Abstract: This type of qualitative research uses a phenomenological approach, while the results show that health services in rural areas are not optimal, this is due to lack of health workers such as doctors and nurses, so that the nurse in the view of rural communities is someone who has dual function abilities, in addition to caring for them as well, usually asked for help to give prescriptions in giving medicine, besides that health facilities are still low, and road access is still difficult to reach and also there are still many people who seek treatment from traditional healers or people who are considered to have the ability in terms of treatment.

Keywords: Healthy, Region Internal, Nurse, Service

CHAPTER I INTRODUCTION

All people have the right to adequate health services. Because health is a human right and one of the elements of welfare that must be realized. This is in accordance with the mandate of Article 14 of Law no. 36 of 2009 concerning Health. Where in the article the implementation of equitable and affordable health efforts for the community is planned to be fostered, organized and supervised by the government. However, in realizing equitable distribution of health efforts in Indonesia, the government faces various obstacles. The main obstacle faced by the government is geographical and social constraints, namely people living in remote areas.

Indonesia is one of the countries with the largest population density in the world. The diverse economic conditions of the community lead to social inequalities in various fields of life. One of them is the uneven distribution of health services in all corners of the archipelago, which makes the reputation of health services in this country is considered bad in the eyes of the lower class economic community. Currently, the progress and success of health services and even education in Indonesia can only be seen in urban areas.

All facilities are available in full, just choose according to the thickness of the wallet in your pants pocket. While what about the outermost, remote, underdeveloped areas which incidentally are still included in the territory of Indonesia as well? Maybe young people, adults and parents out there can help answer and erode little by little from the problems that have arisen so far.

It is true that health is not everything, but without health everything is meaningless. Health is an urgent matter for all humans on this earth. Taking preventive measures for the community to avoid the threat of disease is everyone’s responsibility, especially for me as a public health worker.

Many people out there who prefer health solutions through treatment (curative). In fact, it is not only treatment (curative) that a person must take to fulfill his health status, but also must be accompanied by preventive measures, especially in remote and outermost areas. When limitations become an obstacle in the area, actually the health proverb "prevention is better than cure" is the solution to health problems so far. but this is often overlooked by many people, including in the 3T area.

The Healthy Indonesia Card (KIS) program, which is also one of the government's programs in order to improve the health status of the community evenly, is the right step that must be supported by professional health workers to create a healthy archipelago. However, after the card was launched, can it answer the health problems in Indonesia so far? No, not at all. So many experiences that I have experienced so far, including the experience of serving in the border area. The process is so complicated and long that many cardholders prefer to remain silent with their health problems.
Health services basically aim to carry out prevention and treatment of disease, including medical services carried out on the basis of individual relationships between doctors and patients who need healing. In the relationship between the doctor and the patient, a therapeutic transaction occurs, meaning that each party has rights and obligations. Doctors are obliged to provide the best medical services for patients. This media service can be in the form of establishing a diagnosis correctly according to procedures, providing therapy, taking medical actions according to medical service standards, and providing reasonable actions that are indeed necessary for the patient's recovery. The maximum effort made by this doctor is intended so that the patient can get the rights he expects from the transaction, namely healing or restoring his health.

Formulation of the problem

1. How are health services in rural areas in Indonesia
2. What are the challenges in providing health services in rural areas of Indonesia

CHAPTER II. LITERATURE REVIEW

A. Public policy theory

Public policy is a rule made by the Government and is part of a political decision to address issues and issues that exist and develop in the community. Public policy is also a decision made by the Government to make certain action choices to do nothing or to perform certain actions. Public policy is what the government has chosen to work for or do not work on. Carl Friedrich in Dede Mariana (2010) explains that policy is a series of actions or activities proposed by a person, group, or Government in a particular environment where there are obstacles (difficulties) and possibilities (opportunities) where the policy is proposed to be useful in the resolve to achieve the intended purpose. Public policy is required, at least because: 1) public policy is a regulation; 2) Regulation is the rule made by the State Government organizer; 3) So, public policy is needed to organize or manage a life of community, nationality, country, in all aspects of life of the crowd; 4) Public policy is one of the tools or devices needed to achieve the objectives set by the Government in the name of the public interest.

The public policy process, at least, includes: 1) formulation of problems; 2) forecasting; 3) Recommendation; 4) monitoring; 5) evaluation. Innovative public policies must always be: 1) based on the public interest; 2) planning, implementation, and supervision, and evaluation involving public participation; 3) The housing is constantly moving dynamically according to the development of public aspirations. Public policy terminology is surprisingly good, depending on the angle in which we are articulated. Easton provides a public policy definition as the authoritative allocation of values for the whole society or as an allocation of values forcibly to all members of the community. Laswell and Kaplan also interpret public policy as a capacitance program of goal, value, and practice or a program of achievement of objectives, values in directed practices. Other public policy definitions were also expressed by Anderson stating public policy as a purposive course of action followed by an actor on set an actors in dealing with a problem or matter of concern or as an act of having a specific purpose followed and implemented by a perpetrator or group of actors to solve a problem.

The aspect of public policy according to Dye (1995) in Susy Susilawati (2007) can be defined as everything the government does, why they do, and the results that make a living together stand out differently (what government do, why they do it, and what difference it makes). Dunn (2003) in Susy Susilawati (2007) suggests that public policy is a complex dependency pattern of mutually dependent collective choices, including unacting decisions, made by agencies or government offices. Stakeholders here are individuals, groups, or institutions that have an interest in a policy. Stakeholders of this policy can be actors involved in the formulation and implementation of policies, beneficiaries and victims who are harmed by a public policy. There are three groups of stakeholders, namely key stakeholders, primary, and secondary stakeholders (Suharto, 2007 in Yuli et al, 2012). While the public policy process itself consists of three fundamental phases, namely formulation, implementation, and evaluation (in Yuli et al, 2012).
1. Transparency of public policy

Public transparency is a principle that guarantees access or freedom for everyone to obtain information about governance, namely information about the policy, the process of making and implementation, and the results achieved. The assumptions that can be formulated, the more transparent the public policy, which in this case is the APBD then the supervision made by the Board will be increased because the community is also involved in supervising the public policy (Yulinda and Lilik in Dedi Rudiyanto, 2012).

The implementation of policy is a process of implementing policy decisions conducted by individuals/officials or Government or private groups in order to achieve the objectives outlined in policy decisions that will affect the outcome of a policy. In connection with the success of the policy implementation, Edward III raised four factors affecting the implementation of the policy or the successful absence of a policy is (1) communication (2) resource (3) Disposition/attitude (4) bureaucratic structure.

2. Policy formulation theory

Policy formulation is an initial policy in public policy. In the essence of policy formulation theory, there are at least 13 (thirteen) types of policy formulation, namely institutional theory, process theory, group theory, Elite theory, rational theory, incremental theory, game theory, Public choice theory, system theory, integrated Observation theory, democratic theory, strategic theory, and deliberative theory (in Burhanuddin, 2009).

3. Public policy roles

In general public policy is a government intervention that aims to alter the existing or influence the direction and pace of ongoing changes in society, in order to realize the desired conditions. The intervention is carried out through a or a series of policy strategies using various policy instruments. In this case, the conditions that want to be influenced as well as the possibility of changes to occur are very specific. It is very dependent on timeliness and accuracy of the target and accuracy of the community.

It can only be understood and lived precisely by those who live in the community concerned. The competitive advantage of each country is determined by how much the ability of the country creates the environment, which can foster the competitiveness of any perpetrators in it, especially economic actors. In the context of global competition, the task of public sector is to build an environment that allows every perpetrator, both business and non-bicyclics to be able to develop themselves into competitive actors. Good public policy is a policy that encourages every citizen to build his or her competitiveness rather than direct the citizens to a dependency pattern. This is the strategic significance of public policy and why public policy becomes very important, in the face of present and future challenges.

B. Development Management Perspectives

1. Understanding Management

Mary Parker Follet For example, defines management as the art of completing work through others. This definition means that a manager is tasked with organizing and directing others to achieve organizational objectives. Ricky W Griffin defines management as a process of planning, organizing, coordinating, and controlling resources to reach goals effectively and efficiently. Effective means that the objectives can be accomplished according to the planning, while efficiently means that the existing task is executed correctly, organized, and on a planned schedule.

Mary Parker Follett in Hani Handoko defines management: as an art in completing work through others. Further explained, in achieving organizational objectives, managers use other people or can be said managers do not perform the tasks themselves in achieving organizational objectives. So, it can be summed up in this case that the manager’s function is organizing and directing others to achieve the organizational goals. James AF Stoner in Boedyo Supono (2011) provides a definition of management is the process of planning, organizing, directing and supervising the efforts of the members of the Organization and the use of other organizational resources to achieve the objectives of the organization that has been established.
Management is a science that learns how to achieve objectives effectively and efficiently by using help through others (in the form of a wide range of help in mind, energy and can also Intuit (Lamidjan in Bambang and Muntiani 2012). Management is a key element in an organization. The organization can be said to succeed, when it has set its members to perform their respective duties.

2. Development

The success of the regional development planning is certainly not to be detached from the mass media in it. Why such, because the government, the press, and the community are a unity that requires each other (Idawati Pandia, 2008). Broadly, it can be identified three patterns of thought and development practices that develop in Indonesia, each of which emphasizes a different approach, namely political, economic, and moral emphasis as a commander. According Totok Mardikanto: development is defined as a conscious and well-planned effort to implement the changes that lead to the economic growth and improvement of the quality of life or welfare of all citizens, especially for the long term. This effort is implemented by the Government which is supported by the participation of the community using the technology chosen. While Lionberger and Gwin define development as a problem solving process, both problems faced by the apparatus in every level of government bureaucracy, among researchers and counseling, or problems faced by citizens.

The term development could have been interpreted differently by each person, one area with another, or one country with another country. It is important for us to be able to have the same definition in interpreting development. Traditionally, development has the meaning of continuous improvement in a country's Gross domestic product (GDP) or gross domestic product (GDP). For the region, the meaning of traditional development is focused on the PDRB of provinces, counties and cities (RM Riadi and Caska, 2008). In the Great English Dictionary, development means the process, the way, and the Deed of building (Mochamad, et al, 2012).

Kartasasmita in Redatin, DKK (2013) argues, in order to empower the community, it must create a climate that can develop the potential and power of society. Development managers must demonstrate earnest alignments in the people to open development management opportunities to empower society through the improvement of human resources (human resources) as a real step in developing initiatives, participation, non-governmental, and encouraging, motivating, and raising awareness about its potential. In contrast, without the earnest alignments of development management will make the direction of community empowerment become blurred.

CHAPTER III. RESEARCH METHODS

Types of qualitative research through a phenomenological approach

CHAPTER IV. DISCUSSION

Health services in the interior of South Sulawesi

One of the health services provided by the government is Puskesmas as primary service provider which is the mainstay of service for the community, but has not been able to provide services for remote areas, borders and islands. The working area of the puskesmas is quite wide, geographically some are difficult to reach, the population is small, spread out in small groups far apart from each other. Means of transportation are very limited with expensive costs both land, river, sea and air. Public health status and coverage of health services in remote border areas are still low.

People in general do not have the knowledge and behavior of healthy living and unfavorable environmental conditions. The use of puskesmas in remote areas is influenced by, among others, service access which is not only caused by distance problems, but there are two determinants (determinants) namely the determinants of supply which are service factors, and demand determinants which are user factors (Timyan Judith, et al. al, 1997). The determinants of provision consist of service organization and physical infrastructure, place of service, availability, utilization and distribution of officers, service costs and service quality. While the determinants of demand which are user factors include low education and socio-cultural conditions of the community as well as low or poor income levels. The primary needs in order to gain effective access to services are the availability of facilities and staff, affordable distance and finance, and socio-cultural issues that are acceptable to users. Obstacles that exist are
the distance of the user's residence from the place of service, lack of tools and supplies at the place of service, lack of funds for transportation costs, and lack of funds for medical expenses.

In addition to the factors of transportation facilities and infrastructure, there are many other factors that have not been clearly revealed related to the affordability of services that can help solve these problems.

➢ Inhibiting factors for rural community health services

Today, the implementation of health services in the community is not optimal. This is influenced by several factors, namely the increase in new science and technology, shifts in community values, legal and ethical aspects, economics and politics.

1. New science and technology

The implementation of the health service system can be influenced by new science and technology, given the development of science and technology, it will be followed by the development of health services or also as an impact health services are clearly more abreast of developments and technology such as in health services to overcome the problems of diseases that difficult to use the use of tools such as lasers, gene change therapy and others. Based on that, health services require quite expensive costs and services will be more professional and require skilled personnel in certain fields.

2. Shifting community values

The continuity of the health service system can also be influenced by the values that exist in the community as service users, where with the diversity of society, it can lead to the use of different health services. People who are advanced with high knowledge will have more awareness in the use/utilization of health services, and vice versa, people who have less knowledge will have low awareness of health services, so that such conditions will greatly affect the health care system.

3. Legal and ethical aspects

With high public awareness of the use or utilization of health services, there will be higher legal and ethical demands in health services, so that health service providers must be required to provide health services in a professional manner by taking into account the legal and ethical values that exist in the community.

4. Economy

The implementation of health will be influenced by the economic level in the community. The higher a person's economy, health services will be more considered and easily accessible, and vice versa if a person's economic level is low, it is very difficult to reach health services considering the cost of health services requires quite expensive costs. This economic situation will be able to affect the health care system.

5. Politics

Government policies through the existing political system will be very influential in the health service delivery system. Existing policies can provide a pattern in the health care system.

J. Strategy for rural community health services

Health development is an inseparable part of national development which is pursued by the government. In carrying out health development in the midst of increasingly complicated health problems and burdens, a precise strategy is needed to deal with them. In dealing with health problems, the Ministry of Health has five main strategies. This was stated in the Minister of Health's speech at the flag ceremony on January 17, 2006. The Minister of Health said that the key to success in future health development is largely determined by political commitment from all parties, both from the executive, legislative, and from the community including the private sector. Another key to success in the midst of limited resources in terms of funding and manpower is to
prioritize areas of health development, such as Maternal and Child Health. Therefore, the Ministry of Health will take 4 main strategies, namely:

1. Mobilize and empower people to live healthy lives.

The main target of this strategy is that all villages become alert villages, all communities have a clean and healthy lifestyle and all families are aware of nutrition. Increase public access to quality health services.

The main objectives of this strategy are; Every poor person gets quality health services; every infant, child, and high-risk community group is protected from disease; in every village there are competent health human resources; in each village there are sufficient essential medicines and basic medical equipment; each Puskesmas and its network can reach and be reached by the entire community in its working area; Health services in every hospital, health center and its network meet quality standards. Improve surveillance, monitoring and health information systems.

The main targets of this strategy are: every disease incident is reported quickly to the village/lurah to be forwarded to the nearest health agency; any extraordinary events (KLB) and disease outbreaks are handled quickly and precisely so that they do not cause public health impacts; all the availability of pharmaceuticals, food and medical supplies meet the requirements; control of environmental pollution in accordance with health standards; and the functioning of health information systems throughout Indonesia.

2. Increase health financing.

The main targets of this strategy are: health development has priority in central and local government budgeting; the government's health budget is prioritized for efforts to prevent and promote health; and the creation of a health financing insurance system, especially for the poor.

On this occasion also presented the National Medium Term Development Plan (RPJMN) 2004-2009. Based on Presidential Regulation No. 7 of 2005 concerning the National Medium-Term Development Plan (RPJMN) 2004-2009, it has been determined that the target of health development at the end of 2009 is to increase the health status of the community through increasing public access to quality health services. said the Minister of Health. The achievement of these targets is reflected in the indicators of the impact of health development, namely:

- Increased life expectancy from 66.2 years to 70.6 years
- Decrease in infant mortality from 35 to 26 per 1000 live births
- Decreased maternal mortality rate from 307 to 226 per 100,000 live births
- Decreasing the prevalence of malnutrition in children under five from 25.8% to 20%.
- It was further stated that in the implementation of health development, the Ministry of Health has been determined to uphold the following values

3. On the side of the People

In the implementation of health development, the Ministry of Health will always side with the people. Obtaining the highest degree of health for everyone is a human right regardless of ethnicity, religion, and socioeconomic status.

4. Act quickly and precisely

In overcoming health problems, especially those of an emergency nature, it must be done quickly. Rapid action must also be followed with careful consideration, so that it can hit the target with the right intervention.

5. Teamwork

In carrying out health development tasks, a complete and unified team work must be fostered, by applying the principles of coordination, integration, synchronization and synergism.
6. High integrity

In carrying out their duties, all members of the Ministry of Health must have sincerity, honesty, strong personality, and high morals. For those of us who live in urban areas, is it currently difficult to find health care facilities? When we talk about health services in Java, it seems that almost all areas are covered by medical personnel. Whether it's in 24-hour clinics, primary clinics, hospitals, and doctor's offices. Even then, we still hear complaints about the slow bureaucracy in various health facilities. Some say the service is slow, the doctor doesn't come right away, waiting for long medicines. Still, 1001 complaints came in line with the level of public stress when the pain was not cured. How is it with our brothers and sisters living in the 3T area? 3T refers to areas that we have considered as suburbs. That's what it means on the outskirts of Indonesia. 3T itself means Lagging, Foremost, and Outermost. Have you ever imagined that our brothers and sisters have to go through the wilderness and the swift currents of the river for hours to treat their illness? Does anyone still have that? Let's try to imagine the condition of the people in the interior of Papua. Don't talk about Jayapura as a bustling city, okay? Or Merauke which has grown rapidly according to the standards of eastern Indonesia. Let's take a closer look at the people who live in rural areas and other remote places. Its far from the city, far from everywhere. If it's still difficult to get basic necessities, how about health needs? One area that we can use as an example of the lack of health facilities is in Boven Digoel Regency, Papua. To get to the area alone, people must be willing to travel by land and water for hours. You can imagine, it is really difficult for people in the area to reach health facilities when they get sick. So far they have been helped by the Asiki Clinic, a health clinic managed by the palm oil company PT. Korindo Group which has been established since 1969.

The Asiki Clinic, which was previously located within the company area, has been moved and built outside the area so that it is easier for the public to access it. It is hoped that with this action, more community members around the company can be helped when they need health services. But people who live in other remote areas and close to the border, of course, it is very difficult to reach this clinic. The distance of access to health and the hereditary habit of relying on treatment from traditional elders, makes them reluctant to go to the doctor.

Then what will happen if this health service does not reach the 3T area like in Boven Digoel Regency? Until now, there are still some vulnerable points around health problems in Boven Digoel. What is still high is the maternal mortality rate, newborn babies and toddlers. In Papua, there are still many cases of malaria, tuberculosis, and HIV/AIDS. You can imagine what the conditions would be if the people there were not reached by health facilities. This is where the role of the private sector working together in the health sector is to overcome the existing problems. As a form of corporate responsibility to the social conditions of the surrounding community or what we usually know as CSR (Corporate Social Responsibility) / CSC (Corporate Social Contribution).

Efforts to improve the quality of health in rural areas are not new to us. This issue has been a concern of the government even since the early days of Indonesia's independence. In the first years of Indonesia's independence, the government's focus was to advance socio-economic aspects and technological developments, one of which was health. Efforts to improve health have made significant progress in Indonesia. However, the main problem is its inequality across the archipelago. For example, some eastern parts of Indonesia, such as Papua and East Nusa Tenggara, are still far behind in the health sector when compared to urban areas on the island of Java.

The difficulty of the terrain that must be taken to reach remote areas causes obstacles to the entry of health facilities into remote areas. In addition, the low level of public awareness of health is an obstacle for doctors and health workers who work in remote areas. This causes people who live in rural areas to prefer non-medical treatment such as traditional healers. In addition, inland areas that are rich in herbal plants have caused the people of eastern Indonesia to prioritize herbal treatment over medical treatment. portrait of a volunteer doctor in the interior of Papua Together with indigenous Papuan women The many obstacles that must be faced in overcoming health problems in remote areas of Indonesia are one of the government's main tasks. For example, the main obstacle in improving health facilities, especially in remote areas, is the problem of connectivity. This is a problem because of course in this era of global digitalization, connectivity and easy access to the internet are important things to support public health, especially to achieve the mission of easy access to the digital health system (E-Health). The government is required to pay more attention to improving connectivity so that health can be reached by all people wherever and whenever, so that consultation fees and so on can be reduced to be more affordable or even facilitated free of charge.
Government programs designed to improve the health sector such as KIS (Healthy Indonesia Card), BPJS (Health Insurance Administration Agency), and JKN (National Health Insurance) are actually good programs. The existence of programs like this shows the government's concern for health issues in this country. However, in my opinion, this program is not effective enough in overcoming health problems, especially in remote areas. I myself believe that people in rural areas do not really need health insurance cards like that. Because of course the social security card is only needed by urban communities, not people in remote areas where access to the internet alone is very difficult and limited.

Then, the question is what exactly should be done to address this issue? In this case, the government must be able to understand the conditions and needs of primary and secondary communities in rural areas. Of course, they need more concrete action from the central and local governments. Real action that may be realized in the form of:
– Outreach to communities in remote areas about the importance of health and the importance of medical treatment over traditional medicine.
– Improved access to land, sea and air transportation to make it easier for doctors and health workers to access remote locations that are difficult to reach
– Increasing the quantity and improving the quality of doctors and other medical personnel sent to remote areas such as remote areas in eastern Indonesia

– Development of health infrastructure such as Puskesmas, Clinics, Posyandu, and Hospitals specifically in remote areas which is still minimal.
– Adding the availability of free medicines which in this case is fully facilitated by the government
– Full support from all levels of society as well as humanitarian organizations and private companies, as well as non-governmental organizations in Together helping to facilitate public health in the 3T area.

Two men who are part of the indigenous tribal community in Papua, along with portraits of two traditional traditional houses. Source: www.unsplash.com/Papua

Seeing the big things that I have mentioned above, of course it takes a lot of time and money. However, this does not seem impossible when we read the budget data for funds disbursed by the government in the health sector. The allocation of health budget funds made by the government appears to have positive fluctuations which have an impact on its increase from year to year. Based on data taken from the kemenkeu.go.id website, it was recorded that the state budget in the health sector in 2019 amounted to 117.0 trillion rupiah, and experienced growth in 2020 of 13.0% compared to the previous year, which this year was at 132.2 trillion rupiah.

The budget mentioned above is certainly not a small amount of funds. The addition of the state budget allocation by the government in the health sector is a form of government concern that should be appreciated. But what needs to be questioned is whether this large budget has been right on target and has been allocated properly. What might be the main focus of the government is how the APBN in the health sector can be used to realize the mission of achieving health equity in Indonesia. To achieve this, the government is once again required to focus on the APBN allocation to improve health facilities, especially for disadvantaged areas.

Apart from all that, the role of social institutions and private non-government companies is also able to have a big impact on improving the quality of health in rural areas. For example, several social programs carried out by Korindo Group in improving the quality of public health in remote areas have had a very strong impact. The establishment of Asiki Clinic in Bogen Digoel Regency, Papua, is a tangible form of Korindo Group's contribution in the health sector. The existence of this Asiki clinic contributes greatly to health care in remote areas, especially for pregnant and lactating women. What Korindo Group has done is an example of the concern of non-government private companies and the realization of CSR or Corporate Social Responsibility programs in the health sector, especially for 3T areas in Indonesia in order to achieve good health for others. Korindo Group’s real contribution is proven by the existence of the Asiki Clinic, which help improve the quality of health in rural areas.

The contribution of private companies such as Korindo Group that helps the government in efforts to deal with health issues like this is an extraordinary thing that should be appreciated. The existence of the Asiki Clinic in Papua in providing free services to the people of Bogen Digoel Regency, has proven to play an important role in improving the quality of health there. It is undeniable, by looking at its contribution in the health sector, this clinic
has been won by the Clinic, which was founded by the Korindo Group. Several awards have been obtained, such as in 2017, where this clinic was successfully named The Best Performance from BPJS Health in the Primary Clinic category at the Deputy for Papua and West Papua in 2017. In addition, on August 15, 2019, this clinic also received an award as an FKTP (First Level Health Facility) with a high commitment in providing the best service for JKN-KIS participants in the primary clinic category.

Korindo Group’s high commitment, with Asiki Clinic in helping to facilitate access to health in Papua, should serve as an example for other private companies in Indonesia. The establishment of Asiki Clinic which was initiated by Korindo Group through PT. Tunas Sawa Erma (TSE) is a form of concern for private companies regarding health problems, especially in areas registered as 3T areas. Unfortunately, companies like Korindo Group are still minimally found in Indonesia. Most private companies still do not have a high sense of concern for the health of people in remote areas. This is certainly a challenge and our task together to build awareness in the community and concern among other large private companies to awaken a sense of humanity towards our brothers and sisters who are in the 3T (Lagged, Frontier, and Outermost) areas in Indonesia.

Obstacles in Realizing Equitable Health Efforts in Inland Areas As we all know, uneven development causes disparities in various aspects. In the socio-economic and cultural aspects, of course, people who have not been touched by development experience disparities from people who are otherwise. Especially in terms of access to health services. Inland communities, which in fact have not been much touched by development, are constrained by many things in obtaining the implementation of health efforts. These obstacles include:

1. Lack of support for health personnel, facilities and infrastructure
2. Difficult terrain and transportation
3. The state of local environmental health
4. People's beliefs and behavior that are not in accordance with health efforts
5. Habits and culture of public treatment

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