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Antenatal care provider and cesarean section in urban areas in Indonesia

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Abstrak

Trends of cesarean section trend in Indonesia (2007-2012) have doubled the risk of long-term and short-term health problems. This study was aimed to determine relation between antenatal care provider and cesarean section. This quantitative study used cross-sectional design with a total sample of 5,143 women aged 15-49 years who gave birth to the last child through cesarean section or not as in urban areas selected in samples of 2012 Indonesia Demographic and Health Survey. Logistic regression multivariate analysis was used to determine relation between antenatal care provider and section cesarean, which was controlled by maternal age, antenatal care facility, parity, and place of birth. Results showed that antenatal care at obstetrician was 6.6 times higher, while antenatal care at obstetrician and midwife was 2.1 times higher for cesarean section compared to women who had antenatal care at midwife after controlled by maternal age, antenatal care facility, parity, and place of birth. There is interaction between socioeconomic status and obstetrician for a cesarean section. Regulation on cesarean section by health authority, as well as protective and preventive labor applied towards on the high economic class community may reduce unnecessary cesarean section. Trends of cesarean section trend in Indonesia (2007-2012) have doubled the risk of long-term and short-term health problems. This study was aimed to determine relation between antenatal care provider and cesarean section. This quantitative study used cross-sectional design with a total sample of 5,143 women aged 15-49 years who gave birth to the last child through cesarean section or not as in urban areas selected in samples of 2012 Indonesia Demographic and Health Survey. Logistic regression multivariate analysis was used to determine relation between antenatal care provider and section cesarean, which was controlled by maternal age, antenatal care facility, parity, and place of birth. Results showed that antenatal care at obstetrician was 6.6 times higher, while antenatal care at obstetrician and midwife was 2.1 times higher for cesarean section compared to women who had antenatal care at midwife after controlled by maternal age, antenatal care facility, parity, and place of birth. There is interaction between socioeconomic status and obstetrician for a cesarean section. Regulation on cesarean section by health authority, as well as protective and preventive labor applied towards on the high economic class community may reduce unnecessary cesarean section.