

© 2018 The Author(s)

This is an Open Access article distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ORIGINAL RESEARCH

ISSN: 2477-4073

## ABORTION AND ITS INFLUENCING FACTORS: A QUALITATIVE STUDY IN THE DETENTION CENTER

Rini Hendari\*, Dahlan H. Ahmad, Martiningsih

Program Studi D-IV Keperawatan, Bima Politeknik Kesehatan Mataram Kementerian Kesehatan Republik Indonesia

\*Corresponding author:

Rini Hendari, S.Kep. Ns, M.Kes

Program Studi D-IV Keperawatan, Bima Politeknik Kesehatan Mataram Kementerian Kesehatan Republik Indonesia  
Jln. Prabu Rangkasari, Dasan Cermen, Kel. Sandubaya, Mataram Telp. 0370 631160 Fax. 0370 621383

Email: [rinihendari@yahoo.co.id](mailto:rinihendari@yahoo.co.id)

### Abstract

**Objective:** This study was to explore the actions and factors causing abortion, killing and disposal of babies qualitatively in the detention center of Class II B, Raba Bima, West Nusa Tenggara, Indonesia.

**Methods:** This was a descriptive qualitative study with six respondents who were purposively selected. Content analysis was used for data analysis. Member-checking and crosscheck triangulation were performed to ensure the trustworthiness of the data.

**Results:** Findings emerged from data, namely: factors that cause adolescent abortion, killing and disposal of baby (internal factors, family factors and partner factors), the way to do those actions (to take medicine, by the help of health workers, shaman and the nearest person), and behavior after doing abortion, killing and disposal of baby.

**Conclusion:** Understanding the factors affecting abortion, killing and disposal of baby among adolescents and the way how they did them as well as their behavior after all of these activities might help health practitioners to find the strategies to reduce the incidence of unwanted pregnancy which lead to abortion, killing and infant disposal.

**Keywords:** abortion; killing and disposal of baby; adolescent

### INTRODUCTION

In the era of globalization, science and technology is growing very rapidly. The advance of technology makes people more accessible to the windows of the world by phone, television, electronic media and the Internet. This development can have both positive and negative impacts ([Soejoeti, 2001](#)). The use of appropriate technology will be able to increase the society's insight progressively. However, errors in the utilization of this technology affect the potential for negative and criminal acts, for example sites about sex, porn pictures and videos. Western culture has entered Indonesia freely through foreign tourists who come to Indonesia ([Musthofa & Winarti, 2010](#)).

The inability of the people in selecting western culture has resulted in a cultural shift, which moral values are no longer held up in the society. This is very worrying, especially for teenagers. Adolescents who have graduated from high school are in the middle teenage stage (13-15) years and adolescents in college are in the final teenage stage (16-19 years), which based on their developmental psychology, they begin to look for identity with the existence of a desire for dating or interest in the opposite sex, thinking ability (fantasy) begins to grow, having a fantasy about things related to sexual, beginning to reveal the freedom of self and realizing the

feeling of love ([Widyastuti, Rahmawati, & Purnamaningrum, 2009](#)).

Provision of facilities such as smartphone and laptops / notebooks without good supervision and guidance makes teens more accessible to porn sites. The results of a previous study of 200 teenagers who had had sex outside of marriage revealed that 8 teenagers among them had had sex outside of marriage at age <16 years, 64 teenagers did it at the age of 16-18 years and 128 teenagers at age >18 years. This shows how apprehensive the condition of the next generation of the nation, which the feeling of shame culture is no longer upheld ([Suryoputro, Ford, & Shaluhiyah, 2006](#)). The behavior of free sex among teenagers has been very disturbing to the public. Free sex generally leads to unwanted pregnancies. The moral crisis makes many teens pregnant without being married, who then attempt to do abortion.

Every year there are 2.6 million cases of abortion. A total of 700,000 abortion are teenagers or girls under 20 years old, of which 11.13% of abortion cases of unwanted pregnancy cases. The increase of free sex culture in Indonesia has poisoned the public, especially the younger generation, with high rate of sexual violence and pregnancy outside of marriage ([Widyastuti et al., 2009](#)).

In some cases, many of the sex offenders kill the baby they have born and throw or bury the baby when the abortion is unsuccessfully implemented. This is recorded in the database of the police of Bima City Indonesia that revealed cases of murder, infant disposal and infant planting period on April to September 2015, which recorded as many as 3 cases that have been completed in the court. While in Bima regency also has the same cases (4 cases) in the period of June to December 2015, and at the beginning of 2016 there was a case of baby disposal at Panda Village of Bima District. Many more cases that are probably have not been revealed ([Polres BIMA, 2015](#)).

Based on interview in the preliminary study in the citizens in October 2015 revealed that many teenage girls who had free sex behavior were pregnant and did the abortions, especially who lived in an apartment. Thus, the purpose of this study was to explore the actions and factors causing abortion, killing and disposal of babies qualitatively in the detention center of Class II B, Raba Bima, West Nusa Tenggara, Indonesia.

## METHODS

### *Study design*

This was a descriptive qualitative study to explore the actions and factors causing abortion, killing and disposal of the baby.

### *Setting*

This research was conducted in the Detention Center of Class II B, Raba Bima, West Nusa Tenggara, Indonesia, from July to November 2016.

### *Sample*

Six respondents were purposively selected as they had more information regarding abortion, disposal and infanticide. The selection of the respondents was conducted by finding key informants in advance of abortion actors who had been subject to legal sanctions (prisons), who were still serving punishment or post-punishment. Besides, to achieve saturation of data, researchers looked for informants who were not subject to legal sanctions, because they did not get caught doing the act of abortion. For research subjects who had been subject to legal sanction and subject post-punishment, the researchers obtained direct data from the Detention Center of Class II B Raba Bima, while for the subject of research which was not subject to sanction, the researchers got the information from the condemned perpetrator, which was colleague friends and roommate.

### *Data collection*

Data were collected by the researchers themselves assisted by three lecturers who had received training and one lecturer

assistant using in-depth interviews in the private room, and all data were captured and recorded using voice recorder. Open questions were used and followed until data saturated. Interviews for informants outside the detention facility, the research team made informal contacts via cell phone first to request approval of the interview. Furthermore, after obtaining the consent, the researchers then met in the place that had been determined by the informants.

#### *Data analysis*

Data were analyzed in three steps: preparing transcription, coding and categorizing and drawing conclusions. Content analysis was used. Member-checking and cross-check triangulation were performed to ensure the trustworthiness of the data.

#### *Ethical consideration*

This study has been approved by the Research Ethics Commission with approval number 115 / UN 18.8 / ETIK / 2016, and study permission from the Head of Class II Class B Raba Bima, on the recommendation of permission from the Ministry of Law and Human Rights of the Republic of Indonesia, West Nusa Tenggara Regional Office. The researchers confirmed that each respondent has obtained an appropriate informed consent.

## RESULTS

### Characteristics of Participants

The characteristics of 6 respondents were: (1) Informant "1" is currently 19 years old, unmarried, a student at one private university in Bima, (2) Informant "2" is currently 23 years old, undergoing the punishment process in second class B Raba Bima. (3) Informant "3" is currently 23 years old, working as a shopkeeper, (4) Informant "4" is currently 22 years old, married, has served his sentence., (5) Informant "5" is a college friend of "N" currently 23 years old, student and unmarried, and the informant "6", 21 years, is currently serving a sentence.

**Table 1** Characteristics of participants

Characteristics	n	%
Age at first sex		
<20 years old	1	16.6
>20 years old	5	83.3
Previous educational background		
Senior High School	6	100
Frequency of having sex		
1-5 times	6	100
Number of sex partners		
1	6	100
Duration of dating to decide having sex		
8-12 months	3	50
>1 year	3	50
Age of doing abortion		
<20 years old	1	16.6
>20 years old	5	83.4
Gestational age		
2-4 months	3	50
> 4 months	3	50

**Table 2** Characteristics of respondents for data triangulation

Informant	Age	Relationship with informant	Education	Occupation
OI	30	Mother of Informant "1"	Junior High School	Housewife
OS	33	Mother of Informant "2"	Elementary school	Farm laborer
OA	28	Mother of informant "4"	Junior high school	Farm laborer
Bd	50	A midwife who helped doing abortion of informant "6"	Diploma III	Civil servant
Db.	45	A shaman who helped informant "2"	Elementary school	Housewife

### Factors causing abortion, killing and infant disposal

The results of interviews that the factors causing adolescents to perform the act of abortion of killing and disposal of baby were as the following:

#### *Internal factor*

The internal factor refers to the conditional factor in which the perpetrator was not ready to marry, and the partner did not want to be responsible. This is explained in the following statements:

"...My boyfriend and I were not yet ready to get married..." (Informant 2)  
"...I did the abortion because my boyfriend ran from responsibility, he did not want to responsible..." (Informant 1).  
"...I also did not want to have children; I still want to study..." (informant 4)

#### *Family factor*

Family supports the informants to have abortions, murder and disposal of babies due to the family embarrassment if their children got pregnant. In addition, parents did not agree if their children got married early. This is explained in the following statements:

"...When my parents knew I was pregnant, then they were surprised and I also wanted to continue studying in the college, my parents thought it was better to do abortion only, instead of getting married early. It was ashamed for the family..." (Informant 2)  
"...My parents did not like my boyfriend because he was unemployed, while I was still a student..." (Informant 6)

#### *Partner factor*

A partner is one influencing factor to have an abortion, killing and disposal of baby. Those who have no intention to do those forbidden activities, but with the influence of a partner/couple, it may be happening. This is explaining in the following statements:

"... She actually did not want an abortion and marriage, but I postpone to do that..." (Informant 2)  
"...He said that he would marry me, but until waiting for quite long time, there was no certain answer, then we broke up..." (Informant 4)  
"...I did the act of abortion because I was not ready to have children, and I was not married, I did not want people knew if I was pregnant but unmarried..." (Informant 3)

#### **How to do an abortion**

There were several ways to do abortion found from the data.

##### *Taking medication*

Taking medication is one way to do abortion. This is explained in the following statements:

"...Initially I had an abortion by experimenting with a medicine for one time, which is instantly miscarriage by taking gastrum medication..." (Informant 1)  
"...The time when I knew I was pregnant, I wasn't thinking to go to midwives for abortion, only for drinking pills but there was no effect. When my parents knew that I was pregnant, they felt embarrassed then they wanted me to do abortion..." (Informant 2)

"...At that time my boyfriend came to me and gave me the medicine that he bought at the pharmacy. He asked me to take the medicine, and I immediately took the medicine in front of him. And it turned out after taking the drug, I was having a miscarriage ..." (informant 5)

##### *Health worker assistance*

With the help of health worker assistance, particularly midwives, is one of the methods to do abortion. This is explained in the following statements:

"...Well at that time, I saw it first where the midwife stayed, where her work, and in which village. In addition, I had a friend there, so I knew..." (Informant 4)  
"...I was asked to do abortion by my parent and brought me to midwife. It had been 4 times doing that but no effect..." (Informant 2)

##### *Shaman help*

Some people still believe with the shaman as a part of the tradition. And the shaman can also help doing abortion. This is explained in the following statement:

"...My boyfriend brought me to the shaman (female), took me into a room and I was so afraid during that time..." (Informant 5)

##### *The nearest person helps*

The informants confessed at the time of the abortion there were several people who helped doing abortion such as boyfriend. This is explained in the following statement:

"...My stomach was being pushed by my boyfriend so hard, and put something inside into my vagina, which was so painful..." (Informant 6)  
"...My boyfriend helped me to do abortion by drinking gastrum and energy drink..." (Informant 1)

#### **Adolescent behavior after abortion, killing and baby disposal**

The informants stated that they did feel regret after doing an abortion, the killing and disposal of the baby. Sometimes they felt pain but still having sex with the couple without feeling afraid to get pregnant again. This is explained in the following statement:

"...After the abortion I felt regret, because at that time I was afraid and pain. There was no sense of weakness because of the fear, immediately just do abortion spontaneously..." (Informant 1).  
"...After doing that, there was still a sense of regret, and I often feel pain inside my uterus, which probably because it was not handled well..." (Informant 2)

"...Yes, after my abortion, I still have sex only occasionally because my boyfriend often back to his village, so we rarely see too..."(Informant 3)

"...I will not do it again; some people were being reported and caught..."(Informant 6)

## DISCUSSION

### Factors causing abortion, killing and infant disposal

Various reasons for abortion conducted by the informants, among others, (1) the internal factors of the perpetrators who were not ready to get married, have planned to abortion if getting pregnant, afraid to get negative stigma in society, afraid of ostracized and no plan to go to health workers; (2) the family factor that the respondents were afraid of parents and did not want to make family embarrassed, and parents willingness for abortion due to disagreement with the couple and they wanted their child to continue education, besides, they were still young and did not work yet; (3) the partner factor was also the reason that the couple was not ready to have greater responsibilities associated with marriage and have children for several reasons such as not yet ready to marry, husband of the other woman, and having more than one sexual partner.

The internal factors are behaviors that arise from within an individual, in the sense that abortion behavior arises because of the pregnant woman is not possible to give birth because it can cause death ([Hastuti, 2008](#)). According to study, the bio-psychosocial condition of students experiencing a transition period makes students vulnerable to temptation, so that many students are trapped into sexually active marriage ([Andayani & Setiawan, 2005](#)). It leads to a consequence that one day there will be an unwanted pregnancy. Students who experience a pregnancy without being married will experience a dilemma in making a decision. The decision process is faced with two considerations, namely internal considerations and external considerations. As revealed by study that internal considerations include a commitment with a partner to establish a

long-term relationship in a marriage, attitudes and perceptions of the embryo, subjective perceptions of psychological and economical readiness to marry, and attitude to abortion ([Andayani & Setiawan, 2005](#)). Whereas external factors include attitudes and acceptance of parents of partners, community appraisal, normative and ethical values of religious institutions, the possible changes in the implementation of the decision-making. Thus, it can be concluded that the existence of high sexual behavior leads to sexual intercourse that will encourage someone to have a permissive attitude to abortion ([Andayani & Setiawan, 2005](#)).

This is also in line with the results of the research of Made Kurnia W stated that one of the factors that support teenagers choosing an abortion is because they do not want to a single parent ([Giri, 2013](#)). When adolescents experience unwanted pregnancy, they are faced with a very difficult choice because they are still young to be a parent and have a high risk of having a child, so 37% of them do not want a baby or 35% have an abortion and only 14% want to continue their pregnancy. A very important factor that affects teenagers in making abortion decisions is parents, especially mothers and their spouses, high socioeconomic backgrounds and the desire to continue their studies. In addition, study suggests other factors that influence a teen's positive attitude towards abortion are knowledge of the risks of abortion, information, socio-economic, cultural, and religion. While adolescents who have negative attitudes toward abortion are influenced by fear because of immature, not ready to marry, embarrassed with the surrounding community, fear of being expelled from school, feeling unable to continue school, not daring to play with peers, cannot continue school, and unclear future ([Zulhidayat, 2016](#)).

Based on three high school students in Belik District who have done abortion stated that each of them has done abortion on the basis of fear when parents know, shame on friends or get sanction from the school if they are found

pregnant. The way to do abortion is by drinking herbs, bleaching medicines or by abdominal massage with a shaman. WHO indicated that abortion perpetrators know that abortion is a dangerous, causing illness, fetal disability if abortion is unsuccessful and even death, but they still continue abortion because it considers as a solution ([World Health Organization, 2011](#)). The reason women make an abortion attempt to end her pregnancy is unprepared for shyness, job reason, unmarried, family economic condition, number of children, and too close pregnancy distance.

Another factor is the family factor, particularly the role of parents. The decision of illegal abortion undertaken by teenagers is also motivated by family social control. In Bima regency, pregnancy cases in adolescents that led to the incidence of abortion based on the results of in-depth interviews obtained that, teenagers did when his parents were not at home, when parents had to work in fields far from home, thus there was no such a control or observation to the children. This is in line with the results of the study stated that the poor relationship and lack of communication between adolescents and family can lead to a lack of family social control that causes teenagers to think they are free to do anything, premarital sex and illegal abortion ([Hertanti, 2013](#)).

Similarly, it is said that the reasons why these citizens act are because of the historical events (past) that affect their character, and understand the actions of the perpetrators who live in the present. In addition, it is found that mobility and high activity in urban areas cause the parents have no attention to their children well. For example, working hours that require parents to go home in the afternoon, coupled with the meeting and work overtime that adds working hours, so when it came to home, the parents hardly have time for their children. The parents who do not work is also not necessarily to be close to his/her children, because the time spent by children more with their friends than with family.

### **How to get an abortion**

Informants confessed to do abortion, killing and disposing of babies in several ways with the help of the persons such as partner and friend (to buy medicine), midwife (invasive abortion), and shaman (invasive abortion). The source of info to make an abortion effort is especially from close friends, while pharmacies and drug stores only to get drugs for abortion. Types of drugs used are in the form of traditional herbs (Mrica, Pineapple, Onion), Traditional Jamu (Kiranti, Em Capsules, Jamu Kates), alcohol, and unknown modern medicine.

The experience after doing successful abortion is mixed between sad, happy and relieved. When a woman experiences an unwanted pregnancy, the only escape route is to make an abortion effort, either by self or with the help of others. Some of them decide to end their pregnancy by seeking help that is not safe so that they experience serious complications or deaths due to being handled by an incompetent person or with equipment that does not meet the standards ([Utama, 2014](#)). However, one of the reasons women often seek abortion is that they have reached the desired number of children. In addition, many unmarried women have abortions because they want to continue their education before they get married. In one study it was found that only 4% of clients who had an abortion terminated their pregnancy due to reasons for maintaining their physical health ([Buse, Martin-Hilber, Widiantoro, & Hawkes, 2006](#)). One of the cases of abortion occurred in Cilacap was done by a specialist obstetrician as a suspect abortion perpetrator. He used to deal with patients who wanted to abort the unwanted pregnancy. There were 6 suspects who have been explored, one of them was a high school student, while the others were in charge of delivering and financing the abortion.

According to study, behaviors that occur in women who engage in premarital abortion behavior include being introvert and staying away from family and community environments, searching for abortion clinics,

seeking obstetric drugs, wearing looser clothing, jumping, drinking herbs, eating pineapple, going to shaman, taking gynecosid / Cytotec medicine ([Utomo, Habsjah, & Hakim, 2001](#)).

Every year in Indonesia, millions of women experience unplanned pregnancies, and most of them choose to terminating their pregnancies, although in reality abortion in general is illegal. As in other developing countries where there is stigma and severe restrictions on abortion, Indonesian women often seek help for abortion through non-medical personnel who use methods such as by drinking herbs that are harmful and perform massage. If the abortion attempt has not succeeded, the woman will then abort in the clinic ([Sucahya, 2005](#)).

Another study using in-depth interviews with 50 women about their experience of having an abortion stated, "first, my stomach was massaged, with a pressure that was not too strong until the massage was very hard and very painful. Then both my legs were bent and the shaman inserted his fingers into my vagina and scrapes the inside of the vagina. When the shaman took his hand out of my vagina, I felt something coming out of my vagina, and I felt very weak. An hour later, I was asked to take a potion and got a massage again. I shouted because I could not bear the deep pain, after 10 minutes, the shaman stopped doing massage and again I felt something coming out of my vagina".

Another woman told about her friend said, "After drinking the concoction from the shaman, she felt very dizzy. Because of the unpredictable pain my best friend had to knock her head on the wall again and again. Then it got worse; my friend's body instantly felt hot, his body temperature became very high, and after his stomach was massaged, the bleeding began to happen and the bleeding was not stopped. She was in pain and became more weak, and then my friend died ([Utomo et al., 2001](#)).

### **Adolescent Behavior After Abortion, Killing and Baby Disposal**

The term of abortus is used to remove fetus before it can live outside the womb. The abortion is defined as the termination of pregnancy before the fetus reaches the age of less than 20 weeks ([Saifuddin, Rachimhadhi, & Wiknjosastro, 2010](#)). And the abortion is the termination of pregnancy before 28 weeks' gestation as a result of deliberate action and is acknowledged by the expectant mother or the abortion practitioner (i.e. the doctor, midwife and shaman) ([Wiknjosastro, 2005](#)).

Some participants said they had had a miscarriage, but there were also those who tried to abort the pregnancy. Participants revealed that after the conception was successfully released, they only drank the herbs, tied the belly with a long cloth, but no one checked into health workers after the conception out. Some participants also revealed that they did not succeed in getting the conception result. Factors that encourage abortion are: 1) social factor (especially for premarital pregnancy), issues if not abortion: (1) drop out of school, (2) shame to family and neighbors, (3) who will take care of baby (4) disconnected or interrupted future careers ([Sarwono & Meinarno, 2009](#)).

It is stated that the psychological condition of pre-abortion women is fear or anxiety, confusion, delaying problems, and need protection; while men, generally are not responsible, find no one to get information because unmarried sex or abortion is forbidden in society. When there is no time to delay, then seeking the most affordable solution is done, with reckless act with poor knowledge and very dangerous ([Sarwono & Meinarno, 2009](#)).

Another study indicated that the subjects who did the abortion tend to have a positive self-concept, which can be seen that the subject appears to solve the problem well, be reasonable when receiving praise from others, and being happy when praised. Subjects apologize if they make mistakes and correct errors that have been done. The subject does

not give excessive responses and be casual at the time of being criticized, getting attention from family and friends, it does not seem that the subject has an enemy, and the subject does not look shunned by others ([Malanda, 2012](#)).

Each behavior is based on many factors that determine it. Early marriage is also based on the motives and desires of individual. There are dynamics that can explain the early marriage behavior of the subject. Dynamics is a matter of offending psychological systems that emphasize motive problems, alluding to changes in things that cause change, offending inner psychology or systems that emphasize the change of unconscious behavioral causes. While it is also stated that the dynamics of psychology is a systematic theory of psychology that emphasizes control, desire, and motives either consciously or not as the main determinant of behavior. In this case, the psychological dynamics are crucial in determining and interpreting the various matters relating to the conditions of the early marriage actors, one of which feels very sorry to the way he/she has taken, feeling very guilty for having the embarrassment of both her/his name and families. The disappointment, sad and regretful were also showed because they had abortions, murder and exile of their own flesh and also regretted that their actions could have such devastating effects as they were imprisoned for what they did. But it does not last long because some of the perpetrators after they have an abortion of murder and the disposal of their baby they still have sex ([Tanjung, Siddik, Hariman, & Koh, 2005](#)).

## CONCLUSION

It is concluded that the factors that cause abortion, killing and disposal of infants in adolescents were internal factor, family, and partner factor. The way of doing abortion was by the help of the persons such as partner and friend (to buy medicine), midwife (invasive abortion), and shaman (invasive abortion); with the types of drugs used were in the form of traditional herbs (Mrica, Pineapple, Onion),

Traditional Jamu (Kiranti, Em Capsules, Jamu Kates), alcohol, and unknown modern medicine. Although some participants felt sad and regret after doing those forbidden activities, however they still had a sex with his/her partner like there was nothing happens. It is recommended for the health practitioners to reduce the incidence of abortion in adolescents by increasing more health education about adolescent health reproduction, and cooperate with local government, especially in Bima regency, and cross-sector in handling behavior disorder problem in adolescent.

### Declaration of Conflicting Interest

None declared.

### Funding

This study was supported by Program Studi D-IV Keperawatan, Bima Politeknik Kesehatan Mataram Kementerian Kesehatan Republik Indonesia.

### Author Contribution

All authors contributed equally in this study.

### References

- Andayani, T., & Setiawan, I. (2005). Perilaku seksual pranikah dan sikap terhadap aborsi [Pre-wedding sexual behavior and attitude towards abortion]. *Jurnal Psikologi*, 2, 1-9.
- Buse, K., Martin-Hilber, A., Widyantoro, N., & Hawkes, S. J. (2006). Management of the politics of evidence-based sexual and reproductive health policy. *The Lancet*, 368(9552), 2101-2103.
- Giri, M. K. W. (2013). *Pendidikan seks berbasis karakter sebagai upaya menekan kasus aborsi di kalangan pelajar [Character-based sex education as an effort to decrease abortion rate among students]*. Paper presented at the Prosiding Seminar Nasional MIPA, Bali, Indonesia.
- Hastuti, S. H. (2008). *Perilaku aborsi pra nikah di kalangan mahasiswa [Pre-wedding sexual behavior among students]*. Surakarta: Universitas muhammadiyah Surakarta.
- Hertanti, A. (2013). *Aborsi (studi deskriptif tentang proses pengambilan keputusan aborsi ilegal yang dilakukan oleh remaja putri di Kota Surabaya) [Abortion (descriptive study on the the process of decision making for illegal abortion conducted by female adolescents at Surabaya City)]*. Surabaya: Universitas Airlangga.
- Malanda, N. (2012). *Konsep diri remaja yang melakukan aborsi [Self-concept of adolescents]*

- who did the abortions]. Jakarta: Gunadarma University.
- Musthofa, S., & Winarti, P. (2010). The influencing factors of a pre-marital sexual behavior among college students in Pekalongan. *Journal of Reproductive Health, 1*(1), 33-41.
- Polres BIMA. (2015). Cases of murder, infant disposal and infant planting. Retrieved from <http://ntb.polri.go.id/bima/>
- Saifuddin, A. B., Rachimhadhi, T., & Wiknjastro, G. H. (2010). *Ilmu kebidanan [Obstetrics]*. (4<sup>th</sup> ed.). Jakarta: EGC.
- Sarwono, S. W., & Meinarno, E. A. (2009). *Psikologi sosial [Social psychology]*. Jakarta: Salemba Humanika.
- Soejoeti, S. Z. (2001). Perilaku seks di kalangan remaja dan permasalahannya. *Media Penelitian dan Pengembangan Kesehatan, 11*(1), 30-35.
- Sucahya, P. K. (2005). *Biaya pelayanan penghentian kehamilan menurut perspektif klien dan institusi penyedia pelayanan penghentian kehamilan [Cost for termination of pregnancy as perceived by clients and service providers]*. Paper presented at the Temuan Terkini Upaya Penatalaksanaan Kehamilan tak Direncanakan: Seminar Sehari, Jakarta Indonesia.
- Suryoputro, A., Ford, N. J., & Shaluhayah, Z. (2006). Faktor-faktor yang mempengaruhi perilaku seksual remaja di Jawa Tengah: Implikasinya terhadap kebijakan dan layanan kesehatan seksual dan reproduksi [Factors influencing sexual behaviors in adolescents at Central Java: Implication to policy and health service of sexual and reproduction]. *Makara Kesehatan, 10*(1), 29-40.
- Tanjung, M. T., Siddik, H. D., Hariman, H., & Koh, S. C. (2005). Coagulation and fibrinolysis in preeclampsia and neonates. *Clinical and Applied Thrombosis/Hemostasis, 11*(4), 467-473.
- Utama, A. R. (2014). Analisis kriminologis terhadap tindak pidana aborsi yang dilakukan oleh siswa menengah atas di Kota Bandar Lampung [Criminology analysis on abortion crime in senior high school students at Bandar Lampung City]. *2*(4), 1-12.
- Utomo, B., Habsjah, A., & Hakim, V. (2001). *Incidence and social-psychological aspects of abortion in Indonesia: A community-based survey in 10 major cities and 6 districts year 2000*. Jakarta, Indonesia: Center for Health Research, University of Indonesia.
- Widyastuti, Y., Rahmawati, A., & Purnamaningrum, Y. E. (2009). *Reproduction health*. Yogyakarta: Fitramaya.
- Wiknjastro, H. (2005). *Obstetric*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo.
- World Health Organization. (2011). *Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2008*. Geneva: World Health Organization.
- Zulhidayat, M. (2016). *Tinjauan kriminologis terhadap fenomena "cyber sex" dalam dunia maya dan aspek hukumnya [Criminology review in cyber sex phenomena in social media and its legal perspective]*. Malang: University of Muhammadiyah Malang.

**Cite this article as:** Hendari, R., Ahmad, D.H., Martiningsih. (2018). Abortion and its influencing factors: a qualitative study in the detention center. *Belitung Nursing Journal, 4*(2), 202-210. <https://doi.org/10.33546/bnj.351>