



## **Decision-Making for Mothers to Choose Cesarean Delivery Without Medical Indication in Labuhanbatu District**

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### **Article details:**

**Published:** January 2025



### **Abstract**

Normal delivery is a natural way of giving birth to a baby through the vagina, but if normal delivery through the vagina is not possible based on the risk of medical complications, it is necessary to give birth through surgery or Sectio Caesarea (SC). SC delivery should only be carried out if it is indicated that the mother cannot give birth normally, but along with technological developments in all walks of life, including the medical world, SC birth is starting to become a trend among society. Labuhanbatu Regency is one of the regencies/cities in North Sumatra whose SC birth rate exceeds the

established standard, namely a maximum of 15 percent. Data from the Labuhanbatu District Health Service, in 2022, of the 9,761 births at Health Facilities, 17.05 percent of births occurred via SC. The aim of this research is to explore the process and determinants of decision making for women giving birth without medical indications in choosing a caesarean section delivery in Labuhanbatu Regency. The research used is qualitative research with a phenomenological approach. The number of informants in this study was 8 informants from birthing mothers, 8 informants from husbands of birthing mothers, 3 obstetrician informants and 3 midwife informants. Research data was obtained through in-depth interviews using interview guidelines. The research results show that the decision making process goes through five stages, namely need recognition, information search, alternative evaluation, decision making and post-purchase behavior. The determinants of maternal decision making without medical indications in choosing caesarean section delivery in Labuhanbatu Regency are husband's support, income, motivation, perception, learning and reference group. It is hoped that the Labuhanbatu Regency Government can improve the quality of services by increasing counseling and education for pregnant women, providing training regarding preparation for normal childbirth for pregnant women and their husbands and making clear policies regarding SC deliveries that should be carried out.

**keywords :** delivery, section caesarea , decision making

### **To cite this article :**

Faridah Umami Rangkuti, Ida Yustina, S. N. (2025). Decision-Making for Mothers to Choose Cesarean Delivery Without Medical Indication in Labuhanbatu District. *International Journal of Health, Education & Social (IJHES)*, 8(1).



## Introduction

Normal delivery is the best method of childbirth. It is a natural way to give birth to a baby through the vagina and is considered the safest, lowest-risk, and most recommended option for a healthy pregnancy. If both the mother and baby are healthy and free from complicating factors, normal delivery is the preferred method compared to others. However, if normal vaginal delivery is not possible due to medical complications, a surgical delivery, or Caesarean section (CS), may be required.

According to the World Health Organization (WHO), the rate of Caesarean sections continues to rise globally, now accounting for over 21 percent of all births. This rate is expected to continue increasing in the coming decades, potentially reaching nearly one-third (29%) of total births by 2030, while WHO's recommended maximum for CS is 15 percent. The number of CS operations is expected to continue increasing globally, though unevenly, with the trend likely to persist (WHO, 2021).

Data from the National Social Security Council (DJSN) and the Indonesian Health Social Security Administration (BPJS) in 2022 show that CS delivery services have improved annually from 2019 to 2021. In 2019, of 2,536,581 deliveries, 1,107,530 (44%) were CS deliveries. This increased by 12% in 2020, with 1,460,666 (56%) of 2,618,392 deliveries being CS. In 2021, the rate rose by another 6%, with 1,836,605 (62%) of 2,972,010 deliveries being CS. This trend demonstrates a continuous rise in CS deliveries in Indonesia, surpassing WHO's recommended CS delivery rate, with North Sumatra Province being one of the regions exceeding the standard.

In 2022, CS deliveries in North Sumatra Province accounted for 22.33 percent. Out of 33 districts and cities in the province, 17 (51%) had CS delivery rates above 15 percent. The district with the highest CS delivery rate was Medan City at 53.73%, followed by Samosir Regency at 53.51%, North Tapanuli Regency at 37%, North Nias Regency at 34.04%, and Toba Regency at 29.25% (North Sumatra Provincial Health Office, 2023). This indicates that high CS delivery rates are not limited to major cities but are prevalent in various regions.

One district in North Sumatra with a CS delivery rate exceeding 15 percent is Labuhanbatu Regency. Data from the Labuhanbatu Regency Health Office show that in 2022, of 9,761 deliveries at health facilities, 82.95% were normal deliveries, while 17.05% were CS deliveries (Labuhanbatu Health Office, 2023).

According to WHO (2021), the factors contributing to the increased use of CS deliveries vary widely. These include policies, financing of health services, cultural norms, perceptions, premature birth rates, and the quality of healthcare services. Research by Sitorus and Purba (2019) identified both medical and non-medical factors influencing CS delivery rates. Medical factors include conditions related to the mother's health and the fetus. Non-medical factors include education, knowledge, labor anxiety, birth timing preferences, and insurance coverage. Another study by Idris and Anggraini (2022) found that geographical location, economic status, employment, education, age, healthcare workers, and insurance ownership also play a role in the decision to choose a CS delivery.



Based on the results of an initial survey conducted with 32 mothers who gave birth by Caesarean section (CS) in Labuhanbatu Regency, it was found that 10 respondents (31%) had CS deliveries without any medical indications. The reasons for choosing CS included feeling anxious and unable to bear the pain of contractions during natural childbirth (40%), wanting to give birth on an auspicious date (30%), having a negative previous experience with natural childbirth (10%), not wanting to injure the birth canal (10%), and work-related reasons, as the timing of a CS could be scheduled to avoid reducing maternity leave (10%). The remaining 22 respondents (69%) had CS deliveries with medical indications, such as hypertension, narrow pelvis, obstructed labor, preeclampsia, the baby being entangled in the umbilical cord, breech position, and post-term pregnancy.

Of the 10 respondents who had a CS delivery without medical indications, two (20%) decided to have a CS in the first trimester of pregnancy, six (60%) in the second trimester, and two (20%) in the third trimester. Seven respondents were giving birth to their first child, two were giving birth to their second child, and one was giving birth to her third child. All mothers who had a CS delivery without medical indications received full support from their families, especially their husbands. Additionally, all respondents had family incomes above the regional minimum wage (UMK) of Labuhanbatu.

The results of this initial survey are consistent with research by Yanti, Ismail, and Fatah (2022) in Banda Aceh City, which found that factors such as family and husband support influenced a mother's decision to choose a CS delivery. This aligns with the study by Suciwati, Carolin, and Pertiwi (2023) at the Bhayangkara Hospital in Bogor, which also indicated a relationship between husband's support and a mother's decision to choose a CS delivery.

Based on the survey results outlined above, the decision for a mother to opt for a CS delivery without medical indications is influenced by various factors. According to Lamb, Hair, and McDaniel (2011), consumer decision-making in choosing a service is influenced by four factors: cultural, social, personal, and psychological. Cultural factors include social class (income), social factors include family support, and psychological factors include perceptions, motivations, and learning. Each of these factors may influence a mother's decision to choose a CS delivery.

Based on this background, the researcher aims to conduct further research on the decision-making process of mothers in Labuhanbatu Regency who choose a Caesarean section without medical indications.

## **Methods**

This study uses a qualitative research design with a phenomenological approach. The research was carried out in Labuhanbatu Regency. The number of informants in this study consisted of 8 mothers who gave birth by cesarean section without medical indication, 8 husbands of mothers who gave birth by cesarean section without medical indication, and 6 experts, including 3 specialist doctors and 3 midwives. The study utilized primary data collected through interviews and documentation. The data analysis activities included data reduction, data display, and verification.



## Results

### Facility Data for Health Services

Table 1. Health Facility Data in the Labuhanbatu District

| No | Health Facilities              | Ownership  |         | Amount |
|----|--------------------------------|------------|---------|--------|
|    |                                | Government | Private |        |
| 1  | Hospital                       | 1          | 5       | 6      |
| 2  | Health Center                  | 15         | 0       | 15     |
| 3  | Village Health Post            | 50         | 0       | 50     |
| 4  | Clinic                         | 0          | 40      | 40     |
| 5  | Integrated Health Service Post | 553        | 0       | 553    |

Source : BPS Labuhanbatu, 2024

### Characteristics of Informants

Table 2. Characteristics of Key Informants / Mothers Giving Birth via C-Section Without Medical Indication

| Informant Code | Age ( Year ) | Education          | Work             | Birth History |
|----------------|--------------|--------------------|------------------|---------------|
| IB 1           | 22           | D3                 | Employee private | 1st child     |
| IB 2           | 19           | Senior High School | housewife ladder | 1st child     |
| IB 3           | 25           | S1                 | BUMN employees   | 2nd child     |
| IB 4           | 28           | S2                 | Lecturer         | 1st child     |
| IB 5           | 29           | S1                 | Housewife        | 2nd child     |
| IB 6           | 20           | Senior high school | Housewife        | 1st child     |
| IB 7           | 26           | S1                 | Teacher          | 2nd child     |
| IB 8           | 22           | D3                 | Housewife        | 1st child     |

Table 3. Characteristics of key informant / husband from Mother giving birth by CS without medical indication

| Code Informant | Age (Year ) | Education   | Work           |
|----------------|-------------|-------------|----------------|
| SI 1           | 25          | S1          | Self- Employee |
| SI 2           | 24          | D3          | Self-employed  |
| SI 3           | 28          | S2          | BUMD employees |
| SI 4           | 31          | S1          | Self-employed  |
| SI 5           | 29          | D3          | Entrepreneur   |
| SI 6           | 27          | Senior high | Self-employed  |



|      |    |        |                |
|------|----|--------|----------------|
| SI 7 | 30 | school | Self-employed  |
| SI 8 | 27 | D3     | BUMN employees |

Table 4. *Characteristics of expert informant*

| Code Informant | Age ( Year ) | Gender | Education Final                              | Work                                         |
|----------------|--------------|--------|----------------------------------------------|----------------------------------------------|
| DRK 1          | 46           | Man    | Medical specialist obstetrics and gynecology | Medical specialist obstetrics and gynecology |
| DRK 2          | 45           | Woman  | Medical specialist obstetrics and gynecology | Medical specialist obstetrics and gynecology |
| DRK 3          | 54           | Woman  | Medical specialist obstetrics and gynecology | Medical specialist obstetrics and gynecology |
| BDN 1          | 40           | Woman  | S1 Midwifery                                 | Midwife                                      |
| BDN 2          | 43           | Woman  | D3 Midwifery                                 | Midwife                                      |
| BDN 3          | 48           | Woman  | D3 Midwifery                                 | Midwife                                      |

### **Maternal Decision-Making Without Medical Indication in Choosing Cesarean Section in the Labuhanbatu District**

Decision-making is the process of choosing an alternative action, such as buying, using, or consuming goods or services. The decision-making process for mothers giving birth without a medical indication in choosing a cesarean section consists of several stages, including the identification of needs, information search, evaluation of alternatives, decision-making, and post-purchase behavior.

#### **Introduction of Needs**

The decision-making process begins with the introduction of needs. This is the stage when the mother realizes her expected needs, often driven by internal stimuli, such as personal experiences or desires for a specific objective. Based on interviews with 8 informants, the reasons for choosing a cesarean section without medical indication varied. Informant IB 2, for example, expressed a desire to avoid the pain of contractions during childbirth, stating:

*"I am the type of person who cannot endure pain. If I get sick during my period, I can have a fever and cry because of the pain. Especially during normal childbirth, I didn't want to feel the contractions. I also heard from a friend who gave birth normally that it was incredibly painful."*



(Informant IB 2)

In addition to avoiding the pain of contractions, another reason for choosing a cesarean section was the ability to choose the birth date, as mentioned by Informant IB 4:

*“We wanted our child to be born on a special date, right on the full moon. We wanted it to be the same date as our wedding anniversary.”* (Informant IB 4)

As seen in Table 6, Informants IB 1 and IB 4 chose a cesarean section without a medical indication to control the birth date. Informants IB 2, IB 3, IB 5, IB 6, IB 7, and IB 8 chose cesarean sections to avoid the pain of normal delivery contractions. Additionally, Informants IB 3, IB 5, and IB 7 chose cesarean sections due to trauma from previous births.

Table 5. *Requirements of Informant*

| Informant | Need                                                |
|-----------|-----------------------------------------------------|
| 1         | Want to determine date                              |
| 2         | Do not want Pain                                    |
| 3         | Do Not Want Pain or Trauma from Previous Childbirth |
| 4         | Want to determine date                              |
| 5         | Do Not Want Pain or Trauma from Previous Childbirth |
| 6         | Do not want Pain                                    |
| 7         | Do Not Want Pain or Trauma from Previous Childbirth |
| 8         | Can not stand of pain                               |

### Search for Information

The search for information is the second stage in the decision-making process. Informants who chose a cesarean section without a medical indication looked for information about cesarean delivery. Informants IB 3 and IB 6, for example, gathered information from friends and family members. This is consistent with the following interview excerpt:

*“Yesterday, a new friend also gave birth by cesarean section using the ERACS method. She said it was good but also painful. The cost wasn’t much different from regular cesarean section, so she recommended this method.”* (Informant IB 3)

In addition to asking friends, informants also searched for information online through social media and the internet, as noted in the following excerpt:

*“I started looking for info about cesarean section, starting by asking my friends about their experiences. Then, there’s a lot of information on social media and Google now.”* (Informant IB 4)

Moreover, informants also sought information from healthcare providers. The following interview excerpt reflects this:

*“When looking for information from healthcare providers, the midwives and doctors already provided information and education about normal delivery or cesarean section. This is in line with the statement from Informant DRK 2:*

*‘Mothers usually consult here, and the doctor must educate as much as possible, emphasizing that*



*normal delivery is the best, explaining the side effects and risks of cesarean delivery. Most importantly, if the mother still chooses cesarean, it should be done when the pregnancy is full-term.”* (Informant DRK 2)

This statement aligns with the views of two other doctors and three midwives. Doctors and midwives emphasized normal delivery but also explained the differences between normal delivery and cesarean section. The education was reinforced during each visit.

### **Evaluation of Alternatives**

In the evaluation of alternatives, informants compared different delivery methods to determine which option best met their needs. Informants considered both normal delivery and cesarean delivery. For all informants, the final choice was cesarean delivery. This is in line with the interview excerpts from Informants IB 1 and IB 6:

*“Because I feel that normal delivery wouldn’t match the doctor’s specified date, I just wanted a cesarean so I could choose the date.”* (Informant IB 1)

*“I was scared and couldn’t endure the pain if I had a normal delivery, like my sister-in-law who just gave birth. She waited two days for normal labor contractions but ended up having a cesarean because she couldn’t stand the pain. Afterward, I asked her how the pain compared between normal contractions and cesarean, and she said it was the same.”* (Informant IB 6)

Informant IB 8 didn’t evaluate alternatives because initially, she wanted a normal delivery. However, because she couldn’t endure the pain from contractions, she ultimately chose a cesarean. Here’s the interview quote:

*“From the beginning, I wanted a normal delivery, but because the contractions were so painful, I decided on a cesarean section.”* (Informant IB 8)

### **Purchase Decision**

From the previous stages, it is clear that the informants chose cesarean delivery for various reasons. The results from the interviews with 8 informants show that two informants decided on cesarean delivery because it allowed them to choose their preferred birth date. Six informants chose cesarean delivery to avoid the pain of normal contractions. Additionally, three out of these six informants chose cesarean delivery due to negative experiences with previous births. A total of seven informants went through the decision-making process before choosing cesarean delivery. They searched for information as thoroughly as possible from doctors, social media, the internet, and friends or family with prior cesarean experiences. However, one informant (IB 8) did not follow this decision-making process. Instead, she made a spontaneous decision due to the onset of labor contractions and the inability to tolerate the pain, ultimately opting for a cesarean.

### **Post-Purchase Behavior**

After making a decision and using the service, individuals experience varying levels of satisfaction. At this stage, informants assess whether their choice met their expected needs. The interview results from the eight mothers show that their post-purchase behavior aligned with their



expectations. Here is a quote from one of the informants:

*"I'm satisfied because even though there was only a two-week difference from the expected delivery date, the doctor said that I could still have the cesarean. I was able to use that time to care for my baby."* (Informant IB 1)

*"I am satisfied, thank God, the delivery went smoothly. I and the baby are also healthy."* (Informant IB 6)

*"I'm satisfied, yes, I didn't have to feel contractions like with my first child."* (Informant IB 7)

*"Alhamdulillah, I'm satisfied, the baby was born quickly and is healthy."* (Informant IB 8)

The excerpts above show that there is satisfaction felt by the informants after choosing the cesarean delivery service. This aligns with the theory of Lamb, Hair, and McDaniel (2011), which suggests that when consumers purchase a service, they expect certain outcomes from their purchase. The research results on decision-making for mothers giving birth without a medical indication and choosing cesarean delivery show that several determinants influence their decisions. Some of these determinants include:

### **Support**

The support of a husband is a key determinant in the decision-making process for mothers giving birth without a medical indication when choosing cesarean section delivery. Based on interview results, the support of a husband plays a crucial role in influencing the mother's decision to choose a cesarean delivery, as mothers feel their choice would not be possible without their husband's support and involvement in the delivery process. The interview results show that all informants who gave birth received support from their husbands to undergo a cesarean delivery. Here are some quotes from the interviews:

*"The most important is my husband's support. If there's no support from him, I wouldn't be able to go through with this cesarean delivery."* (Informant IB 5)

*"My husband supported me; he even recommended that I talk to the doctor about having a cesarean section."* (Informant IB 8)

These statements are consistent with those from obstetricians and midwives, who also agree that the support of the husband is a determinant in the decision-making process for mothers choosing cesarean delivery without medical indication. Experts agree that the desire to give birth by cesarean would not occur without the husband's permission and support.

### **Income**

Income is another important determinant in the decision-making process for mothers giving birth without a medical indication when choosing cesarean section delivery. Based on interview results, the family income of all informants was above the Labuhanbatu Regency minimum wage (Rp. 3,228,339 per month, as per the Governor's decree of 2023). Among the 8 informants, 4 were women working in the formal sector with monthly incomes ranging from Rp. 3 million to Rp. 6 million, while the other 4 informants were housewives, with monthly incomes from their husbands ranging from Rp. 3 million to Rp. 4 million.



Among the 8 husbands of the informants, 3 worked in the formal sector with monthly incomes between Rp. 4 million and Rp. 6 million, while 5 worked in the informal sector with monthly incomes ranging from Rp. 5 million to Rp. 10 million. Overall, the family income of all informants was above the Labuhanbatu Regency minimum wage.

All informants agreed that income is a determinant in the decision to choose cesarean delivery without a medical indication. As stated by Informant IB 4:

*"According to me, income influences this decision. People with higher incomes or savings tend to have more choices when it comes to deciding how they want to give birth."* (Informant IB 4)

Interview results from all informants revealed that the cost of cesarean delivery is high, particularly when personal preferences are not covered by insurance. Based on information from one of the public hospitals in Labuhanbatu Regency, the cost of a cesarean delivery ranges from Rp. 10 million to Rp. 14 million. However, all informants stated that their families were able to finance the cesarean delivery. Two informants had saved specifically for childbirth, while the other six informants received financial support entirely from their husbands.

This is in line with the results from interviews with expert informants, who confirmed that income is a determinant in the decision-making process for choosing cesarean delivery without medical indication. As mentioned by Informant DRK 1:

*"It affects the decision. Mothers who decide on cesarean delivery without a medical indication tend to be from middle to upper-income families, especially those who have set aside special funds for childbirth. They are more able to choose the type of delivery they want."* (Informant DRK 1)

Both Informant DRK 1 and Informant BDN 3 agree that family income plays a significant role in the decision-making process for mothers choosing cesarean delivery without medical indication.

## **Motivation**

Motivation is a determinant in the decision-making process for mothers giving birth without a medical indication when choosing cesarean section (CS) delivery. Motivation serves as the basis for the mother's choice, even when there is no medical indication for a CS delivery. This is in accordance with the following interview excerpts:

*"I chose a cesarean because I wanted my son's birth date to be the same as our wedding date."* (Informant IB 4)

*"My motivation for choosing a CS was that I didn't want to feel the pain of contractions, especially since I gave birth before. I couldn't bear to go through that again; it was traumatic."* (Informant IB 7)

*"I couldn't stand the pain of contractions anymore. It was only at 2 cm dilation, but it hurt so much, so I chose CS."* (Informant IB 8)

The results of interviews with all the informants indicate that the motivation for choosing CS delivery without a medical indication varies. The research identified several motivations for this decision, including: 1) wanting to choose the birth date, 2) being unable to tolerate the pain, and 3) not wanting to repeat the experience of a previous painful delivery.



These findings are supported by expert informants, who also identified motivation as a key determinant in the decision to choose CS delivery without a medical indication. This is consistent with the following expert interview excerpt:

*“Yes, that's correct. Mothers who choose cesarean delivery without medical indication often have specific motivations, such as not wanting to feel the pain of labor, wanting to protect their femininity, wanting to give birth on a meaningful date, and other reasons.”* (Informant DRK 1)

According to expert informants, all agreed that motivation is a determinant in the decision-making process for mothers choosing CS delivery without a medical indication. Experts also emphasized that while choosing a mode of delivery is a mother's right, doctors must provide clear information about the potential risks and ensure the elective delivery is safe for both mother and baby.

### **Perception**

Perception is another determinant in the decision-making process for mothers giving birth without a medical indication when choosing CS delivery. Throughout pregnancy, women often experience discomfort, which can lead to anxiety and fear, influencing their perception of labor. The pain during contractions and vaginal delivery often causes women to fear giving birth vaginally. Based on interview results, all informants expressed the perception that normal delivery is painful, which made them afraid of labor. Here are some excerpts from the interviews:

*“Normal delivery seems painful. A cesarean is better because you're anesthetized during the birth, so you don't feel anything.”* (Informant IB 1)

Interview results also showed that informants who had previously experienced normal labor perceived the pain of vaginal delivery as much more intense compared to a CS delivery. Additionally, Informant IB 8, who spontaneously chose a CS delivery after experiencing painful contractions, stated:

*“It hurt so much this time. I couldn't stand it. I couldn't wait until the opening was complete.”* (Informant IB 8)

The results of interviews with expert informants reveal that most mothers who choose CS delivery without a medical indication do so because of their perception of the pain during normal delivery. The research shows that mothers worry they won't be able to tolerate the pain of normal delivery. This perception often stems from personal experience or from hearing about others' experiences with childbirth.

### **Learning**

Learning is another determinant in the decision-making process for mothers giving birth without a medical indication when choosing CS delivery. Experiences from previous childbirths, especially unpleasant ones, contribute to a fear of repeating the same painful or uncomfortable experience. This is in accordance with the following interview excerpt:

*“I experienced a lot of pain during my first child's normal delivery, and I didn't think I could bear it again if I had to go through contractions.”* (Informant IB 4)



The above interview excerpt explains that the informant chose a CS delivery for her second child because of the unpleasant experience of her first normal delivery. This experience became a learning opportunity for the informant, leading her to avoid the same discomfort in future deliveries.

Expert informants also support this view, stating that a mother's previous birth experiences significantly influence her decision for future pregnancies. Positive birth experiences often lead to better postpartum outcomes and influence the choice of delivery method for subsequent pregnancies. Here are some expert interview excerpts:

*"Previous birth experiences can influence the mother's decision to choose the method of delivery for the next pregnancy. Positive birth experiences lead to better postpartum function, which influences the choice of delivery method."* (Informant DRK 1)

*"There is an influence. Usually, mothers who want a cesarean in their second pregnancy or later do so because they experienced trauma or unpleasant moments during previous births."* (Informant BDN 2)

These expert insights show that both positive and negative childbirth experiences can shape a mother's decision-making process for future deliveries. Additionally, information from friends or family members who have had similar experiences can strengthen the decision to choose CS delivery.

### **Other Factors**

The results of the interviews reveal that there are additional factors influencing the decision of mothers giving birth without a medical indication to choose CS delivery. One of these factors is support group references.

The research shows that support group references are a determinant in the decision-making process for mothers giving birth without a medical indication to choose CS delivery. Based on interviews, the support group references influence the decision because the informants come from diverse educational and professional backgrounds, such as private sector employees, local government employees, lecturers, teachers, and housewives. This means that not only family members provide support in the form of advice and experiences, but group references such as friends and colleagues also play a role. This is highlighted in the interview with Informant IB 6: *"A friend who had a cesarean told me that if you don't want to experience the pain of labor, just choose a cesarean."* (Informant IB 6)

Interview results from 8 informants revealed that 4 of them received support from group references. These references often came from close friends or colleagues at work. Frequent interactions with friends and coworkers allow the exchange of information, including direct experiences with CS delivery and normal delivery.

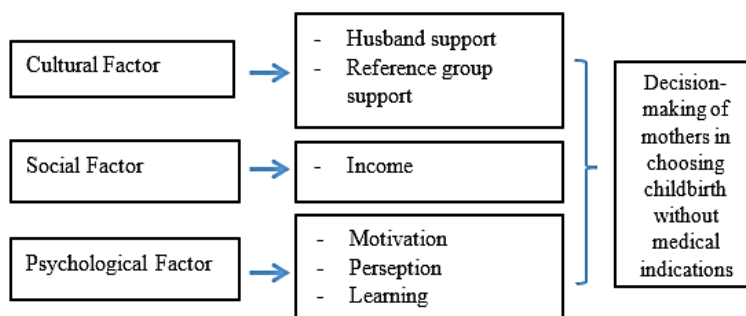


Figure 9. Themes and Subthemes Influencing Factors in the Decision-Making Process for Mothers Giving Birth Without a Medical Indication to Choose Cesarean Delivery

## Conclusion

The process of decision-making for mothers giving birth without a medical indication to choose a cesarean delivery goes through five stages: introduction of needs, information search, evaluation of alternatives, purchase decision, and post-purchase behavior. The determinants influencing the decision of mothers giving birth without medical indications to choose a cesarean delivery in Labuhanbatu Regency are: 1) husband's support, including material support (such as preparing childbirth costs), moral support (helping the mother during pregnancy, accompanying her to pregnancy check-ups, and being present during labor), and psychological support (providing peace of mind and comfort when the wife is anxious); 2) income, where all informants agreed that income plays a role in the decision to choose cesarean delivery without medical indications. The monthly family income of all informants is above the Regency UMK Labuhanbatu; 3) motivation, where the motivation for mothers to choose cesarean delivery without a medical indication includes the desire to choose the birth date, not wanting to endure pain, and not wanting to repeat the labor experience from a previous birth; 4) perception, where informants believe that normal childbirth is painful, leading to a fear of undergoing normal delivery; 5) learning, where past childbirth experiences serve as a lesson for informants to avoid the same difficulties in future labor. An additional determinant found in this study is group reference, where the support group encouraging informants to decide on cesarean delivery without medical indication includes close friends or coworkers.



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