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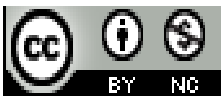

Incidences And Contributing Factors To Caesarean Section/Normal Deliveries: In A Private And Public Hospital In Samarinda

Roni Nahsriana[1], Bayu Fijri[2]
Midwifery Academy of Bunga Husada Samarinda[1 2]
roni_nahsriana@akbidbungahusada-samarinda.ac.id [1] , bayu_fijri@akbidbungahusada-samarinda.ac.id [2]

Keywords:
Caesarean Section, Normal Delivery, Private Hospital, Public Hospital

ABSTRACT
Research Objective. To determine the factors contributing to Caesarean Section in the Private & Public Hospitals In Samarinda. Methods. This research used retrospective study method, using secondary data from the medical record of the patient to analyze the factors contributing to caesarean section in the private and public hospitals in Samarinda. The population of this study were all patient who had normal delivery and caesarean section. The data was from the medical record in the Private and Public Hospital in Samarinda for 2016. Sampling technique used in this study was purposive sampling. Sample size for the Public Hospital was 90 participants, and for the Private Hospital was 88 participants.Findings. From the findings of this research we can compare the incidences of caesarean section in the private and public hospital in Samarinda, the dominant case in the private hospital in Samarinda in 2015 was more of patients with Caesarean Section, whereas in the public hospital, the dominant cases were normal delivery. The factors contributing to caesarean section in Public Hospital was due to patient's age, parity and socioeconomic status. but in the private hospital socioeconomic status was the contributing factor to Caesarean Section.

INTRODUCTION

Caesarean Section is the delivery of a fetus by surgical incision through the abdominal wall and uterus (from the belief that Julius Caesar was born that way). https://www.vocabulary.com/dictionary/nl/sectio%20caesarea.Population-based rates for caesarean section are considered animportant indicator of access to essential obstetric care in developing countries. Various United Nations agencies promote this indicator for use in the evaluation of safe motherhood programmes. The interpretation of the indicator is difficult in the absence of information on the indication for the procedure. Studies have shown that as prevalence of caesarean sections increases, the decision on whether to perform such an operation is increasingly based on fetal rather than maternal indications. Moreover, high rates for caesarean sections may hide unnecessary interventions (*3*–*6*), even in settings where there is an unmet need for caesarean sections. Nevertheless, in settings where rates for caesarean section are low and mainly done for maternal indications, crude population-based rates for caesarean section remain very useful as they are likely to reflect life-saving care (Stanton, Dubourg, De Brouwere, Pujades, & Ronsmans, 2005).

WHO establish Caesaria labor indicators 5–15% for every country, when it is not an indication Caesaria surgery can increase the risk of morbidity and mortality for the mother and baby.Globally, the prevalence of Caesarean Section increases every year. In Indonesia, national rate of mothers giving birth by Caesarean Section method is 15,3%. Caesarean Section needs medical indication and costs 3-5 times normal deliveries (Anggraini & Andayasari, 2013).

Maternal mortality was caused by indirect risk factors such as 3 delays: it was too late to take decisions and recognize the danger signs, referred delay, and the delay in medical treatment. One of prevention efforts was to delivery by health workers in health care facilities (Wulandari, Setiyadi, & Darnoto, 2014).

For this study, the researcher take a data from 2 hospital in Samarinda, there are from the private hospital and public hospital. From the preliminary study that the researcher get from Private Hospital on 2015, 573 patient with normal delivery, 1.058 patient with Caesarean Section. From Public Hospital the researcher get the data on 2015 totally 1.593 patient with normal delivery and 1.039 patient with caesarean section. So from this data we know that dominant case in the private hospital in Samarinda on 2015 is the patient with Caesarean Section, but it is different with public hospital that the dominant case is normal delivery. From this data, the number of Caesarean Section is higher than normal delivery in the Private Hospital In Samarinda. It is different with incidences of the caesarean section in the public hospital where normal delivery is higher than caesarean section.

General Objective of this study is to determine the factors contributing to Caesarean Section in the Private & Public Hospitals In Samarinda.

Hypothesis. There is a significant relationship between demographic data patients with Caesarean Section in the Private and Public Hospital In Samarinda.

METHOD

This research using retrospective study that using secondary data from the medical record to analyze the factors contributing to caesarean section in the private and public hospital in Samarinda. This study take the data from two hospital, there are private hospital and public hospital. And all the data will take from medical record from both hospital. The private hospital where the researcher take the data is one of the private hospital in Samarinda. This hospital have so many patients especially patients in obstetric and gynecologyc cases. And from the data so many patients who delivered their baby in this hospital. In preliminary study the researcher get the data that the caesarean section is higher than normal delivery in this hospital.

The another hospital where the researcher take the data is the public hospital. This public hospital is the bigest hospital in East Kalimantan. So many cases can be observed in this hospital. This hospital give a health care service for all the patients especially patients who will delivered her baby they will get health care service in this hospital by normal delivery and also by caesarean section if there is any abnormal condition. And from the preliminary study especially for the number of labor delivery, most of the patient delivered her baby by normal delivery.

Population in this study is all patient with the normal delivery and caesarean section from the medical record in the Privateand Public Hospital In Samarinda on 2016. Sampling technique that using in this study is purposive sampling, which the sample that was taken from the medical record based on the purpose this study. Inclusion criteria sampel for this study is all the data patient in the medical record with the caesarean section and normal delivery based on the demographic data in the private and public hospital in Samarinda on 2016. Exclusion criteria sampel for this study is all patient with caesarean section and normal delivery in the private and public hospital in Samarinda on 2016 that don't have complete data on the medical record. Sample size for the Public Hospital was 90 participants, and for the Private Hospital was 88 participants.

Data collection. The data for this study will be collected by checklist that will help the researcher to collect data from the medical record in the Private and Public Hospital in Samarinda. Tha data that have been collected will be analyse by using SPSS, and using univariate and bivariate analyzes. In this study analysis used Chi square. Test significance level of trust relationship used (α) 0.1. To view the strength of the relationship was analyzed by calculating the value Odds Ratio (OR) on Confidence Interval (CI) of 90%.

Limitation. Limitation for this study is limited to access the data in the private and public hospital. In this study the researcher only using the secondary data so we cannot get the depth data for analysis all the data for this study.

RESULTS AND DISCUSSIONS

PUBLIC HOSPITAL

In this reasearch, the researcher get a data from medical record at public hospital in Samarinda on 2016, especially from January-June 2016 that be used for sample in this research.

TABLE 1. THE INCIDENCES OF CAESAREAN SECTION IN THE PUBLIC HOSPITAL IN SAMARINDA ON 2016

No.	Delivery Methods	Frequency	Percent
1	Caesarean Section	35	38,9%
2	Normal Delivery	55	61,1%
	Total	90	100%

From this table we know that the number of sample from public hospital that using for this research is totally 90 patient, 35 is the patient with caesarean section and 55 patient with normal delivery. So we know that the dominant case in the pubic hospital is a normal delivery.

TABLE 2. DISTRIBUTION FREQUENCIES TABLE OF PATIENT AGEIN THE PUBLIC HOSPITAL IN SAMARINDA ON 2016

No.	Patient Age	Frequency	Percent
1	< 20 or >35 years old	26	28,9%
2	20-35 years old	64	71,1%
	Total	90	100%

Based on the table 2. we know that the most of patient age in the public hospital is between 20-35 years old there are 64 patient (71,1%), in this range if the ideal age for pregnant women to delivery their baby.

TABLE 3. DISTRIBUTION FREQUENCIES TABLE OF PATIENT PARITY IN THE PUBLIC HOSPITAL IN SAMARINDA ON 2016

No.	Patient Parity	Frequency	Percent
1	Primipara or Grande Multipara	31	34,4%
2	Multipara	59	65,6%
	Total	90	100%

From the table 3. we know that the most of the patient is a multipara there are 59 person (65,6%), is mean most of them have 2-5 times pregnant.

TABLE 4. DISTRIBUTION FREQUENCIES TABLE OF SOCIOECONOMIC STATUSIN THE PUBLIC HOSPITAL IN SAMARINDA ON 2016

No.	Socioeconomic Status of Patient	Frequency	Percent
1	Low (economic class / II-III class)	59	65,6%
2	High (I or VIP/Superior Class)	31	34,4%
	Total	90	100%

Table 4. show that the most of the patient in the public hospital is the patient with economic class there are 59 person (65,6%).

TABLE 5. THE CORRELATION BETWEEN PATIENT AGE WITH THE INCIDENCES OF CAESAREAN SECTION IN PUBLIC HOSPITAL

No	**Patient Age**	**Caesarean Section**		**Total**	**P_{value}**	**OR (CI-90%)**
		Yes	**No**			
1.	**<20 or >35 years old**	15 16,7%	11 12,2%	26 28,9%	0,020	3
2.	**20-35 years old**	20 22,2%	44 48,9%	64 71,1%		
Total		35 38,9%	55 61,1%	90 100%		

Based on table 5. we can analyze that P value is 0,020, its mean that there are have a corelation between patient age with the incidences of caesarean section in the public hospital. This is can be analysed because P value< 0,1. From this table we can see that OR 3its mean that a women who < 20 or > 35 years old have a risk 3 higher than a 20-35 years old women. So from this result we know that all the health worker should be prepared to to give a good service to the patient who has a risk age for a delivery her baby.

TABLE 6. THE CORRELATION BETWEEN PATIENT PARITY WITH THE INCIDENCES OF CAESAREAN SECTION IN PUBLIC HOSPITAL

No	**Patient Parity**	**Caesarean Section**		**Total**	**P_{value}**	**OR (CI-90%)**
		Yes	**No**			
1.	**Primipara or Grande Multipara**	16 17,8%	15 16,7%	31 34,4%	0,073	2,246
2.	**Multipara**	19	40	59		

	21,1%	44,4%	65,6%
Total	35 38,9%	55 61,1%	90 100%

Based on table 6. we can analyze that P value is 0,073, its mean that there are have a corelation between patient parity with the incidences of caesarean section in the public hospital. This is can be analysed because P value < 0,1. From this table we can see that OR 2,246 its mean that a primipara or grande multipara have a risk 2,246 higher than a multipara. So from this result we know that all the health worker should be prepared to to give a good service to the patient who has a risk for a delivery her baby.

TABLE 7. THE CORRELATION BETWEEN SOCIOECONOMIC STATUS PATIENT WITH THE INCIDENCES OF CAESAREAN SECTION IN PUBLIC HOSPITAL

No	**Socio economic**	**Caesarean Section**		**Total**	**P_{value}**	**OR (CI-90%)**
		Yes	**No**			
1.	**Low (II-III class)**	13 14,5%	46 51,1%	59 65,6%		
2.	**High (I or VIP/Superior class)**	22 24,4%	9 10%	31 34,4%	0,000	0,116
Total		35 38,9%	55 61,1%	90 100%		

Based on table 7. we can analyze that P value is 0,000, its mean that there are have a corelation between socioeconomic status of the patient with the incidences of caesarean section in the public hospital. This is can be analysed because P value < 0,1. From this table we can see that OR 0,116 its mean that a low socioeconomic status of the patient have a risk 0,116 lower than a high socioeconomic status of the patient.

PRIVATE HOSPITAL

In this reasearch, the researcher get a data from medical record at public hospital in Samarinda on 2016, especially from January-June 2016 that be used for sample in this research.

TABLE 8. THE INCIDENCES OF CAESAREAN SECTION IN THE PRIVATE HOSPITAL IN SAMARINDA ON 2016

No.	Delivery Methods	Frequency	Percent
1	Caesarean Section	59	67%
2	Normal Delivery	29	33%
	Total	88	100%

From this table we know that the number of sample from private hospital that using for this research is totally 88 patient, 59 is the patient with caesarean section and 29 patient with normal delivery. So we know that the dominant case in the private hospital for this study is the patient with caesarean section.

TABLE 9. DISTRIBUTION FREQUENCIES TABLE OF PATIENT AGEIN THE PRIVATE HOSPITAL IN SAMARINDA ON 2016

No.	Patient Age	Frequency	Percent
1	< 20 or >35 years old	21	23,9%
2	20-35 years old	67	76,1%

Total	88	100%

Based on the table 9. we know that the most of patient age in the private hospital is between 20-35 years old there are 67 patient (76,1%), in this range if the ideal age for pregnant women to delivery their baby.

TABLE 10. DISTRIBUTION FREQUENCIES TABLE OF PATIENT PARITYIN THE PRIVATE HOSPITAL IN SAMARINDA ON 2016

No.	Patient Parity	Frequency	Percent
1	Primipara or Grande Multipara	24	27,3%
2	Multipara	64	72,7%
	Total	88	100%

From this table we know that the most of the patient in the private hospital is a multipara there are 64 person (72,7%), is mean most of them have 2-5 times pregnant.

TABLE 11. DISTRIBUTION FREQUENCIES TABLE OF SOCIOECONOMIC STATUSIN THE PRIVATE HOSPITAL IN SAMARINDA ON 2016

No.	Socioeconomic Status of Patient	Frequency	Percent
1	Low (economic class / II-III class)	69	78,4%
2	High (I or VIP/Superior Class)	19	21,6%
	Total	88	100%

Table 11. show that the most of the patient in the private hospital is the patient with economic class there are 69 person (88,6%).

TABLE 12. THE CORRELATION BETWEEN PATIENT AGE WITH THE INCIDENCES OF CAESAREAN SECTION IN THE PRIVATE HOSPITAL

No	**Patient Age**	**Caesarean Section**		**Total**	**P_{value}**	**OR (CI-90%)**
		Yes	**No**			
1.	**<20 or >35 years old**	14 15,9%	7 8%	21 23,9%	0,966	0,978
2.	**20-35 years old**	45 51,1%	22 25%	67 76,1%		
Total		59 67%	29 33%	88 100%		

Based on this table we can analyze that P value is 0,966, its mean that there are haven't a corelation between patient age with the incidences of caesarean section in the public hospital. This is can be analysed because P value > 0,1. From this table we can see that OR 0,978 its mean that a women who < 20 or > 35 years old have a risk 0,978 lower than a 20-35 years old women. So from this result we know that all the health worker should be prepared to to give a good service to the patient who has a risk age for a delivery her baby.

So from this data we can compare with the research that have been done by Tati (2012) which said that the caesarean section is correlated with ageof the patient, like the result of this findings. Approximately 38% of mother's cesarean surgeries were primiparous, 75% not at high riskage for normal vaginal deliveries (less than 20 years old or over 35 years).This is same with the findings of this study the high risk factor to delivered the baby by caesarean section the patient's age it will increased the factors of caesarean section if the patient not on the range 20-35 years old.

Table 13. The Correlation Between Patient Parity With The Incidences Of Caesarean Section The Private Hospital

No	Patient Parity	Caesarean Section		Total	P_{value}	OR (CI-90%)
		Yes	No			
1.	Primipara or Grande Multipara	14 15,9%	10 11,4%	24 27,3%	0,287	0,591
2.	Multipara	45 51,1%	19 21,6%	64 72,7%		
Total		59 67%	29 33%	88 100%		

Based on this table we can analyze that P value is 0,287, its mean that there are haven't a corelation between patient parity with the incidences of caesarean section in the public hospital. This is can be analysed because P value > 0,1. From this table we can see that OR 0,591 its mean that a primipara or grande multipara have a risk 0,591 lower than a multipara.

Table 14. The Correlation Between Socioeconomic Status Patient With The Incidences Of Caesarean Section In The Private Hospital

No	Socio economic	Caesarean Section		Total	P_{value}	OR (CI-90%)
		Yes	No			
1.	Low (II-III class)	42 47,7%	27 30,7%	69 78,4%	0,019	0,183
2.	High (I or VIP/Superior class)	17 19,3%	2 2,3%	19 21,6%		
Total		59 67%	29 33%	88 100%		

Based on this table we can analyze that P value is 0,019, its mean that there are have a corelation between socioeconomic status of the patient with the incidences of caesarean section in the public hospital. This is can be analysed because P value < 0,1. From this table we can see that OR 0,183 its mean that a low socioeconomic status of the patient have a risk 0,183 lower than a high socioeconomic status of the patient.

DISCUSSION

Based on the analysed data in this research, we also can compare what is the factor that contributing caesarean section in the private and public hospital in Samarinda. In the public hospital the factor contributing caesaren section is patient age, patient parity and the socio economic status of the patient. But its different with the private hospital, from the three independent variable that have analysed only one variable from the demographic data patient that contributing the incidences of the caesarean section in this hospital, this is socio economic status patient.

Patient age is the factor that can contributing the incidences of the caesarean section in Samarinda. The patient who < 20 or > 35 years old have more higher risk to get delivery by caesarean section. But not for all the patient, so we are all of the health worker should given a good health care service and deepth observed to the patient who have a higher risk. If the patient who are have age on the risk age get a good ebserved maybe they can delivery her baby by normal delivery. So we wish that all of the

health care service is based on the Standard Operational Perocedure (SOP) we can reduce the incidences of the caesarean section.

Based on data RISKESDAS in 2010, therate of caesarean deliveries in Indonesia 15.3%. Cesarean figure in Indonesia has passed a maximum limit of WHOstandards. An overview mother Caesarean surgery; 64.52% reside in the city, maternal education 50.25% passed thejunior high school, and 47.5% in the poor quintiles (1 and 2), and approximately 72% of family heads jobs informal sector(farmers/laborer/not working). Approximately 38% of mother's cesarean surgeries were primiparous, 75% not at high riskage for normal vaginal deliveries (less than 20 years old or over 35 years). 80% of mothers in the section also do not havea history of fetal death and those with signs of complications during pregnancy only 15.4%. An overview the risk factors formother at delivery/surgery Caesaria were; only 13.4% due to premature rupture of membranes, also pre-eclampsia only5.49%, and 5.14% had bleeding, 4.40% due to the birth canal closed, and 2.3% due to the uterus tear (Suryati Tati, 2012).

According to this research we know that patient parity have a contributing for the incidences of the caesarean section. The patient who primipara (only the first time pregnant) or grande multipara (more than 5 times pregnant) have higher risk to get the delivery by caesarean section. All of the health worker should given a good health care service and deepth observed to the patient who have a higher risk. For the patient primipara should have to controlled her pregnant and should prepared for her delivery. And to reducing the risk factors from the patient with grande multi para, we are all health worker should give an education to all mother to use contraception. So with this rule we wish we can reduce the incidences of caesarean section by avoid the risk factor.

So from this data we can compare with the research that have been done by Tati (2012) which said that the caesarean section is correlated with parity status pf the patient, like the result of this findings. Approximately 38% of mother's cesarean surgeries were primiparous, 75% not at high riskage for normal vaginal deliveries (less than 20 years old or over 35 years). From the findings of this study the high risk factor to delivered the baby by caesarean section is the primipara and grande multi para. And also from the patient's age it will increased the factors of caesarean section if the patient not on the range 20-35 years old.

Socio economic status of the patient is the most factors that contributing the incidences of the caesarean section. Most of them using healthcare insurance from the government, but the insurance is only give a lower cost to the hospital.So some of the medicine or the treatment not covered by the insurance. So from this result, we can suggestion to the government to get evaluation the cost nominal that given to the hospital.

Especially for the hospital it will be best if give a train staff to provide education on factors related to complication on caesarean section to patient in the Private and Public Hospital In Samarinda. And also to all of the health worker to educate patient to reduce complication during delivery. So maybe it can be reduce the number of the caesarean section.

There are any research about the caesarean section, the study show that Factors affecting mothers choose Caesarean Section labor without a medical indication that the marital agreement of 86.4%, 81.8% knowledge, the socialfactor of72.7%, 59.1% normal laboranxiety, 54.5% confidence, a factoreconomy36.4%, and18.2% work (Salfariani. I, 2012).

The different with this study is the factors that contributing caesarean section or normal delivery is depend on the demographic data, is about patient age, parity and socioeconomic status patient.

Factors influencing caesarean section in China between 1988 until 2008. In 2008, 64.1% of urban women and 11.3% of women in the poorest rural region reported giving birth by caesarean section. A fast rise was occurring in all socioeconomic groups. Between 1993 and 2008, the risk of caesarean

section had increased more than threefold in urban areas (relative risk, RR: 3.63; 95% confidence interval, CI: 2.61–5.04) and more than 15-fold in rural areas (RR: 15.46; 95% CI: 10.46–22.86). After adjustment for improvements in income, education and access to health insurance over the study period, the RR dropped minimally in urban areas (RR: 3.07; 95% CI: 2.32–4.07), which suggests that these factors do not explain the rise; in rural areas, the adjusted RR dropped to 7.18 (95% CI: 4.82–10.69), which shows that socioeconomic change is only partly responsible for the rise. Socioeconomic region of residence was a more important driver of the caesarean section rate than individual socioeconomic status. The large variation in caesarean section rate by socioeconomic region – independent of individual income, health insurance or education – suggests that structural factors related to service supply have influenced the increasing rate more than a woman's ability to pay (Feng et al., 2012)

From this study is related with the study that have done in China on 2012, that socioeconomic is the one of the factor that contributing caesarean section in this country. Socio economic is the part that really important to make a solution to handle this problem, so the government should doing something to handle it. In Indonesia the government was give an insurance to the comunity. But in the implementation have so many trouble like the nominal that give to the health care center like hospital, clinic and another place. And also the satisfaction of the all of member that using this insurance should be attend by the government.

CONCLUSION AND SUGGESTION

From the result of this research we can compare the incidences of caesarean section in the private and public hospital in Samarinda on January - June 2016. Which in the public hospital the dominant case is normal delivery. But in the private hospital the dominant case is the patient with caesarean section.

Based on the analysed data in this research, we also can compare what is the factor that contributing caesarean section in the private and public hospital in Samarinda. In the public hospital the factor contributing caesarean section is patient age, patient parity and the socio economic status of the patient. But its different with the private hospital, from the three independent variable that have analysed only one variable from the demographic data patient that contributing the incidences of the caesarean section in this hospital, this is socio economic status patient.

All of the health worker should given a good health care service and deepth observed to the patient who have a higher risk. If the patient who are have age on the risk age get a good ebserved maybe they can delivery her baby by normal delivery. So we wish that all of the health care service is based on the Standard Operational Perocedure (SOP) we can reduce the incidences of the caesarean section.

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Socio economic status of the patient is the most factors that contributing the incidences of the caesarean section. Most of them using healthcare insurance from the government, but the insurance is only give a lower cost to the hospital. So some of the medicine or the treatment not covered by the insurance. So from this result, we can suggestion to the government to get evaluation the cost nominal that given to the hospital.

Especially for the hospital it will be best if give a train staff to provide education on factors related to complication on caesarean section to patient in the Private and Public Hospital In Samarinda. And also to all of the health worker to educate patient to reduce complication during delivery. So maybe it can be reduce the number of the caesarean section.

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