

The Fulfillment of Adolescent Reproductive Healthcare Rights of Bajo Tribe in Buton, Southeast Sulawesi, Indonesia

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Article Info	Abstract
Article History Received: October 29, 2020 Accepted: December 27, 2020	<i>In recent years, adolescent reproductive health problems have always been an emerging problem worldwide. This problem was found in rural societies; take Bajo tribe as an example. Research objectives: to find an illustration of how to fulfill the adolescent reproductive healthcare rights carried out by parents in Bajo (Buton, Southeast Sulawesi, Indonesia) and its influences. Method of data collection: this study used a qualitative design with a case study approach in terms of exploring problems as well as detailed information and in-depth limitations. This research was conducted at Bajo people's settlement in Buton, Southeast Sulawesi. The research participants were parents who have children between 12-18 years, health services providers, tribal chiefs, and teenagers. Data analysis included data reduction, data display, and drawing/verifying conclusion. Results: adolescent reproductive healthcare of Bajo people was done by giving holy water, performing kurwoh rituals, and holding duata rituals. All of these traditions originally came from Bajo culture which was considered as a traditional yet an easy treatment than any treatments from health workers/health facilities. In addition, this attitude was also affected by the location of health facilities that are relatively difficult to reach, limited health workers, and the teens' beliefs in those traditions. Conclusion: Fulfillment of the Adolescent Reproductive Healthcare Rights of Bajo Tribe (in Buton, Southeast Sulawesi, Indonesia) was done in tribal way and the influences were cultural factors, health workers availability, health facilities provided and adolescents' traditional beliefs.</i>
Keywords Rights, Health, Adolescents, Reproduction, Bajo Tribe	
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1. Introduction

Adolescence is a transitional period, a period of change, a troubled period, and a period of searching for identity to reach adulthood (Hurlock, 1980). Demographic data shows that adolescence performs a large population in the world. According to UNICEF data, in 2010 the world population was around 5.7 billion people and the number of teenagers was 18% or approximately 1.2 billion people. Whereas, in 2050, it is estimated that the number of teenagers in the world will increase to around 1.3 billion people (UNICEF, 2012). Nowadays, Asia Pacific's population is 60% of the world's population, and one fifth is teenagers. In India, one third of polls are teenagers (Das & Biswas, 2005). Looking at the details, Indonesia continues to increase its number from year by year. According to the Indonesian Ministry of Health (MOH) in 2006, Indonesian youth numbered at about 43 million people or around 20% of the population. Whereas in 2009, according to data from the Central Bureau of Statistics that the percentage of adolescents in Indonesia had reached 22% of the population of Indonesia, consisting of 50.9% boys and 49.1% girls (Agustini & Arusani, 2013).

Thus far, the problems of child welfare of teenagers have always been arisen in various countries worldwide (Lee, et al., 2014; Aruda, 2011; Peetz, 2011; Lestary & Sugiharti, 2011; Hayashi, et al., 2009; Smyth, 2006; Wyn & Harris, 2004). One of them is health problems. There are some health problems faced by adolescents today, such as reproductive health problems. As an example, the case of sexually transmitted diseases including HIV/AIDS, cases of unwanted pregnancy from premarital sexual relations, abortion, and so forth. At present, around 50% of new international HIV infection sufferers are teenagers, so it is clear that teenagers are now at risk from HIV/AIDS cases (Rice & Farquhar, 2000). In 2007, 55.2% of teenagers in Indonesia had premarital sexual relations (Lestary & Sugiharti, 2011). As many as 75% of deaths in adolescents are currently due to reproductive health problems (Soetjningsih, 2004)

In 1989, various countries in the United Nations sincerely had anticipated that these problems would not occur (O'Kane & Lubis, 2016). These anticipatory steps were stated in the Convention on the Rights of the Child or CRC, where the rights of adolescents have to be fulfilled. In the CRC, a country has an obligation to facilitate and encourage families to carry out their functions properly (Gabel, 2016). The function in question is to fulfill all the rights of adolescent children. CRC emphasizes family as one of the closest environments to teenagers, so it has an essential role in fulfilling the rights of adolescents. This statement is in line with

(Bronfenbrenner, 1976) that family is the main and first environment that could influence adolescents through their transitional phase of development.

Nevertheless, there are some challenges that bother countries in implementing the CRC concept, including traditional communities (Roscoe, 2011). This type of community is known as a society that strongly believes to its culture (Ranjabar, 2006). Generally, they are quite difficult to accept a new culture that is not their own even though the culture is introduced by the government. In addition, it often happens that their culture does not meet universal standards. On the one hand, a state has to teach the family to run CRC. On the other hand, the state has difficulty removing the culture of the people which has been its trademark for a long time. The state is well aware of the concept of CRC, but the culture of the community is inherent. Thus, the state is quite difficult to implement CRC concept since the problem of adolescent welfare in traditional societies still commonly happens at the moment.

Adolescent health problems are a problem that often occurs in traditional societies (Arabena, 2006; Amoran, Onadeko & Adeniyi, 2003). In the CRC concept, reproductive health problems can be avoided by properly fulfilling the reproductive health rights of teenagers (Durrant, 2007). In other words, the role of parents is crucial (Bronfenbrenner, 1976). However, dealing with traditional communities is not that easy, for example Bajo people. In this case, Bajo people are categorized as traditional communities, because they still strongly believe their cultural values (Hamid, 2013). Based on a preliminary study on Bajo family in Buton, Southeast Sulawesi Province, the families generally had not been able to carry out their functions properly, namely fulfilling the reproductive health rights of their children as determined in the CRC standard. One illustration was that most parents did not bring their children whom experienced diseases to medical treatments.

Research Objectives

The current research was intended to find an illustration about how to fulfill the rights of adolescents' reproductive healthcare done by Bajo parents (in Buton, Southeast Sulawesi Province, Indonesia) and its influences.

Research Limitations

Limitation on teenagers

Adolescence is defined as any person between ages 12-18 (Santrock, 2011). It is an essential period of a child's life, a transitional period, a period of change, a troubled period, and a time when a child begins to look for an identity to reach adulthood (Hurlock, 1980). Adolescence is also one of the stages in child development which is known as the transition phase from childhood to adulthood. Additionally, this period is marked by child's significant growth and development.

During adolescence, there is an increase of lean body mass, bone mass, and body fat, so the intake of energy needs and nutrients in the body also rises (Fikawati, Syafiq & Veratamala, 2017). During this period, the process of sexual development also represents by the maturity of the reproductive organs (Yusuf, 2017). Maturity is characterized by the growth of primary and secondary sex. At this point, it is greatly influenced by hormonal conditions in the child's body.

Boys' primary sex is characterized by rapid growth of testes where the vital organs begin to grow longer, the seminal vessels and prostate glands are bigger. In consequence, they will experience wet dream. On the other hand, girls' primary sex is shown by the growth of uterus where the vital organs and ovaries significantly developed so they will experience menarche (menstruation). Whereas, the characteristics of secondary sex of boys are the growth of hair around the reproductive organs, sound changes, the growth of a mustache, and the appearance of Adam's apple. Meanwhile, the characteristics of secondary sex in girls are the growth of hair around the reproductive organs, increased breast size, and larger hip size.

In addition to physical growth that occurs very quickly, adolescence is also marked by the development of the ability to understand others around. This attitude encourages adolescents to establish strong bonding with their family and their peers. In addition, adolescence is also marked by the emotional development. It is represented by the sensitive and reactive nature of children where they tend to be temperamental, negative, and so on (Yusuf, 2017).

Academically, adolescence is a period of logical thinking. During this time, children begin to think about ideas logically (Hurlock, 1980). In general, their ideas are more abstract, systematic, and scientific as the solutions of their problems. With this in mind, the level of morality and spiritual will become more mature when compared to the previous period (Yusuf, 2017). Therefore, they will be familiar with moral and spiritual values in daily life.

The descriptions above provide a theory that the growth and development of adolescents consist of three aspects namely physical aspects, social emotions, and cognitive aspects. Those three developments benefit teenagers to determine their abilities to reach conformity. That is, each of them has to be aware that their maturity in thinking begins to emerge in adolescence, so they are prohibited to be childish.

Limitation on basic rights of children and their fulfillment

Fundamental rights are groups of right that are very important for each individual so that fulfillment is absolute or mandatory (Ife, 2008). Children are one of the groups who the fulfillment has not been achieved. In 1989, the member of United Nations (UN) held a discussion about basic rights for each child. After that, the meeting resulted an agreement on the compulsory of children's basic rights (UN, 1989). The agreement became known as the Convention on the Rights of the Child (CRC), which certainly applies globally.

Generally, the content of the convention contains three basic dimensions of children's rights, which can be seen in the following table:

Table 1. Dimensions of Basic Rights of the Child and their Fulfillment

No.	Dimensions of Basic Rights of the Child	Fulfillments
1.	Right to life, survival and development of their potential	<ol style="list-style-type: none"> 1. Provide healthy and nutritious food for children, 2. Provide proper clothing for children, 3. Give clean water, 4. Provide worthy education for children, 5. Provide available healthcare for children when they are feeling unwell, 6. Provide adequate opportunities for children to utilize their leisure time, 7. Provide sophisticated knowledge for children about the culture where the children lives, 8. Provide children with clear and adequate information about their rights, 9. Respect the dignity and self-esteem of children.
2.	Right to requirement of protections	<ol style="list-style-type: none"> 1. Protect children from various forms of violence and rudeness, 2. Protect children from various types of crime and neglect, 3. Protect children from all variety of exploitation.
3.	Right of participation	<ol style="list-style-type: none"> 1. Provide adequate opportunities for children to express their opinions, 2. Provide opportunities and motivations for children to access various information related to the problems they face.

Compiled by Durrant (2007)

All dimensions of these basic rights equally implement to all stages of children development, even teenagers have the same rights. The dimensions of children's basic rights must be fulfilled because they have significant benefits for the children's life (O'Kane & Lubis, 2016). The fulfillment of basic rights for children could certainly help them grow and develop optimally. When they could not achieve their basic rights, his growth and development will be bothered. It can be said that these basic rights have a very close relationship with the matter of growth and development. For example, adolescents should be given adequate healthcare and the quality of their health must be maintained, so they would not be frequently. Moreover, adolescents must be taken to medical personnel or health facilities when their conditions worsen. However, those who are required to fulfill the needs are family or parents (Bronfenbrenner, 1976).

Limits on reproductive health

Healthy is a definition for perfect condition physically, mentally and socially apart from disease or disability free (WHO, 1946). Meanwhile, reproductive health is perfect condition of reproductive system function and process both physically and spiritually, not only based on the absence of disease or disability (UNFPA, 1994). Notoatmodjo (2014) states that generally, there are four factors related to reproductive health, namely: 1). Socio-economic and demographic factors which are associated with poverty, low levels of education and ignorance about sexual development and reproductive processes as well as remote locations of settlement, which affect children's behavior in maintaining their reproductive health; 2). Cultural and environmental factors that is related to the existence of traditional practices and misinformation about reproductive health, where all of this might confuse children about reproductive health. Moreover, their reproductive healthiness becomes difficult to be realized; 3). Psychological factors. Fractional relationships with parents could lead to a negative impact on adolescents such as depression, where the impact might represent in hormonal imbalances and lack of reproductive health awareness; and 4). Biological factors define by defects in the reproductive tract obtained by children from birth, which could affect children's behavior in maintaining their reproductive health.

The reproductive organ maturation process characterized by the growth of primary and secondary sex characteristics in adolescence, indicating that efforts to maintain reproductive health in adolescence become very important. However, this is relatively difficult to be realized since there are too many reproductive health problems appear recently, such as dysmenorrhea or menstruation accompanied by excessive abdominal pain in adolescent girls (Mulugeta, et al, 2009). In addition, adolescents also become vulnerable to sexually transmitted diseases such as syphilis, gonorrhea, herpes, chlamydia and AIDS (Notoatmodjo, 2014; Rice & Farquhar, 2000).

These problems are caused by improper reproductive health care behaviors. According to Durrant (2007), a proper treatment of healthcare is done by seeing a health worker or visiting healthcare facilities.

Therefore, if you adapt the view of Durrant (2007), the only way to get a proper reproductive healthcare is to go to a health worker or health facility when reproductive organs disorders appear, including excessive pain due to menstruation for girls or dysmenorrhea.

The concept of behavior

Human behavior is essentially activities of humans themselves. Lawrence Green explained that the behavior was influenced by three fundamental factors, namely: predisposing factors, enabling factors and reinforcing factors (Notoatmodjo, 2014). Predisposing factors cover a variety of aspects, including culture. Enabling factors include the availability of public facilities. While reinforcing factors include human resources in public facilities. Bronfenbrenner (1976) also said that the individuals' habit can be influenced by the environment system that exists around them. However, there are other views that believe behavior is based on ones' cognitive after they make observations of other people's behavior (Bandura, 1977). The individuals initially learn by first observing what other people do. As a result, effort will encourage individuals to implement or follow the acts committed by the other persons. This process is known as imitation.

Human behavior is very complex and has a very broad scope, take health behavior as an example. Health behavior is basically people's responses to a stimulus related to illness and disease, the health care system, food, and the environment (Notoatmodjo, 2014). Individuals' behavior towards illness and disease defines as how the individual responds, both passively (knowing, behaving, and perceiving about illnesses and pain that exists in himself and outside himself) and actively (taking action related to healing the disease). Individuals' behavior towards the health care system is ones' responses to the health service system, both modern and traditional. Individuals' behavior towards food is ones' responsesto food as the daily need. Individuals' behavior towards the environment is responses to the environment as a determinant of human health.

Research Methods

Research Participants

This research was conducted at Bajo tribe's settlement in Buton, Southeast Sulawesi. The research participants were parents who have children between 12-18 years, health services providers (PUSKESMAS), tribal chiefs, and teenagers. They were selected by using purposive method where every participant chosen under some consideration and certain. These considerations and criteria are based on the results of a preliminary interview with the local village government (the Bajo tribal settlement in Buton, Southeast Sulawesi).

Method of Data Collection

The researchers chose a qualitative research design as a mean to examine the fulfillment of adolescents' basic rights by Bajo parents, especially in the aspect of health care in Buton, Southeast Sulawesi. This study analyzed the practice of fulfilling teens' basic rights qualitatively. This qualitative research used a case study approach by exploring problems as well as detailed information and in-depth limitations using various sources of information about the study. Therefore, it could be said that, by using this approach, the researchers aimed to collect as much information as possible about the adolescent reproductive healthcare basic rights from various available sources.

The study began with a preliminary interview to ascertain the pattern adopted by parents in conducting healthcare for their children generally. The interview involved the Puskesmas staffs. The interview was about what treatments the parents chose when their children were sick. After that, local government was the next participant. The interview began with a research permit application. The interview was discussing about the general profile of Bajo tribe and the characteristics of its teenagers, the results were in the form of written documents (documentation). After that, parents are appointed. The interviews were using in-depth interviews to collect information on the practice of adolescent healthcare basic rights. The interview used interview guidelines that have been formulated previously. During the interviews, researchers used mobile phones to take notes/record the dialogues and data.

After the interview, observations were conducted to witness the process of parents (informants) in fulfilling the adolescent healthcare basic rights in terms of caring for their children's health and so on. In the observation taken, researchers did not use a recording device to maintain the naturalization of the process being observed. The interview and the observation were held by 4-5 informants who were all parents of the teenagers being observed. This process aimed to complete and strengthen the information.

After the interview and observation of the parents were finished, the next interview was for the representatives of Puskesmas workers; tribal chiefs; and teenagers. Those interviews were all intended to complete and strengthen the previous information. Interviewing the local health center staffs were intended to add information about the pattern of treatment undertaken by parents for their ill children. Interviews with representatives of tribal chiefs aimed to add information about culture in the adolescent health (disease prevention and treatment of disease) that is commonly done by the community. Interviews with youth

representatives were intended to obtain information about health care practices that they knew from their parents. All interviews were conducted in-depth interviews by using interview guidelines that were previously formulated and recorded using mobile phones. This process was the final stage of data collection method.

Data Analysis

This study used data reduction, data display, and conclusion drawing/data verification to analyze the data. Data reduction was done by collecting similar information and grouping them. This was done since there were various results of data or information in the field such as information about how to treat teenagers and other similar information. The data was raw from the informant that has not been revised with the researchers' explanations, but has been squeezed into appropriate information. After reducing the data, it was illustrated in various forms of figures, such as tables, graphs, brief descriptions (narrative texts), relationships between categories, and the like being mixed by researchers' words. This process was called data display. After that, conclusion drawing/data verification was carried out. This stage revealed the research result about the fulfillment of the adolescents' reproductive healthcare rights, conducted by parents of Bajo Tribe (in Buton, Southeast Sulawesi) and it was ready to be published as a scientific research articles.

Results

Parents from Bajo tribe had the responsibility to look after the health of their children. In terms of adolescent reproductive health care, Bajo tribe had a number of methods, which had been a longstanding tradition. The Bajo considered that their method was simpler, easier, and more effective compared to other methods (medical). Their reasons were: 1). It was said to be simpler and easier because those who acted as medical services providers (dukun) lived and settled in Bajo tribe's settlement so that they were easy to find and the costs were affordable, while medical personnel were relatively difficult to find because no one lived in the settlement. In the settlement there was actually a Village Health Post unit, but there were only 1 (one) medical person and rarely attended the place. Finding a health facility was difficult since the distance between the health facility and Bajo settlement was around 8 KM and there were no public transport; moreover, most people did not have private vehicles; 2). It was said to be more effective because of their belief that the illnesses were caused by supernatural things and related to the marine environment, making it relatively difficult to cure with doctor or medical treatment; 3). The child had never given a negative response to these traditional treatments. Thus, Bajo tribe prefers their traditional medicine as a treatment for their children to medical one.

The Bajo's common treatments for reproductive healthcare are:

1. Giving holly water and holding *kurwoh* rituals to a girl who had experienced early menstruation

If a girl had her first menstruation, then this was a sign that the child was in her teens. At this stage, her parents performed a ritual for her. The ritual was held to provide holly water for the girl. The ritual aimed to prevent her from the disturbance of supernatural beings. When the child was born, the placenta rope was then washed out to sea. The placental cord was considered a person who would later become a supernatural being and he would sometimes return to the original residence (at birth) to meet the child. The figure would return when the child had an early period and sometimes gave disturbances. As a result of the disorder, the child would experience excessive pain during early menstruation. Avoiding these disturbances, it was necessary to recite mantras or prayers. Previously, the holly water should be made by a tribal chief. Then, the water was splashed to the girl thrice while reciting special mantras. After that, the water was showered on her body and doorstep.

After passing the initial menstruation days, parents held a *kurwoh* ritual. As an initial stage of the activity, teenagers should be placed in a closed and dark room (no lighting) for several days (usually 4 days). For the purpose of eating, they may not come out of the room, but the food was delivered by their parents or family. As for the needs of latrines, they were allowed out of the room on condition that their entire body must be covered with a sarong. This activity also required several village shamans (usually women). They were also required to remain in the house (ritual place) during the activity. Occasionally, they recite/sing regional language poetry. After the activity ended, the teenagers were expelled from their rooms and had to be showered by the village shaman. Then the child was made up and given clothes and (new) gloves. After that, she was fed with food by the village shaman and his parents in front of the guests/invited guests. The guests were usually all people in the Bajo settlement. The ritual aimed to reduce the excessive pain during menstruation.

2. Give holly water to a boy who had had their first wet dream

If a boy had his first wet dream, then this was a sign that the child was in his teens. At this stage, her parents performed a ritual for him. The ritual was held to provide holly water for the boy. The ritual aimed to prevent him from the disturbance of supernatural beings. When the child was born, the placenta rope was then washed out to sea. The placental cord was considered a person who would later become a supernatural being and he would sometimes return to the original residence (at birth) to meet the child. The figure would return when the child had the first wet dream and sometimes gave disturbances. As a result of the phenomena, the child would experience pain in his reproductive organs. To avoid these disturbances, it was necessary to recite mantras or prayers. In addition, the ritual intended to remove negative substances from the child's body so that

the child would not experience sexually transmitted diseases in the future. Previously, the prayer water should be made by tribal chiefs. Then, the water was splashed to the child thrice while reciting special mantras. After that, the water was showered on the child but not at his door.

3. Providing holly water and holding *duata* rituals to treat girls who were sick due to menstruation (not the first menstruation)

The treatment was done by parents by blowing mantras to their sick child. The treatment was given since the Bajo believe that the disease arose because of the disturbance of the supernatural beings in the sea and it could only be deal with spells. The treatment was carried out by the village shaman. The shaman was also from the Bajo tribe. The profession was usually not appointed by the community, but hereditary. Their parents used to be shamans, too. The parents of sick child should bring a bottle of drinking water to the shaman. Then, the drinking water was casted spells and blown by the shaman. The mantras were read in the Bajo language known as Sama language. The village shaman never determined the amount of reward when treating his patient, so the reward depended on the willingness or sincerity of the patient's parents. Generally, the patient's parents provided food in the form of rice or the like.

If the treatment had not healed a sick teenager, a *duata* ritual was performed. Bajo tribe believed that adolescents who did not recover with holly water was caused by the terrible interference of sea creatures, such as sea jinn or the embodiment of the placenta rope of the child that was released when the teenager was born. These creatures came to interfere because they needed food like human food in general, so it must be given food. Before the ritual, parents should prepare ingredients such as 2 bananas and 2 (two) liters of rice. After the materials were ready, the parents visited the village shaman's house to invite him as a person who would treat their child. The ritual began with the recitation of spells by the village shaman. The spells were not blown to a sick teenager, but rather were blown into two containers (basins). The shaman read the spells by standing.

Two basins had been provided, each containing one comb of bananas and a little rice (about 1 liter). The sick child was required to sit or lie down (if unable to sit) in front of the basin at the time of chanting. After reciting the mantra, one of the basins would be brought to the middle of the sea which was about 100 meters from the settlement, while the other basin remained at home. When lowered into the middle of the sea, the basin seated in a small canoe made of banana stems and given a candle. People who should come up to the canoe are shamans, the parents, and two others. The two men each were holding an umbrella to shade the shaman and the basin; and paddling the canoe to the ocean. After reaching the middle of the sea, the basin was taken out by the shaman from the canoe and put on the sea following the flow of sea water. After that, the shaman, the parents, and the two men returned to the child's house. The basin that had been taken out from the canoe must not be brought back home. During the ritual the sick teenager stayed at home accompanied by his family.

Aside from those two treatments, there were other traditional treatments that they used to have but were not used anymore. The Bajo called it *assehe*. The treatment was held for teenagers who were often possessed and accompanied by fever constantly. The loss of treatment efforts was due to the fact that at this time the trance disease which was accompanied by fever is no longer available among the Bajo teenagers.

Analysis & Discussion

In analyzing the reproductive health care patterns carried out by the Bajo for the teenagers, it was necessary to use the standardization of CRC initiated by the UN in 1989. The dimensions are seemed suitable because the CRC's goal is to realize optimal growth and development of children and the realization of their welfare. The CRC also contains the right pattern of parents to fulfill the reproductive health rights of their teenage children. CRC standardization will help to seen which patterns do not meet the standards or do not support the growth and development of adolescents. Based on this standardization, the common practice of parents in the Bajo Tribe in providing treatments for their children were still classified as risk factor compliance practices. It could be seen that parents were still very rarely bring their children (the sick) to health workers or health facilities for treatment. They relied on the traditional method done by their ancestors in the past.

Meanwhile, according to CRC standardization, parents must provide the right treatment for their ill children (Durrant, 2007). The proper treatment method is related with the global health standards. When a teenager is sick or has reproductive problems, the parents must take her to a medical provider. According to Amiruddin (2011), a great healthcare from sickness is to visit and seek treatment to health workers or health facilities provided. As a consequence, this behavior meets the standards because it is a form of health behavior that can reduce risks to a worsening condition.

Bajo Tribe parents provided a traditional treatment to their teenage children who experienced reproductive disorders, by looking at several aspects, namely: 1). The existence of the Bajo culture which considered that their method is easier compared to the treatments from any health workers/health facilities and they believed that the culture was also a heritage that must be maintained; 2). The location of health facilities (PUSKESMAS) that were relatively difficult to reach and the availability of inadequate health workers; 3). Teenagers who had never given a negative response to traditional treatments they passed. The desire of the child became important because parents assumed that as far as possible all the wishes of the teenager were fulfilled, it

would decrease the pain. In other words, the culture, availability of health services and adolescents' behavior affected the common practice of parents in providing treatment to their children. This statement is in line with Bronfenbrenner (1976) who said that individual habits can be influenced by environmental systems. The environment included culture, adolescents, the availability of health workers and health facilities.

Every society has a culture with a particular style. Generally, these communities form a community that can be referred as one ethnic group (ethnic). Universally, there are diverse ethnicities in the world. Ethnic diversity contributes to a unique culture (Santrock, 2007). The culture is included in the fulfillment of the rights of adolescents in aspects of reproductive health care. In traditional societies, the culture is still strongly upheld and implemented (Ranjabar, 2006). One example of a society that can be categorized as a traditional society is the Bajo tribe. Bajo people (in Buton Regency, Southeast Sulawesi Province) too. Ancestral culture continues to be used as a guide for parents in providing reproductive health care efforts to their adolescent children when ill.

This pattern is also reinforced by the behavior of the Bajo teenagers. Bajo tribe considers that teenagers are no longer children, but must always be supervised. Forms of the mentioned treatment for adolescents can be categorized as a type of care that is obedient. The parenting style is stuck to parents' involvement and meddling in the lives of children, but not too controlling them. Parents always allow their children to do what they want. This parenting style can be said to be a combination of warm (parental) involvement and involvement with few restrictions. Parents who use this parenting style believe that the pattern might form children to be creative and confident. (Santrock, 2007).

The nature of adolescents is important to determine since academically, adolescence is a period of logical ideas starts (Hurlock, 1980). In general, these ideas are abstract, systematic, and scientific in solving various problems. Teenagers in the Bajo were also a bit critical in carrying out their lives, but with respect to the culture of reproductive healthcare, they were very obedient. This was done because they believed that the culture was very much related to their personal safety. They were also afraid to respond, so they always followed the words of their parents who were believed in the culture. Actually, Bajo parents had a parenting style where they would obey all the children's want, but due to the nature of the adolescents who were afraid to respond about reproductive healthcare, so parents did not find challenges in implementing a culture of reproductive healthcare for their children.

In addition, the habits practiced by parents were also based on the availability of health services. This was related to the health service system. The health service system basically included two main elements, namely: resources and organization (Amiruddin, 2011). The resource component included the volume and distribution of medical resources in an area, including the structure of health education provided and the equipment or medicines used in providing health services, while the organizational component included the flow of health services that had an effect, including patient waiting time. These components greatly affected the tendency of individuals to use health services. In the Bajo settlement, there was a health facility unit (poskesdes) but the medical staff was relatively difficult to find because he did not stay in the settlement and access to more adequate health facilities is quite difficult. This made parents reluctant to bring their teenage children to medical workers or health facilities when they were sick or experiencing reproductive system disorders.

Conclusion

Based on the results of this study, it can be concluded that the fulfillment of the adolescent reproductive healthcare rights of Bajo tribe in Buton, Southeast Sulawesi, Indonesia was done in their own way. The influences of this method were cultural factors, the availability of health workers, the health facilities provided and the behavioral factors of adolescents. These various aspects needed to be considered in developing the concept of overcoming the problem of reproductive healthcare for adolescents in traditional societies such as the Bajo Tribe which is still a risk factor. Because this study is related to traditional community life, it is better if the needs or culture of the community must be considered.

According to Ife (2008), the concept of universal rights must be applied as a whole, but the context should be adjusted to the culture of a society. If the view is adapted to the concept of universal child rights, then the ideal concept for traditional society is a concept that should consider the needs of the community. Based on the results of the study above, parents in the Bajo Tribe need adequate health education, health facilities located in the Bajo Tribe settlement and their health workers are accessible. It needs to be endeavored so that the Bajo Tribe parents could maintain the health of their children and provide appropriate treatment for the adolescents who experience pain from the development of their reproductive systems.

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