

Health Services for HIV and AIDS in North Aceh District, Indonesia

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ABSTRACT

Basic services are public services to fulfill the basic needs of citizens. According to Law of the Republic of Indonesia Number 23 of 2014 and Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 100 of 2018 states that basic services consist of services in the education sector. Public Health works and spatial planning. public housing and residential areas. Public order and community and social protection. "Health is a fundamental human right". This statement underlies the idea that health is a basic human right and health is an investment, because health is a major component in regional and human development besides education and the economy (finance). The existence of 103 cases of HIV AIDS sufferers set a bad precedent that tarnished the public service system in North Aceh District. Discriminatory treatment that occurs to people with HIV AIDS. Incomplete socialization worsens public perceptions of this disease, especially for people with HIV AIDS. This research was conducted in North Aceh District, using a quantitative approach, through interviews, observations, questionnaires and document review. This study shows that the recorded cases of HIV AIDS in North Aceh District were 103 cases in 2018, where the majority of HIV and AIDS sufferers were in Dewantara and Baktiya Districts. There is a significant increase in HIV AIDS cases every year, it seems that the government does not carry out surveillance and take cases prevention seriously. In implementing Permendagri No. 100 of 2018, the government has not been able to maximize its services, even though in this regulation the local government can do it in stages. Of the 103 HIV AIDS cases, 36 of them died because they did not routinely take drugs according to the officers' recommendations. Aceh Utara is the district with the highest number of HIV AIDS cases in Aceh Province. Drugs and free lifestyle are the main factors in the spread of this deadly virus. No one can truly be prepared for the shock and emotional sorrow he experiences on hearing the news; "You are HIV positive."

Keywords: *health service, HIV, AIDS*

1. INTRODUCTION

Health is a fundamental human right. From ancient times until today, health has become a basic matter that must be the attention of the state government. In the 1948 World Health Organization (WHO) constitution which mandates an obligation to nourish the sick and maintain the healthy. This statement underlies the idea that health is a basic human right and health is an investment. Health services have an important role

in improving public health status. The implementation of health services can be done with various efforts. These efforts are carried out in a directed and planned manner, such as health services for the poor (Azwar 2006) and (Sirait 2009). The community considers that health service is a service that can be felt to meet their needs, must be carried out in a polite and courteous manner, on time, responsive and able to cure complaints, and prevent the development or spread of disease (Pohan, 2007). The socio-economic

condition of the community is related to health development, the success of health development can be seen from the decrease in morbidity (cases of pain) (Tjptoherijanto and Budi 1994).

Law of the Republic of Indonesia Number 36 of 2009 concerning Health, article 17 paragraph 1 states that the government is responsible for the availability of access to information, education and health service facilities to improve and maintain the highest health status. In addition, Article 168 states that in order to carry out effective and efficient health efforts, health information is required through information systems and through cross-sector cooperation, provided that further provisions will be regulated by a Government Regulation. Article 169 states that the government makes it easy for the public to gain access to health information in an effort to improve public health status.

Technically, the Ministry of Home Affairs has issued Permendagri Number 6 of 2007 concerning Technical Guidelines for the Preparation and Determination of SPM and Permendagri No. 79 of 2007 concerning SPM Achievement Plans. Based on this basis, local governments are asked to adjust their services according to the SPM regulations. However, again the implementation of basic services is difficult to carry out according to regulations. On 16 October 2018, the Government of the Republic of Indonesia issued a new regulation, namely Permendagri Number 100 of 2018 concerning Minimum Service Standards (SPM). This SPM was stipulated in Jakarta by the Minister of Home Affairs of the Republic of Indonesia, and promulgated on 19 November 2018. This latest SPM is expected to be able to complete basic services in the local area and be able to develop the area.

Aceh Province is one of the provinces that has the privilege of administering its governance. This privilege was issued with the issuance of the Aceh Special Autonomy Law Number 18 of 2001 and the Aceh Government Law (UUPA) Number 11 of 2006. This law gives the mandate of special autonomy to the Aceh government to manage and maximize the potential of its region to be able to improve quality, service to the community in the area in accordance with the aspirations of the community.

Health is the main concern of researchers, because if the community is healthy, the area will be healthy. For almost 18 years after special autonomy. The researcher found several public complaints about public services provided by the Regional Government. This complaint was expressed by Zulfadli, a resident who lives in the western part of North Aceh. Development has the aim of advancing the region which in turn will increase physical development. and community economic improvement, but the truth is, economies where growth rates are low. poverty reduction is considered to be slowing as well as the slowing rate of increase per capita. The findings of the Institute for Development of Acehese Society (IDeAS) published that out of 23 districts and cities in Aceh Province. 17 districts and cities among them show that the poverty rate is increasing. Aceh Utara District is in the ninth poorest position with a percentage of 19.78%. IDeAS also stated that the government should focus the District Revenue and Expenditure Budget (APBK) on the economic empowerment sector and poverty alleviation. (Modus Aceh, Download 28 March 2019).

In the health sector, the reality is not much different from the performance of the North Aceh District government. One of them is the HIV AIDS case, North Aceh District contributed the largest number of HIV AIDS cases in Aceh Province with a total of 103 cases in 2018. Before entering the AIDS phase, patients were first declared HIV positive. The number of HIV positive in the community can be known through 3 methods, namely Voluntary, Counseling and Testing (VCT) services, sero surveys, and Integrated Biological and Behavioral surveys (IBBS). In Aceh Utara District, the number of cases of HIV, AIDS, and AIDS deaths in 2013-2017 can be seen in the following figure:

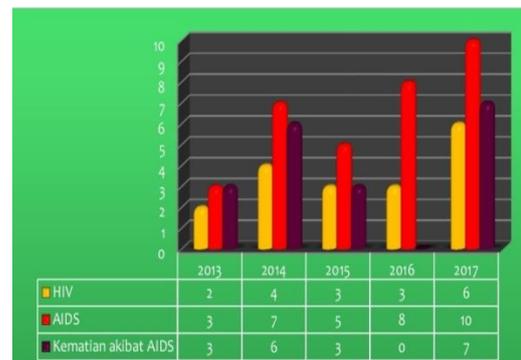


Figure 1. Number of HIV cases, AIDS and AIDS deaths in 2013-2017

Based on several realities and in line with issues relating to services, a study needs to be carried out to assess and describe the trends in health care services by local governments in regional development, especially HIV AIDS and the determining factors that make quality basic health services in regional development in districts North Aceh.

2. LITERATURE STUDY

Research by Ennis & Harrington (2005) suggests that there is broad interest in understanding what is made in effective health care and in developing better practices for improving existing approaches to health care management. Marc. McKee. & Rocco (2007) stated that regional variation is the most important source of health inequality related to income, while inequality related to income in the use of health services is very often made by different provinces (Zikri, 2012).

Gilson (1994) examines the decentralization of local government and the health sector in Tanzania. A baseline evaluation of health care carried out in Tanzania from 1989 to 1991 found that the heads of district health offices felt powerless to address weaknesses in health care performance, even though districts were units where government management functions had been decentralized. In order to understand the views of managers, this article analyzes the pattern of decentralization in the health system from their point of view. It reviews historical developments in government structures and the theory and practice of decentralization in Tanzania. The accountability matrix for health care has become very confusing, with multiple sectoral and cross-cutting flows of authority within and between system levels. District heads of district health offices have limited authority to take management actions, such as managing resources, in a way that should begin to address inefficiency and poor quality of care in primary care. District health management also suffers from weak resource allocation and financial management procedures. The main barriers preventing more effective management are: resource constraints; conflicts between demands for central control and local policies; limited institutional capacity; and the political and cultural

influence on the implementation of decentralization. An evaluation of past experiences suggests that future policies affecting the organizational structure of government health services should be developed with care, given the importance of complementary measures to develop both institutional capacity and political and economic support for the health system.

Hayes, Mann, Morgan, and Kelly (2012) studied collaboration between local health and government agencies for health improvement. The results of this study indicate that there are positive things even though they are not reflected as a whole, the results obtained are positive. This is due to the extra expenditure that must be spent on creating collaborative partnerships. Collaborative partnerships aim to improve the quality and health status of local communities. Collaborative partnerships monitor outcomes, ideally starting well in advance of interference or intervention from parties not directly related to this goal. Collaborative partnerships consider paradigm shift in service delivery, assess and analyze whether services can be applied as designed and function well.

Allegedly, AIDS cases were first discovered in 1959, namely, with the discovery of a young man who died in the country of Congo because of an illness that could not be identified at that time. A few years later, medical analysis of the blood samples concluded that the blood samples of the Congolese were confirmed to be the first cases of AIDS victims in the world. 1981. The doctors in Los Angeles, California, and New York reported cases of *Pneumocystis Carinii* Pneumonia (PCP) and a rare type of cancer, namely Kaposi's sarcoma which infects homosexual (gay) patients. Then. The center for Disease Control and Prevention (CDC) in the United States disseminated these findings and immediately referred to this disease as Gay Related Immune Deficiency (GRID), that is, a syndrome of decreased immunity that occurs as a result of homosexual behavior among gays. Since then. discrimination and stigma against homosexuals is greater. Previously, society had considered homosexual behavior as dirty. Now they further isolate the perpetrators because they believe that homosexuals can transmit the deadly virus. (Modul Adaptasi Pelatihan & Pemberdayaan Masyarakat Agama. 2013).

Time passes frequently. GRID changes to AIDS (Acquired Immune Deficiency Syndrome). This is because immunosuppression syndrome does not only occur among homosexual men, but also in women, heterosexual men, drug addicts, hemophiliacs, recipient of a blood transfusion, and even newborn babies. The AIDS virus was actually only discovered in France in 1983 (AusAID. 1985). Dr. Robert Gallo (1984) who works for the Federal National Center Institute of the United States, has isolated a virus called HTLV-III, namely the virus that spreads AIDS. The international committee then gave the virus a new name with the term (Human Immuno-Deficiency Virus). The spread of AIDS then became even wider, reaching 51 countries. Experts claim that in fact in 1980 there were around 100,000 people living with HIV worldwide, but most of them don't realize it. At the end of 2007 there were around 33.2 million people infected (WHO-UNAIDS; 2007). HIV and AIDS have become the main epidemic that is very disturbing and threatens the survival of mankind (Modul Adaptasi Pelatihan & Pemberdayaan Masyarakat Agama. 2013).

Many people view HIV and AIDS with the same understanding. Therefore, have the underlined presumption that someone who is HIV positive could die tomorrow (within a short span of time). After someone is infected, the virus begins to destroy his immune system (immune). After some time, the person's immune system becomes very weak and he or she becomes susceptible to health problems. So, HIV positive people have the virus in their body, but don't have AIDS yet. After time passed, his immune system will deteriorate as HIV multiplies and destroys CD4 cells, and that person produces AIDS.

AIDS is acquired immune deficiency syndrome. that is, a symptom caused by a decreased immune system. The cause of AIDS is HIV (human immunodeficiency virus). This virus lives in the sperm fluid, vaginal discharge, breast milk and blood. HIV / AIDS can be transmitted in several way including unsafe sex with HIV-identified persons and pregnant women with HIV identification. HIV occurs through four stages, namely; 1. The seroconversion stage, namely the initial infection (window period). 2. Asymptomatic stage. There are no symptoms yet. 3. Symptomatic

stage. The stage where the patient begins to feel symptoms (opportunistic infection) and the last one. 4. The AIDS stage. People with HIV / AIDS are called ODHA (people with HIV and AIDS). As for the symptoms of a person who may be infected with HIV, including prolonged fatigue, shortness of breath and prolonged cough, weight loss markedly, enlarged glands (in the neck, armpits, groin) for no apparent reason, bluish red patches on the skin (skin cancer), often fever (more than 38 degrees Celsius) accompanied by night sweats for no apparent reason, diarrhea for more than one month for no apparent reason (Rowe. 2013). In the early cases of contracting HIV, most of these people tend to show strong reactions such as rejecting the test results, cry, regretting and scolding yourself, even isolating myself. Times like that are psychological symptoms that can actually make the person worse off. Coaching for ODHA is needed so that ODHA will continue their life.

3. MATERIAL AND METHODS

This research was conducted using a quantitative approach. The research process is deductive, in which to answer the problem formulation, a concept or theory is used. In this research, the object of research is the people in North Aceh Regency. The current population of North Aceh Regency is 602,554 people (Aceh Utara in Figures, 2018). In accordance with the objectives to be achieved, the population used was 602,554 people and the sample in this study was 400 people. The data collection technique used in this research is by distributing questionnaires, interviews, observation and documentation study. The quantitative analysis technique in analyzing the data used in this study is to use Structural Equation Modeling (SEM).

out the functions of supporting government affairs in the planning sector that they have not been able to ensure programs and activities for the fulfillment of basic services that should be contained in the RPJMD, Renstra PD, RKPD and Renja PD documents. If there is any, it does not explain in detail the minimum service standards as mandated by Permendagri No. 100 of 2018. Another thing, researchers see that regional apparatuses have not seriously prioritized program budgets and basic service fulfillment activities in the RPJMD, Renstra PD, RKPD and Renja PD documents, and have not been able to confirm the program budget in the 2019 APBK for North Aceh.

Researchers also found that when digging further information about the structure of the MSS implementation team in North Aceh District, they did not find detailed information. The government only stated that the North Aceh District MSS Implementation Team had been formed, but it was not yet fully able to do things in full according to the Permendagri. There is a fact that the North Aceh District MSS Implementation Team has not yet fully been able to carry out tasks such as; compiling the SPM action plan, coordinating the implementation of the SPM with regional SPM officials, coordinating data collection, updating and synchronizing data related to the application of SPM periodically, disseminating the application of SPM to community representatives as beneficiaries.

4.2 HIV AIDS services in Aceh Utara District

Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) are still serious health problems in Indonesia, including in North Aceh District, because the development of cases tends to increase. The groups most vulnerable to contracting this virus are teenagers and housewives. Their knowledge of this matter is still low. Especially production health. In particular, ways to protect oneself from risky sexual behavior, prevention of unwanted pregnancy, sexually transmitted diseases, especially HIV and AIDS. As of June 2018, according to data from the Ministry of Health, it is estimated that there are more than 600 thousand people with HIV and AIDS (PLWHA) in Indonesia. In detail, the total number of HIV sufferers was 301,959 and 108,829 AIDS people, dominated by productive age 25-49 years. Meanwhile, in 2019 from April to

June the number of HIV cases reported was 11,519 people. The highest percentage of HIV infection was reported in the age group 25-49 years (71.1%), followed by the 20-24 years age group (14.4%), and the age group ≥ 50 years (9%). The HIV ratio between men and women is 2: 1. The highest percentage of HIV risk factors in April-June 2019 were risky sex among male sex (MSM) (18%), heterosexual (17%) and the use of non-sterile needles for IDU (1%). There was an increase in the number of reported HIV cases compared to the first quarter of 2019 (11,081 people to 11,519 people).

No.	District	Number of People with HIV AIDS
1.	Dewantara	15
2.	Baktiya	10
3.	Muara Batu	7
4.	Kuta Makmur	7
5.	Meurah Mulia	6
6.	Lhoksukon	5
7.	Nisam Antara	5
8.	Matangkuli	5
9.	Syamtalira Aron	4
10.	Tanaj Jamboe Aye	4
11.	Syamtalira Bayu	4
12.	Lapang	4
13.	Samudera	4
14.	Nisam	3
15.	Cot Girek	3
16.	Seunudon	3
17.	Sawang	2
18.	Tanah Luas	2
19.	Sampoiniet	2
20.	Tanah Pasir	2
21.	Buket Hagu	1
22.	Nibong	1
23.	Lhok Beringen	1
24.	Simpang Kramat	1
25.	Pirak Timu	1
26.	Blang Glumpang	1
27.	Langkahan	1
Jumlah		103

Figure 3. Number of people with HIV AIDS in North Aceh

In North Aceh District, the data that the researchers received from the Health Office itself were 103 cases of HIV AIDS, 36 of which died because they did not routinely take drugs as recommended by officers. Aceh Utara is the district with the highest number of HIV AIDS cases in Aceh Province. The number of people living with HIV AIDS in Aceh Utara District shows an

increasing trend every year. Drugs and free lifestyle are the main factors in the spread of this deadly virus. AIDS is caused by the Human immunodeficiency Virus (HIV). When HIV enters the body, it destroys CD4 cells. CD4 cells are the part of white blood cells that fight infection. The fewer CD4 cells in the body, the weaker a person's immune system will be.

As stated by Chaidir, an HIV AIDS prevention and control activist who is also one of the founders of the Permata Atjeh Peduli Foundation (YPAP), this disease can be separated into four phases or stages. The first stage is the primary HIV infection stage. From the time of viral infection to the formation of antibodies in the blood. The person will feel a low-grade fever, sweats at night. This first phase also includes the window period. The second stage is the Asymptomatic Stage. Where the person is in good health as usual, the immune system is still strong enough. The third stage is the Symptomatic HIV Stage. Patients sometimes experience mild mouth pain, skin infections or night sweats. The person can receive treatment or treatment for the infection and be cured. A few months later, he will have another infection. These mild infections indicate a small scale of weakened immunity. This means that the HIV virus has damaged the immune system to the point where the immune system can no longer perform its normal function. The fourth stage is the progression of HIV to AIDS. The incidence remains of serious opportunistic infections such as TB, PCP (ie serious opportunistic infection of the lungs), diarrhea and caposi'ssarcoma (a type of skin cancer). There is deterioration in health, which in the end results in death. In this last phase we can say that the person has AIDS.

From some of the documentation obtained, the investigators found information that the transmission (viral factor) of HIV transmission increases with increasing viral load. That is 12% in those with a viral load below 1000 RNA / ml compared to 29% in those with a viral load greater than 10,000 RNA / ml. Viral load is the number of virus particles in 1 ml or 1 cc of blood. The greater the number of virus particles in the blood, the higher the risk of a person with transmitting the virus and experiencing HIV complications, such as opportunistic infections and AIDS. Opportunistic infections can include: 1. Enlarged glands / glands; 2. Oral infection; 3. Conditions on the skin; 4.

Brain infection; 5. Lung infection; 6. Losing serious weight.

Although very rare, HIV can also be transmitted through oral sex. However, transmission through oral sex will only occur if there are open sores in the patient's mouth, such as bleeding gums or canker sores. Sharing the use of needles with HIV sufferers is one way that a person can contract HIV. For example, using shared needles when making tattoos or when using injecting drugs. Please note, HIV is not spread through skin contact such as shaking hands or hugging people with HIV. Transmission also does not occur through saliva, unless the patient has mouth sores, bleeding gums, or there is an open sore in the mouth.

No one can truly be prepared for the shock and emotional sorrow he experiences on hearing the news; "You are HIV positive." The initial shock often leads to a phase of denial, worry and fear. Being diagnosed with HIV positive can have a profound effect on a person's life. Many of those diagnosed have the thought that the world is over for them, everything is impossible to do anything, hope for life is running low, the chance to be happy is impossible. But many of those who are diagnosed as HIV positive can resume normal lives after diagnosis. At the same time, they tend to pay more attention to their physical and health status and often worry about minor illnesses. Is Lila, an HIV AIDS survivor who suffers from HIV AIDS from her husband. Lila explained her experience after being diagnosed with HIV. Initially when he found out that he was infected with HIV, there was tremendous confusion. Asking, is this reality or just a dream, what wrongs and sins have you committed? Is death coming soon? The world seemed to be dark and despair followed. So that one day he found the realization that he could not continue like that. He continues to seek information about what HIV and AIDS is, continues to learn and adopt a healthy lifestyle. Routine health checks at health centers and hospitals, as well as working in the community to fight for the rights of PLWHA, give understanding to the general public that HIV and AIDS are not merely the result of sin, because many PLHIV are exposed due to their ignorance and they need to be embraced to provide enthusiasm and a longer life expectancy.

The North Aceh district government has stated that it has done various things to serve HIV AIDS

sufferers so that they can continue their lives. The large number of people with HIV / AIDS encourages the government to immediately tackle it. To overcome this, the government formed the National AIDS Commission (KPAN) through Presidential Decree number 36/1994. In 2006, the KPAN was born more recently with the issuance of presidential regulation number 75/2006. These regulations change regarding membership status and the workings of KPAN. Aceh Utara District has also established an HIV AIDS Commission. So far, so that the response can be carried out evenly, the Aceh Utara KPA has received funds from APBK and funds that are not binding in nature such as the Global Fund. In addition, his party also collaborates with central government agencies and the business world, non-governmental organizations, professional organizations, universities, and international agencies. So far, the North Aceh KPA has continued to disseminate the dangers of HIV / AIDS throughout North Aceh in coordination with related parties to facilitate HIV / AIDS testing services. Aceh Utara KPA together with the team and Voluntary Counseling Testing (VCT) also conducted outreach and counseling. For easy understanding, the socialization was conducted in two languages: Indonesian and Aceh. Socialization is not only open to the public in various circles, but also to detention centers and schools. The socialization is expected to be able to move the hearts of the public to check themselves to ensure that there is the HIV virus in their bodies, and to embrace those who are infected with the virus. This is of course very important, considering that to this day there are still those who isolate sufferers. There are drugs that are officially recommended by the government and provide full subsidies and make it easier for HIV sufferers to access these drugs. Although not fully using the government budget, the drug is given to PLHIV who are in the poor category for free.

5. CONCLUSION

There were 103 cases of HIV AIDS in Aceh Utara District, where the majority of HIV and AIDS sufferers were in Dewantara and Baktiya Districts. There is a significant increase in HIV AIDS cases every year, it seems that the health office does not carry out surveillance and take serious case prevention, so that HIV AIDS cases are increasing and expanding. The government

states that supervision and counseling is carried out once a year but is carried out in 15 different sub-districts. In implementing Permendagri No. 100 of 2018, the government has not been able to maximize its services, although in this regulation the local government can do it in stages, has not seriously prioritized program budgets and activities to fulfill basic services in the RPJMD, Renstra PD, RKPD and Renja PD documents, and have not been able to confirm the program budget in the North Aceh APBK 2019. The implementation of SPM North Aceh Regency has been formed, it's just that it is not yet fully able to do things in full according to the Permendagri

There is a fact that the North Aceh District MSS Implementation Team has not yet fully been able to carry out tasks such as; compiling the SPM action plan, coordinating the implementation of the SPM with regional SPM officials, coordinating data collection, updating and synchronizing data related to the application of SPM periodically, disseminating the application of SPM to community representatives as beneficiaries.

In North Aceh District, out of 103 HIV AIDS cases, 36 of them died because they did not routinely take medication as recommended by officers. Aceh Utara is the district with the highest number of HIV AIDS cases in Aceh Province. The number of people living with HIV AIDS in Aceh Utara District shows an increasing trend every year. Drugs and free lifestyle are the main factors in the spread of this deadly virus. No one can truly be prepared for the shock and emotional sorrow he experiences on hearing the news; "You are HIV positive." The initial shock often leads to a phase of denial, worry and fear. Being diagnosed with HIV positive can have a profound effect on a person's life. Many of those diagnosed have the thought that the world is over for them, everything is impossible to do anything, hope for life is running low, the chance to be happy is impossible. Support from various parties is needed to disseminate health education for the wider community, especially for people with HIV AIDS, giving the understanding that HIV and AIDS are not merely the result of sin, because many PLWHA are exposed due to their ignorance and they need to be embraced to give enthusiasm and life hope the longer one.

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