n	%	n	%	n	%		
Existing Work	125	62.20	76	37.80	201	100.00	0.595	1.139
Not Working	117	59.10	81	40.90	198	100.00		

Based on table 12 there are 62.2% of mothers who work to carry out sectio Caesarea delivery without medical indications, while in unemployed mothers the proportion is known to be 59.1% who take the decision to perform sectio Caesarea 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 Caesarea without medical indications.

6. Mother's Income Relationship with Sectio Caesarea Delivery Decision Making without Medical Indications

Table 13. Distribution of Frequency of Maternal Income Relationship with Sectio Caesarea Decision Making without Medical Indication at Dr. Zainoel Abidin General Hospital in 2014

Income	Decision Making Sectio Caesarea Delivery without Medical Indications				Total		P Value	OR
	Yes		No					
	n	%	n	%	n	%		
High	173	63.40	100	36.60	273	100.00	0.127	1.429
Low	69	54.80	57	45.20	126	100.00		

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 Caesarea 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 Caesarea without medical indications.

I. Multivariate Analysis

1. Bivariate Selection

Table 14. Bivariate Selection

Variable	P Value	Information
Age	0.054	Into Multivariate Stage
Sectio Caesarea Delivery History	0.008	Into Multivariate Stage
Education	0.000	Into Multivariate Stage
Parity	0.040	Into Multivariate Stage
Work	0.526	Not into Multivariate Stage
Income	0.103	Into Multivariate Stage

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.

2. Multivariate Initial Modeling

Table 15. Multivariate Modeling

Variable	P Value	OR
Age	0.184	0.748
Sectio Caesarea Delivery History	0.029	0.618
Education	0.000	2.448
Parity	0.278	1.275
Income	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

Variable	P Value	OR
Sectio Caesarea Delivery History	0.008	0.570
Education	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 Caesarea delivery without medical indications are variables of sectio Caesarea delivery history and Education. While the variable Age, parity, employment and income as a confounding variable.

The dominant variable associated with sectio Caesarea delivery decision making without medical indication is education, after being controlled by the sectio Caesarea 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 Caesarea delivery without medical indications compared to mothers who have a low education.

DISCUSSION

A. Sectio Caesarean Delivery Decision Making 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 (Elwyn, *et al.*, 2014). 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), Sectio caesarean 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 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 Increased childbirth with sectio caesarean is carried out for various reasons. Sectio Caesarea 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 Caesarea delivery without medical indication and "no" i.e. decision making of sectio Caesarea delivery with medical indication of 21.4%. The highest proportion of 60.7% in "yes" is the decision-making of sectio Caesarea delivery without medical indication.

1. 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 mother's ≥ 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 (Rudiyanti & Rosmadewi, 2019).

2. 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 Caesarea delivery and do not have a history of sectio Caesarea delivery of 10.8%. The highest proportion was 55.4% in mothers who had no history of caesarean 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 Mulyawati, *et al.* (2011) said that there is a relationship between the history of sectio Caesarea delivery and

the incidence of sectio Caesarea delivery where a mother who has experienced complications in pregnancy and childbirth such as having had a sectio Caesarea delivery before is a risk for subsequent childbirth.

3. 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).

4. 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).

5. 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 human work with the aim of getting rewarded in the form of money to meet the needs of life reason works in addition to earning money is to develop potential or self-capability (Nuradhiani, 2021).

6. 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 (Andika & Hariyanto, 2017).

B. Factors Related to Sectio Caesarea Delivery Decision Making Without Medical Indications

1. Mother's Age Relationship with Sectio Caesarea Decision Making without Medical Indications

Based on table 8 there are 55.1% of mothers aged ≥ 35 years who carry out sectio Caesarea delivery without medical indications, while in mothers aged < 35 years the proportion is known 64.7% take the decision to perform sectio Caesarea 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 Caesarea 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 Caesarea 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 Caesarea delivery. Mothers aged < 20-35 years are more at risk of childbirth by sectio Caesarea 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 Caesarea (Indiarti, 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 Caesarea 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 sectio Caesarea.

2. Sectio Caesarea's Historical Relationship with Sectio Caesarea Decision Making without Medical Indications

Based on table 9 it is known that most mothers who have a history of sectio Caesarea delivery there are 53.4% choose sectio Caesarea delivery without medical indications, while those who do not have a history of sectio Caesarea 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 Caesarea delivery with the decision-making of sectio Caesarea delivery without medical indications. And OR 0.576 or 1/2 (1 to 2), then mothers who do not have a history of caesarean section delivery carry out sectio Caesarea delivery without medical indications amount to 2 times

more than those who have a history of sectio Caesarea delivery. In this case, mothers who do not have a history of sectio caesarean delivery may have experienced complications and complications during previous childbirth so that the occurrence of sectio Caesarea during future childbirth.

The results of the study supported by research conducted by Mulyawati, et al. (2011) said that there is a relationship between the history of sectio Caesarea delivery and sectio Caesarea 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 Zainoel Abidin General Hospital Banda Aceh 2014 is inversely proportional to the research conducted by Mulyawati, et al. (2011) which states that from the results of the study found that almost some respondents perform sectio Caesarea delivery without medical indications do not have a history of sectio Caesarea 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 Caesarea section.

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

3. Mother's Educational Relationship with Sectio Caesarea 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 Caesarea 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 Caesarea without medical indications. And OR 2,412 then this means very meaningful means that mothers whose education is higher carry out sectio Caesarea 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 (2001) 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 Caesarea 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.

4. **Parity Relationship with Sectio Caesarea Decision Making without Medical Indications**

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

However, this study is inversely proportional to the research conducted by Mulyawati, *et al.* (2011) 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 Caesarea 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 caesarean 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 Caesarea (Rezeki & Sari, 2018).

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

5. **Working Relationship with Sectio Caesarea Decision Making without Medical Indications**

Based on table 12 there are 62.2% of working mothers carrying out sectio Caesarea delivery without medical indications, while in non-working mothers the proportion is known to be 59.1% who take the decision to perform sectio Caesarea 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 Caesarea without medical indications.

The results of this study support from previous research conducted by Sarmana (2004) that the selection of sectio caesarea 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. According to Sari & Lisa (2019), 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 Caesarea 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 Caesarea section because the mother gets 3 months off so the time for the mother to rest is very sufficient.

6. Income Relationship with Sectio Caesarea Decision Making without Medical Indications

Based on table 13 there are 63.4% of high incomes carrying out sectio Caesarea 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 Caesarea 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 Caesarea without medical indications.

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

In the face of childbirth with sectio Caesarea 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 section Caesarea (Kasdu, 2003).

Based on the results of Permata (2001) research 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 Neti, *et al.* (2018) 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 Caesarea section.

According to the assumption of researchers from the results of the study at Zainal Abidin General Hospital obtained that the majority of respondents who perform sectio Caesarea 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 Caesarea delivery without medical indications. If the income is used for consideration of childbirth sectio Caesarea should be considered the number of families.

CONCLUSIONS AND SUGGESTIONS

Based on the results of research that has been done, it can be concluded that the decision-making of sectio Caesarea 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%. The factors for the decision-making of sectio Caesarea delivery without medical indications include, factors of sectio Caesarea delivery history: respondents who do not have a history of SC childbirth who perform sectio Caesarea delivery without medical indications proportion 66.5% and p = 0.010 means there is a relationship between sc delivery history with sectio Caesarea without medical indication. 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 Caesarea delivery without medical indication. Maternal age factor: mothers aged < 35 years who perform psectio Caesarea 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 Caesarea higher. This supports the high sectio Caesarea with a figure of 60.7%. Parity factor whose proportion is known 64.9% of mothers with multipara who perform sectio Caesarea delivery without medical indication. And its p value is 0.051 which means there is no link between parity with sectio Caesarea delivery without medical indication. But there is a tendency for sectio Caesarea at multipara which is 64.9% so as to support the high number of sectio Caesareas without medical indications. The occupational factors were known to 62.2% of working mothers carrying out sectio Caesarea 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 Caesarea section without medical indication

with employment. Income factors that proportion 63.4% of respondents with high incomes perform sectio Caesarea delivery without medical indications. p value 0.127 which means there is no relationship between income and decision making of sectio Caesarea delivery without medical indication. But for those with high incomes 63.4% tend to do sectio Caesarea section, while at univariate the proportion is 68.4%, so high-income people strongly support the high number of sectio Caesareas without medical indications at Zainoel Abidin General Hospital Banda Aceh Year 2014. The most dominant factor associated with sectio Caesarea delivery is education OR = 2,499 which means having a 2.4 chance of having a sectio Caesarea delivery without medical indications compared to low education. Based on the description of these conclusions, it is recommended for pregnant mothers and their families to increase their knowledge about giving birth by caesarean section. In addition, pregnant mothers should choose to give birth by caesarean section with a medical indication.

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