

The Mayor's Political Leadership in HIV/AIDS Prevention and Control in Pekanbaru City

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Abstract

The AIDS Commission (KPA) is an institution formed in 2013 that has the function of leading, managing and coordinating efforts to prevent and control the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Deficiency Syndrome (AIDS) which is chaired directly by the Mayor of Pekanbaru. This paper aims to understand, examine in-depth and explain how the Mayor's leadership is in the prevention and control of HIV/AIDS in Pekanbaru, including Regional Apparatus Organizations, Health Organizations and Non-Governmental Organizations. This study uses a qualitative method with informant withdrawal techniques through Stratified Sampling, converted to the Snow Ball technique. This study showed that the mayor leadership in preventing and overcoming AIDS was autocratic due to the policies were made in the form of mayor regulations. The decisions were made only from the Mayor, causing weaknesses including unclear policy objectives, budgeting, and ambiguity regarding oversight by the legislative institution (DPRD) of Pekanbaru. It has an impact on communication, resources, disposition and bureaucratic structures.

Keywords: Leadership; AIDS Commission (KPA); Stakeholder

1. Introduction

Indonesia is an archipelagic country that applies a decentralized system where regional governments receive governmental power from the central government to regulate their regions with autonomy as regulated in Law number 23 of 2014 concerning regional government. In running this system, the local government has a vital role in facing challenges in achieving the community's goals in the regions (Maramis: 2017). Therefore, the skills of regional leaders are needed because it is necessary to motivate members to make improvements so that organizational goals can be massively realized (Mulyono: 2018).

Pekanbaru is an area that tends to experience a growing number of people

infected with the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Deficiency Syndrome (AIDS). There is currently an AIDS Commission (KPA) with legal regulations of Pekanbaru mayor number 32 of 2013 about HIV / AIDS prevention and control. It led directly by the Mayor, who has the task of leading, managing, and coordinating HIV / AIDS prevention efforts in Pekanbaru. It involves regional organizations, health organizations, non-governmental organizations. From now on referred to as stakeholders (Andreas Maruli Tua Tambunan: 2019), but in its current implementation, KPA Pekanbaru has not been able to reduce the number of people infected with the HIV/AIDS virus massively in Pekanbaru.

Table 1. Data on the Increase in the Number of People Infected with the HIV / AIDS Virus in Pekanbaru

Year	Infected by HIV	Infected by AIDS	Total of HIV/AIDS
2014	136	111	247
2015	241	168	409
2016	261	187	448
2017	247	201	448
2018	219	226	445
2019	249	354	603
2020	214	164	378
Total infected by HIV / AIDS from 2014 to 2020			2.978

Source: Data from the AIDS Commission Pekanbaru 2020

The table above shows that HIV/AIDS cases in Pekanbaru tend to increase from 2014-2020, which is already seven years of KPA's tenure in Pekanbaru, HIV/AIDS cases have only decreased twice. In the other five years, HIV/AIDS cases have amplified in Pekanbaru, and as long as the KPA has been in Pekanbaru, the number of HIV / AIDS cases has reached 2,978 people. Based on these data, it is certainly not in line to establish the KPA in Pekanbaru, namely to reduce the rate of transmission and spread of

the HIV / AIDS virus (Perwako number 32 of 2013). The tendency of increasing the number of people infected with the HIV/AIDS virus in Pekanbaru is because many of the stakeholders involved are still not doing their job. Carrying out HIV / AIDS prevention and control actions, especially in providing reports that are formerly no longer reported by Stakeholders involved that can be seen in the following table:

Table 2. Data report of stakeholders involved in the KPA secretariat of Pekanbaru every year **2013-2017 period**

No	Agencies involved	Year				
		2013	2014	2015	2016	2017
1	Health office	Available	Available	Available	Available	Available
2	Penitentiary class II A	Available	Available	Unavailable	Unavailable	Unavailable
3	Penitentiary class II B	Available	Available	Unavailable	Unavailable	Unavailable
4	Social services	Available	Available	Unavailable	Unavailable	Unavailable
5	BNN	Available	Available	Unavailable	Unavailable	Unavailable
6	Municipal Representative of the Manpower Ministry	Available	Available	Unavailable	Unavailable	Unavailable
7	12 other stakeholders	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
2017-2022 period						
No	Agencies	Year				
		2018	2019	2020		
1	Health office	Available	Available	Available		
2	27 other stakeholders	Unavailable	Unavailable	Unavailable		

Source: AIDS Commission Pekanbaru 2020

Pekanbaru KPA has conducted its two terms of office, in the first period 2013-2017, which involved 18 stakeholders and the second period 2017-2022 involving 28

stakeholders. For the first period reporting to the KPA secretariat of Pekanbaru, only six stakeholders reported, namely Health Office, BNN, Penitentiary class II-A, Penitentiary class II-B, Social Service and Manpower. The other 12 stakeholders did not report, and in the following year, only the Pekanbaru health office until its term of office ended in 2017.

At the end of 2017, the Pekanbaru KPA term was extended by the Mayor by adding to 28 stakeholders. Of the 28 stakeholders involved only the Pekanbaru health office reported, and the 27 other stakeholders did not. So from the two phenomena above, the tendency of increasing cases of HIV/AIDS and the absence of reporting by the stakeholders, the Mayor of Pekanbaru should have evaluated the implementation of HIV/AIDS prevention and control by KPA in the first period and not even increased the number of stakeholders involved. In the second period, the Mayor of Pekanbaru's policies resulted in structural fat but no function. It can be concluded that the prevention and control of HIV/AIDS have failed in implementation. It impacts the behaviour of stakeholders who tend not to know and understand that HIV / AIDS prevention is part of their function. This issue is contrary to the policy's function, which can affect the behaviour of the parties or stakeholders involved (Ramdhani, 2017).

2. Theoretical Perspectives

It is undeniable that globalization has become a gateway for many exchanges in economic, social, cultural and health. Health is an indicator to measure the welfare of a society or nation (Auliani, 2017). The emergence of a disease, namely Acquired Immune Deficiency Syndrome or better known as AIDS, has become a significant threat to the world of health in the 20th century. This type of disease originates from the most feared virus at this time, namely the Human Immunodeficiency Virus or HIV, which can damage the body's immune system.

Several factors cause this virus appears in a country and disseminate rapidly. Sartika (2015) states that these factors include poverty, high population mobility, the proliferation of the sex industry, lack of knowledge about HIV/AIDS, limited medical facilities and many more. If left unchecked and there is no follow-up on this case, this epidemic will cause a much heavier social and economic burden for human development in Indonesia in the future. (Demartoto, 2018).

The discovery of the HIV/AIDS virus is found in Indonesia and has increased quite significantly from year to year to become a severe problem. Demartoto (2018) said that AIDS cases had been reported by all provinces and more than 214 districts/cities, with the possibility that this number will continue to upsurge if this epidemic is not handled more seriously. Of course, to handle this case, all parties should be involved, especially in the role of the government in curbing and making a policy, which can successfully prevent an increase in HIV/AIDS cases in the community because the community has the right to receive adequate and quality public services (Yandra, 2019).

KPA, a commission whose job is to prevent and reduce the number of HIV / AIDS cases, should have efforts and strategies in overcoming this problem. For example, by conducting socialization such as counselling, seminars on HIV / AIDS are conducted to people from various backgrounds to provide understanding (Sartika, 2015). By doing so, it is hoped that the efforts that have been made will be able to provide knowledge and understanding of the dangers of HIV / AIDS so that people will be aware of themselves.

In Pekanbaru, KPA is still not deft in eradicating and overcoming this case. The increasing number of HIV / AIDS cases in Pekanbaru over the past five years tends to rise as previously explained. The stakeholders are still not doing their job in preventing the spread of HIV/AIDS,

especially in the provision of reports that are currently no longer reported by the stakeholders involved. It is hoped that the stakeholders can be more responsible in carrying out their duties to prevent HIV / AIDS cases in Pekanbaru in the future.

3. Research Method This study used a qualitative method with informant withdrawal techniques through Stratified Sampling, converted to the Snow Ball technique. This change was made due to after conducting interviews in the field. The researcher found that the dominant stakeholder did not know that their agency was part of the Pekanbaru KPA. Researchers descend into the field in order to obtain quality data through informants related to research problems. The reason for choosing this method was because the researcher wanted to understand, study in-depth, and explain the Mayor's leadership in preventing and controlling HIV/AIDS cases in Pekanbaru.

This research's approach and design is a case study, a descriptive type by looking for patterns of relationships between social symptoms and explaining them in detail. The unit of analysis in this research is the Pekanbaru KPA institution led by the Mayor. Through this research, the researchers will thoroughly and discuss the nuances of the Pekanbaru Mayor's leadership in HIV/AIDS prevention in Pekanbaru, so the researchers also conducted interviews with stakeholders in the arrangement of KPA to support the data from this study. This study also used Edward III theory with indicators namely Communication, Resources, Bureaucratic Structures and Disposition because after observing that this theory is suitable in dissecting problems.

Researchers used several data collection techniques to obtain established and quality data, namely: in-depth interviews and documentation, namely the collection of archives related to HIV/AIDS prevention efforts from 2013 to 2020. The data were organized into unit-categories. The research unit performs synthesis, arranges into

patterns, and makes conclusions to be easily understood by oneself and others (Sugiyono, 2005: 89). All data obtained will be analyzed using qualitative methods through interpretation.

4. Results and Discussion

According to academic researchers' perspective, the leadership of the Mayor of Pekanbaru in HIV/AIDS Prevention and Control has an autocratic character owing to the policy is in the form of a representative. Of course, the decisions are made only from the Mayor, causing weaknesses, especially in the ambiguity of policy objectives, budgeting and supervision by the supervisory agency (legislative/DPRD). It has impacted communication patterns, resources, dispositions and bureaucratic structures conveyed by Edward III (Priyanto, 2019). Researchers found findings among them:

4.1 There is no clarity on the Organizational System for the Work Procedure of the Pekanbaru City AIDS Commission

A reputable organization is an organization that already has a Work Administration System (SOTK), which will impact the mobility of an organization in the direction it wants to achieve. In the SOTK, a division of structures and coordination channels so all systems within the organization can coordinate with each other and have their respective responsibilities for the roles, main tasks and functions. A virtuous work system organization also has apparent supervision so that if an organization has problems, the supervisors will evaluate these constraints so that the organization can be well controlled.

4.2 Lack of Availability of Budget

The Pekanbaru AIDS Commission is budgeted through the Local Government Budget (APBD). Continuing every year, the availability of an adequate budget is the most pivotal factor in conducting the responsibilities of the stakeholders' roles, duties, and functions. However, since its

establishment, the Pekanbaru AIDS Commission has not received a clear budget. The following is the amount of budget that KPA has received during its operation:

Table 3. Pekanbaru AIDS Commission Secretariat Budget from 2013 to 2020

No	APBD Year	Total Budgeting
1	2013	Rp. 100.000.000
2	2014	Rp. 100.000.000
3	2015	Rp. 200.000.000
4	2016	Rp. 75.000.000
5	2017	Rp. 75.000.000
6	2018	Rp. 37.500.000
7	2019	Rp. 90.000.000
9	2020	Rp. 100.000.000

Source: Pekanbaru AIDS Commission 2020

From the table above it can be inferred that the Pekanbaru AIDS Commission gets a varying budget every year and has received Rp. 37,500,000 in 2018. Judging by the budget amount, it can be concluded that the Pekanbaru AIDS Commission did not receive clear budget plotting. The total budget of Rp. 37,500,000 is certainly not comparable to the current condition of the dissemination of HIV and AIDS in Pekanbaru.

4.3 Compliance with Plans and Strategies

In addition to the budget plotting issues that impact the limitations of each member of this commission's movement and the inability of the Pekanbaru AIDS Commission and its stakeholders to create their programs, numerous of the stakeholders currently involved have not included the AIDS Prevention Program in the plan. Their agency's strategy is due to the stakeholders' lack of understanding that AIDS Prevention and Control is part of their agency's Duties, Principles and Functions. Meanwhile, stakeholders who know that HIV/AIDS is part of their agency's function when submitting a strategic plan for the KPA program is rejected by the Development Planning Agency at Sub-National Level (BAPPEDA). For additional information, BAPPEDA is a hope for the smooth

running of the budget for each stakeholder involved, but this expectation is inversely proportional to reality.

With the emergence of various problems, it can be inferred that the Mayor of Pekanbaru lacks sensitivity and concern in addressing the obstacles and problems that occur in the Pekanbaru AIDS Commission if viewed from the rate of infections growth which tends to rise. The Mayor should evaluate the implementation of HIV/AIDS prevention and control by looking for factors causing the increase in this virus in Pekanbaru and looking for inhibiting factors. The field shows that many of the stakeholders have not carried out their primary duties and functions. With almost a decade the HIV/ AIDS Commission has been running but has not given maximum results due to the lack of sensitivity and concern of the Mayor and not making the HIV/AIDS problem a priority scale that had to be dealt with.

The efforts should be able to run optimally. HIV/AIDS prevention and control can not only be in the face of mayor regulations, but it is time to become the focus of local regulations so that the involvement of all parties. They can be maximally effective and efficient due to clear and detailed legal rules, under the legislature's direct supervision and precise budgeting. The Pekanbaru

KPA which is led directly by the Mayor can run maximally and is no longer seen as a mere formality institution, but is truly capable of leading, managing and coordinating HIV/AIDS prevention and control efforts in Pekanbaru.

4. Conclusion

It can be concluded that the leadership of the Mayor of Pekanbaru in preventing HIV / AIDS is autocratic because it does not involve the Pekanbaru legislative body (DPRD). It creates weaknesses, namely policy ambiguity, unclear budgeting and unclear supervision, causing problems including unclearness. SOTK, lack of clarity in budgeting and conformity with the strategic plan so that it impacts communication, resources, bureaucratic structures and dispositions between stakeholders involved in the management of KPA Kota Pekanbaru.

Based on the conclusions, the researcher recommends that the Mayor transform Perwako into a Regional Regulation. This effort is a form of concern and sensitivity of the Mayor to prevent and control Aids. Besides, to make the legal regulations more precise and detailed, there is direct supervision from the legislative body and sufficient budget is available to overcome the obstacles and problems currently occurring at the AIDS prevention commission, which is led directly by the Mayor of Pekanbaru.

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