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Analysis of Related Factors With Elections Childbirth Methods on Inpatients of Setio Husodo Hospital Kisaran in 2017

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Abstract **- C-section is the process of childbirth the fetus through the incision of the abdominal wall and the uterine wall. Cesarean section is performed when the mother is unable to deliver vaginally, which can be caused by an abnormality. And the incidence of cesesaria section surgery at Hospital in Kisaran Year 2016 is 239 people. This study aims to analyze Factors Related with Selection of Childbirth Methods of Section Caesarean on Inpatient. The type of research is cross sectional quantitative research. With a sample size of 85 people, the sampling technique is accidental sampling. The results showed that the majority of mothers chose the childbirth method by Section Caesarean (81.2%), age 25-35 years (81%), parity> 2 times (74.1%), with birth complications (63%), doing ANC ≥ 4 (81.2%), husband and wife agreement (68%), and elective (65.9%). There was a correlation between childbirth age (p = 0,036), complication of childbirth (p = 0,001), birth history (p = 0,000), antenatal care (p = 0,002) with selection of section caesarean childbirth method in hospital patient Setio Husodo Kisaran. The result of multivariate analysis with logistic regression test showed that the complication of labor was the strongest variable related to the selection of section caesarean childbirth method. It is advisable to the hospital to perform regularly and scheduled in counseling and counseling at the time of the mother's ANC, so that the mother before childbirth can make a careful choice in taking a childbirth action.**

Keywords – Election Childbirth Method; Section Caesarean; Mother.

I. INTRODUCTION

Antenatal care is a pregnancy examination performed to determine the health status of mother and fetus periodically, followed by correction efforts against the deviations found. The goal is to keep pregnant women through pregnancy, childbirth, and childbirth well and survived, and produce healthy baby. Awareness of mothers to check regular pregnancy is still there are obstacles such as cultural issues, public education, environment, health facilities, human resources and others (Mufdillah, 2009).

Emergency in childbirth is an act of artificial childbirth, one of which is cesarean section (CS). But on the other hand, CS childbirth results in childbirth morbidity and higher childbirth costs compared with normal childbirth. Increased childbirth is due to medical indications and non-medical indications, such non-medical indications are influenced by age, education, socio-cultural and socio-economic.

In recent years the tendency for choice of childbirth with caesarean section has increased in many countries. The increasing choice of childbirth with caesarean section around the world has become the spotlight and public health problem in the world. Initially the World Health Organization established a caesarean indicator of 15% for each country, and not differentiated between developed and developing countries, or countries with low or high childbirth or infant mortality rates.

In Indonesia the number of caesarean section increased in 2000 the number of maternity mothers with cesarean section 47.22%, the year 2001 equal to 45.19%, the year 2002 equal to 47.13%, the year 2003 equal to 46.87%, the year of 2004 equal to 53.2%, year 2005 equal to 51.59%, and year 2006 equal to 53.68% and year 2007 there is no significant data. National Survey in 2009, 921,000 childbirth with a cesarean section of 4,039,000 deliveries or about 22.8% of all deliveries (Misbahul, 2015)

Research conducted at Childbirth and Child Hospital Sri Ratu Medan (2000), noted that 1069 childbirth of which 460 (43%) of birth with Caesarea section. At AB Harapan Kita Hospital Jakarta there is a proportion of cesarean section of 1295 (40.68%) of 3183 childbirth section (Tariana, 2001). Another study conducted by Suryati Tati (2012) that the

number of caesarean section in Indonesia has exceeded the maximum limit of WHO standard that is 5-15%.

The purpose of this study was to analyze the age relationship with the selection of caesarean section method at the Setio Husodo Hospital, Kisaran City. Analyzing the parity relationship by choosing the method of caesarean section childbirth. Analyzing the complications of childbirth by choosing the method of caesarean section. Analyze the history of caesarean birth with the selection of caesarean section method. Analyze the relationship of husband and wife agreement with the selection of method caesarean section. Analyze antenatal care relationship by choosing method of caesarean section.

II. RESEARCH METHODS

This research was conducted at Setio Husodo Hospital, Kisaran. The population in this study were all mothers gave birth caesarean section at Setio Husodo Hospital within the period of March - April 15, 2017. The number of samples required in this study was all patients who were in the research location at the time researchers conducted the study. accidental sampling is non probability sampling. And someone was taken as a sample because by chance the person tesebut exist at the research location when the research took place. In this study there are 85 people who are willing to be respondents.

Questionnaires are given directly by the researcher to the respondent without going through the interview process. Questionnaires that have been made include independent variables such as age, parity, complication of labor, birth history, ANC. The types of data to be studied consist of: a) Primary data is data taken directly by the researcher by using questionnaire. b) Secondary data is data obtained from documenting records of Setio Husodo Hospital medical records of 2017.

Data has been collected manually processed and computerized to convert data into information. Steps in data processing starts from editing, that is checking the correctness of data required. Coding, which provides numeric code or numbers to each category. Data entry is to enter the data that has been collected into the master table or computerized database. Data analysis performed three stages, namely: a)Univariate, b) Bivariate, c) Multivariate.

III. RESULTS AND DISCUSSION

A. RESULTS OF UNIVARIATE ANALYSIS

TABLE 1. RESULTS OF UNIVARIATE ANALYSIS

No.	**Age**	**F**	**%**
1.	25 - 35 years	69	81
2.	> 35 years	16	19
Total		85	100.0
No.	**Paritas**	**F**	**%**
1.	< 2	22	25.9
2.	> 2	63	74.1
Total		85	100.0
No.	**Maternity Complication**	**F**	**%**
1.	Yes	54	63.5
2.	No	31	36.5
Total		85	100.0
No.	**Birth History**	**F**	**%**
1.	Normal	16	18,8
2.	C-Section	69	81,2
Total		85	100
No.	**Antenatal Care (ANC)**	**F**	**%**
1.	<4	16	18.8
2.	≥ 4	69	81.2
Total		85	100.0

No.	Husband-Wife Agreement	F	%
1.	Agree	58	68
2.	Not Agree	27	32
Total		85	100.0

No.	Caesarea Section	F	%
1.	Emergency	29	34.1
2.	Elective	56	65.9
Total		85	100.0

B. RESULTS OF BIVARIATE ANALYSIS

TABLE 2. RELATIONS OF AGE WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017.

No.	Age	Caesarean Section				Total		X^2	p
		Emergency		Elective					
		n	%	n	%	n	%		
1.	25-35 Years	27	39	42	61	69	100		
2.	> 35 Years	2	12	14	88	16	100	4.098	0.036
Total		29	34	56	66	85	100		

TABLE 3. RELATIONS OF PARITY WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017.

No.	Parity	Caesarean Section				Total		X^2	P
		Emergency		Elective					
		n	%	n	%	n	%		
1.	<2	9	41	13	59	22	100		
2.	>2	20	31	43	69	63	100	0.609	0.299
Total		29	34	56	66	85	100		

TABLE 4. RELATIONS OF MATERNITY COMPLICATIONS WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017.

No.	Maternity Complication	Caesarean Section				Total		X^2	p
		Emergency		Elective					
		n	%	n	%	n	%		
1.	Yes	25	46	29	54	54	100	9.770	0.001
2.	No	4	13	27	87	31	100		
Total		29	34	56	66	85	100		

TABLE 5. RELATIONS OF BIRTH HISTORY WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017.

No.	Birth History	Caesarean Section				Total		X^2	p
		Emergency		Elective					
		N	%	n	%	n	%		
1.	Normal	12	75	4	25	16	100		
2.	C-Section	17	24	52	76	69	100	14.656	0.000
Total		29	34	56	66	85	100		

TABLE 6. RELATIONS OF ANTENATAL CARE WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017.

No.	Antenatal Care	Caesarean Section				Total		X^2	p
		Emergency		Elective					
		n	%	n	%	n	%		
1.	< 4	11	68	5	32	16	100		
2.	> 4	18	21	51	79	69	100	10.517	0.002
Total		29	35	56	65	85	100		

TABLE 7. RELATIONS OF HUSBAND-WIFE AGREEMENT WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017.

No.	Husband-Wife Agreement	Caesarean Section				Total		X^2	p
		Emergency		Elective					
		n	%	n	%	n	%		
1.	Agree	10	18	48	82	58	100	23.136	0.000
2.	Not Agree	19	70	8	30	27	100		
Total		29	35	56	65	85	100		

C. RESULTS OF MULTIVARIATE ANALYSIS

TABLE 8. RESULTS OF MULTIVARIATE ANALYSIS

Variable	B	SE	P value
Maternity Complication	22.826	1.016	0.002
Birth History	5.894	0.950	0.067
ANC	8.159	0.771	0.006
Husband-wife Agreement	0.050	0.864	0.001

D. RELATIONS OF AGE WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017

From the results of the study known the majority of respondents aged 25-35 years is 81% (68 people). Age is a significant factor affecting the incidence of cesarean section. The result of statistical test obtained p value = 0.036 this indicates that there is relation of age with election of section caesarean.

The final result in multivariate analysis of this study showed no significant relationship between age with caesarean section at Inpatient of Setio Husodo Hospital. For this study most of the respondents age 25-35 years, This could happen because the age does not require the mother to choose childbirth method with caesarean section because the age is still safe for pregnancy.

Age is very determine a mother's health, mother is said to be high risk if pregnant women aged under 20 years and over 35 tahun. Age useful to anticipate the diagnosis of health problems and actions taken. A woman as a biological human being has entered the production age of a few years before reaching the age where pregnancy and childbirth can take place safely.

E. RELATIONS OF PARITY WITH SELECTION OF CAESAREAN SECTION AT INPATIENT OF SETIO HUSODO HOSPITAL IN 2017

The results obtained from 22 respondents parity <2 times 41% with caresaria section emergency and 59% elective. Whereas from 63 respondents parity> 2 times 31%

emergency section and 69% elective section. The result of statistical analysis obtained p = 0.299 (p> α) this shows no parity relationship with the selection of caesarean section childbirth method in the Setio Husodo Hospital. The possibility of this is because partus with section caesarean has become a new trend (lifestyle) in the community or it could be due to the increase of health insurance services such as BPJS Health which makes it easier for the public to choose the method of caesarean section. Respondents' parity history in the Setio Husodo Hospital Setup is just a coincidence.

F. Relations of Maternity Complications with Selection of Caesarean Section at Inpatient of Setio Husodo Hospital in 2017

Maternity complication of pregnancy is a deviation from the normal, which can directly cause pain and even death of the mother and baby. The result of the Relationship maternity complication with the selection of cesaria section in the Setio Husodo Hospital in 2017, it was found that there were 25 out of 54 respondents with maternity complications (46%) with cesarean section, while 4 of 31 (13%) of respondents with no complication of birth choosing cesarean section of emergency condition, statistic test result obtained p value = 0.001 hence can be concluded there is difference of proportion (significant relation) between complication of birth of respondent in choosing section caesarean method in inpatient of Setio Husodo Hospital in 2017.

The final result in multivariate analysts of this study showed the value of OR = 22.86 so it can be concluded that women with birth complications have an opportunity contribution of 22.86 times to undergo cesarean section when compared to mothers who do not have complications in childbirth.

G. Relations of Birth History with Selection of Caesarean Section at Inpatient of Setio Husodo Hospital in 2017.

The result of the analysis of the relationship of birth history to the selection of caesarean section in the Setio Husodo Hospital in 2017, it was found that there were 12 out of 16 people (75%) respondents with a history of normal childbirth chose caesarean section emergency section, while 52 of 69 people (76%) of respondents with a history of caesarean section chose cesarean section elective, statistic test results obtained p = 0,000, it can be concluded that there is a difference of proportion (significant relationship) between birth history of respondents in choosing caesarean section method in Setio Husodo Hospital in 2017.

Respondents with a history of normal childbirth are likely to choose a cesarean section may be due to the age of the respondent is above ideal age (at risk) for childbirth. Increased age of mother can affect the decline in body cell growth and greatly affect the strength of the mother to push so that childbirth is done with caesarean section. At this age, usually a person has a disease that is at risk, such as high blood pressure, heart disease, diabetes, and preeclampsia. Eclampsia (pregnancy toxicity) can cause the mother's seizures so that the doctor decides to have a cesarean section.

The final result in multivariate analysis of this study showed an OR = 5.694 so it can be concluded that the history of caesarean section has an opportunity of 5.6 times to undergo caesarean section childbirth when compared with women with a history of normal childbirth.

H. Relations of Antenatal Care with Selection of Caesarean Section at Inpatient of Setio Husodo Hospital in 2017.

Ante Natal Care (ANC) is a visit or contact of pregnant women with health personnel at least four times during pregnancy. The result of analysis between antenatal care relationship with the selection of cesarean section at Setio Husodo Hospital in 2017, it was found that there were 11 out of 16 people (68%) respondents with antenatal care <4 times with cesarean section emergency section, 51 of 69 people (79%) of respondents with antenatal care> 4 times choose cesarean-elective childbirth, statistic test result obtained p value = 0.002 hence can be concluded there is difference of proportion (significant relation) between antenatal Care responden in selection of caesarean section method Inpatient Setio Husodo Hospital in 2017.

The final result in multivariate analysis of this study showed an OR = 8,159 so it can be concluded that women with ANC> 4 times had an 8.1-fold chance of having a caesarean section delivery compared to an ANC mother <4 times.

A pregnancy test (ANC) is a physical and mental examination of pregnant women and saves mothers and children in pregnancy, childbirth and the puerperium so as to be able to deal with childbirth, postpartum, preparation of breastfeeding and a reasonable return of reproductive health. With ante natal care the mother has been able to monitor the progress of pregnancy and fetal growth. Mothers who have problems with the development of pregnancy and fetal development such as placenta previa, placental abruption, narrow pelvis, large fetus should choose labor delivery method of caesarean section.

I. *Relations of Husband-Wife Agreement with Selection of Caesarean Section at Inpatient of Setio Husodo Hospital in 2017*

Result of analysis of husband- wife agreement with selection of cesarean section at Inpatient of Setio Husodo Hospital in 2017, it was found that there were as many as 10 out of 58 people (18%) respondents with agreement answers with cesarean section emergency section, while 48 of 58 people (82%) respondents with the agreement answer chose elective cesarean section, while 19 out of 27 people (70%) did not agree to vote on emergency section section and 8 out of 27 people (30%) disagreed elective answers. Result of statistic test obtained p value = 0,000 hence can be concluded there is difference of proportion (significant relation) between husband-wife agreement in selection of cesarean section method at Inpatient of Setio Husodo Hospital in 2017.

The final result in multivariate analysis of this study showed OR = 0.05 so that it can be concluded that mothers who have agreement have a chance of 0.05 times to undergo cesarean section childbirth when compared with mothers who have no agreement.

The role of spouse can be as a person who provides care, as a person who responds to the vulnerability of pregnant women, both on the biological aspect and in relation to his own mother. Male support shows her involvement in her partner's pregnancy and preparation for bonding with her child.

Anxiety in pregnant women can arise due to concerns about the safe birth process for himself and his child. Therefore, the support of the husband is very important in pacifying the feelings of the wife. Just as pregnancy is the result of husband and wife cooperation then this cooperation should also continue until the fetus is birth. From the research results obtained 19 respondents agreed that the husband-wife agreement may affect the selection of cesarean section section without medical indication.

IV. Conclussion

There was a significant correlation (p = 0.036) between age with the selection of caesarean section method at Setio Husodo Hospital, Kisaran. There was no significant relationship (p = 0.299) between parity with the selection of caesarean section method at Setio Husodo Hospital, Kisaran. There was a significant relationship (p = 0.001) between birth complications and the selection of caesarean section method. Mothers who experienced complications in labor had a 22.8 chance of having a caesarean section if compared to a mother who had no complications in childbirth.

There was a significant relationship (p = 0,000) between the birth history and the selection of the caesarean section method. Mothers with a history of cesarean section have a 5.6-fold chance of having caesarean section childbirth when compared with a mother with a history of normal childbirth.

There was a significant relationship (p = 0.002) between ante natal care and the choice of caesarean section method on mothers with ANC> 4 times had an 8.1-fold chance of having a caesarean section delivery when compared to an ANC mother <4 times. There was a significant relationship (p = 0,000) between the husband-wife agreement and the selection of the cesarean delivery method at the Setio Husodo Hospital, Kisaran. Mothers with husband-wife agreements have a 0.05-fold chance of having a caesarean section when compared to who have no agreement.

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