Introduction

The issue of preventing HIV and AIDS, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome, is still a polemic that continues to be discussed in various circles [1]. This is a complex health problem and continues to increase every year in all parts of the world, the HIV virus does not cause death directly in sufferers, but a decrease in body immunity makes it susceptible to opportunistic infections for sufferers [2], [3].

The discourse on the determinants of HIV and AIDS is dominated, developed by international institutions through WHO, UNICEF, and donor agencies [4]. The world’s largest AIDS organization, the AIDS Healthcare Foundation (AHF), is concerned about the lack of international assistance for the treatment of people living with HIV and AIDS in developing countries, including Indonesia [5].

The ability of the Indonesian government to deal with people living with HIV and AIDS is not sufficient. “Out of around 630 thousand sufferers, only around 290,000 people can be treated,” stated Country AHF Indonesia at the annual meeting of the World Bank and the International Monetary Fund (IMF) in Nusa Dua, Bali, October 8−14, 2018 [6]. International aid is shrinking, it further worsens the handling of HIV and AIDS in this country. Budget assistance for HIV and AIDS in Indonesia comes from external assistance, around 80% since this problem has become a priority. AHF calls for the World Bank to change policies regarding the classification of middle-income countries (MIC) [7].

The resolution of the problem of HIV and AIDS seems to have reached a dead end, both nationally and at the local government level, actors related to the issue of HIV and AIDS prevention seem powerless to stop the trend of increasing HIV and AIDS infections. So much attention is paid to prevention efforts carried out through various strategic steps, formulated in policies, programs, and budget support to the implementation of at-risk community assistance programs. The report on the development of HIV and AIDS in the first quarter of 2017 which has been added with cases of Sexually Transmitted Infections (STI) provides an overview nationally that from 2016, 41,250 people were infected...
with HIV and were positive for AIDS, 7491 people and in 2017 in March it could be reduced to 10,376 HIV infection and 673 AIDS [5].

Head of the Palu City Health Office, Royke Abraham, February 2, 2018, through an interview with Liputan6.com Palu journalists said that as many as 98 Palu City residents died due to contracting the HIV and AIDS virus. The Palu City Health Office recorded 1114 HIV cases, while 662 AIDS cases. The highest cases were found to be dominated by youth aged 19–35 years, with an increasing trend occurring among housewives. He emphasized that efforts to strengthen preventive socialization activities, diagnosis systems, treatment systems, and rehabilitation of sufferers, both within the family and the community are the steps taken and it is hoped that these activities will not lead to new infections of HIV and AIDS and no more discrimination against people with HIV and AIDS or 3 zero [8].

The AIDS Commission (KPA) and the Health Service in 2018 stated that HIV infection had entered the critical zone. The discovery of 4 HIV-positive students at one of the State Universities in Palu through a blood transfusion conducted by the Indonesian Red Cross (PMI) became a provocative discourse for Palu City actors. The discovery of HIV infection reported by PMI to KPA is a very worrying case. If these four positive people get out of monitoring, interact freely and hang out with people uncontrollably so that their free sex behavior or deviant sexual activity will certainly increase. Increase the risk of transmission and spread of HIV infection in Palu City [9].

Phenomena that are captured by the human senses are abstracted by various concepts. The phenomenon of HIV and AIDS discourse continues to develop in Palu City, contested and constructed by the community, actors and the media, observations made on these phenomena are put forward and formulated with the concept of HIV and AIDS Prevention Reconstruction with a focus and focus on HIV and AIDS Prevention Efforts in Palu City.

HIV and AIDS are a social phenomenon that the community responds to as a social disease that violates religion, morals and norms. The media constructs prevention discourse through various experiences, knowledge, and subjective beliefs on policy interpretations and prevention program formulations that are promoted through global, national discourses which then become references in various HIV and AIDS prevention efforts.

Methods

This research is inspired by the constructivism paradigm, it is understood that ontologically reality is the result of a relativism knowledge contestation, applicable according to a specific context that is considered relevant by social actors. The constructivism paradigm epistemologically assumes that the relationship between the researcher and the researched is dialectical, hermeneutic and constructivist. Meanwhile, in terms of social construction axiology for discourse reproduction, the ethical goal is to seek a form of “reality reconstruction,” socially dialectical between researchers and social actors. The method used is qualitative research which explains that qualitative research is data collection in a natural setting, using natural methods, carried out by naturally interested researchers [10]. The research design uses a grounded research technique that seeks to explore in depth the phenomenon of the discourse on HIV and AIDS prevention, by conducting a search on the construction of elite discourse, actors and the media on discourse production, discourse organization and discourse dissemination and exploring the nature of domination discourse, and conflict discourse. Discourse on hegemony and the interests of actors in HIV and AIDS prevention.

Results

The informants in this study were 25 people who were selected based on the criteria according to the initial design of the study. These informants are key actors who represent members of the City Health Office, Palu City Rutan Class II, Palu City AIDS Commission (KPA Palu City), Central Sulawesi Provincial AIDS Commission (KPA Prov. Central Sulawesi), and Risk Groups (Housewives), Prisoners, Youth, Health Cadres).

Construction and reconstruction of HIV and AIDS prevention discourse in Palu City

The construction of discourse on HIV and AIDS prevention operates in the form of production and organization of discourse controlled by the media through the dissemination of knowledge that has been legitimized by the power elite. Knowledge of HIV and AIDS originating from actors is produced and reproduced in the form of discourse by the media so that it is transformed into a dominant discourse. The conflictual discourse on HIV and AIDS tends to be parallel to the discourses held by actors because the configuration of conflict discourse is built on the basis of public morality. The actor’s discourse is framed by the media as a public health issue in the prevention of HIV and AIDS, which further strengthens the position of hegemonic discourse. The motives of actors’ interests in the discourse on HIV and AIDS prevention are sublimated in the form of smooth implementation of epidemic control programs (Tables 1-3).
Arwan et al. Reconstruction of HIV and AIDS Prevention in Palu City

Discourse

Organize discourse: The pressure to close the localization of WTS because it is considered that the Mayor does not support the eradication of HIV and AIDS. Commission A of the DPRD deals with health issues such as HIV and AIDS control is handled by the Health Office and KPA. Information on HIV and AIDS to the public is always carried out by the Health Service. Reporting on HIV and AIDS in the media is a technical communication from the Health Office to the MAYOR as a policy maker. News in the mass media that has data is definitely not an issue. Organizing discourse is carried out as an effort to seek the attention of the power elite for budgetary purposes. LGBT needs to be taken seriously because it is a potential problem causing new infections. Post-HIV and AIDS prevention needs to be organized by power elites and actors.

Table 1: Matrix of Results of Analysis of Discourse on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome prevention in Palu City

<table>
<thead>
<tr>
<th>Draft</th>
<th>Mean</th>
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<tbody>
<tr>
<td>Organize discourse: The pressure to close the localization of WTS because it is considered that the Mayor does not support the eradication of HIV and AIDS. Commission A of the DPRD deals with health issues such as HIV and AIDS control is handled by the Health Office and KPA. Information on HIV and AIDS to the public is always carried out by the Health Service. Reporting on HIV and AIDS in the media is a technical communication from the Health Office to the MAYOR as a policy maker. News in the mass media that has data is definitely not an issue. Organizing discourse is carried out as an effort to seek the attention of the power elite for budgetary purposes. LGBT needs to be taken seriously because it is a potential problem causing new infections. Post-HIV and AIDS prevention needs to be organized by power elites and actors.</td>
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Table 2: Matrix of the results of the analysis of the spread of discourse in the discourse on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome prevention in Palu City

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<td>Discourse spread: Health Office Preparing annual reports is a form of supervision and accountability. To control the confusion of HIV and AIDS data before it is published, it is necessary to sit together to carry out validation. Dissemination of HIV and AIDS information to the public must be accounted for by data. HIV and AIDS news is very vulnerable and resistant to being reported to the public if the source is not credible. Dissemination of discourse through television and newspapers including social media so that information is faster and wider and varied. Dissemination of information through inviting journalists, through mosques, and religious lectures so that information is spread faster and more widely.</td>
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Table 3: Matrix of Results of Analysis of Reconstitution of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome Prevention Discourse in Palu City

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<th>Draft</th>
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<td>Synergy of Actor’s Discourse: Encouraging preventive efforts, maximizing budget allocations sourced from the APBD, avoiding blaming each other and committing to responsibilities. Support KPA with an adequate budget, the main tasks of overcoming the wider scope of the HIV and AIDS discourse. Risk groups are carried out with persuasion, should not be shunned let alone be hostile. For the benefit of all actors, program planning is carried out again, for all to be synergized in the future. Relocation of the left tondo to make it easier for us to access, guard and rehabilitate at-risk groups. Re-mapping of both infected and vulnerable groups at risk (focus on LGBT and the formation of communities). Provide a substitute for transportation to a liaison for at-risk groups who voluntarily bring their community members to check themselves in the VCT program. We have repeatedly held meetings with all the leaders, but there is no realization, and if we don’t try to convince the government ourselves, we certainly can’t do much. Examination of prospective couples who will marry so that VCT is carried out as an effort to overcome this we have pushed at KUA, obstacles and obstacles, first regarding the human rights law. Strive to carry out mitigation efforts through community empowerment activities and form a forum that is managed from risk groups and actors as elements of coaches and directors. Dividing roles that must be emphasized, through PERDA on HIV and AIDS.</td>
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Discussion

Based on the table 1 shows that the formation of HIV and AIDS discourse that is able to accelerate prevention and control efforts can be realized through a process of dialogue, open communication between elites, actors, and communities. The construction of discourse in HIV and AIDS prevention is needed as a continuous effort in improving the HIV and AIDS response system, because discourse can be called a power that can create, shape, and determine social constructions about what is considered right, so it is important to determine and constructing a discourse that is created subjectively, for the interest and purpose of dominating power in conventional media and social media through the continuous production of discourse.

So there is a power relationship that runs as described by Michael Foucault, that the production of HIV and AIDS discourse through media and other social media actors is a power practice that does not operate in a repressive and intimidating manner, but works creatively and strategically by an ideology that hidden and operating behind the mass media as a means of constructing subjective truth values to society.

The discourse theory of Ernesto Laclau and Chantal Mouffe is the most “pure” poststructuralist theory. This theory is based on the poststructuralist idea which states that discourse constructs meaning in the social world and because language is fundamentally unstable, it can never be permanently fixed. No discourse is a closed entity, but discourse always undergoes transformations due to contact with other discourses. Critical discourse analysis, which focuses on Norman Fairclough’s approach, also emphasizes the active role of discourse in constructing the social world. But contrary to the opinion of Laclau and Mouffe, Fairclough states that discourse is only one of many aspects of social practice. The main area of interest in Fairclough’s critical discourse analysis is his investigation of change.

This reminds us of Rachel M. McCleary and Robert J Barro’s message in The Wealth of Religions, that the rapid social division triggers social inequality that has the potential to be a “time bomb” for social clashes. Strangely, the counter discourse or opinion that appears is considered a form of resistance and a threat to national ideology and the nation state. If the elite discourse is seen as the personification of the government/state, then what happens is that the state is too far into the private sphere of the individual.

Conclusion

The construction of actor discourse on the production, organization and dissemination of discourse in the prevention of HIV and AIDS in Palu City, with the following concepts: (1) The production of discourse is always related to reality. Reality cannot be defined if it does not have access to the formation of
the discursive structure. Discourse on HIV and AIDS is interestingly constructed by actors when the media is framing and exposing the discourse. The media becomes the control in the production of discourse so that it is difficult to find actors who produce the initial discourse on the trend of increasing HIV infection and dying from AIDS. (2) Organizing discourse controlled by the media and health actors who have access to HIV and AIDS information data, packaged in the form of public information by presenting real data sourced from legitimate government institutions/institutions, to construct public and elite knowledge. (3) Dissemination of discourse is carried out by actors through framing and exposure to mass media networks, journalistic workers. Spreading uncontrollably through social media networks has implications for elite responses, public responses with various expressions that are manifested by responsive actions on the discourse of HIV and AIDS determination, namely, Localization, LGBT, drugs instead of highlighting the increasing trend of HIV and AIDS. Dominant discourse, conflict and actor hegemony in HIV and AIDS prevention in Palu City, with concepts such as; (1) dominant discourse is an idea, opinion, concept, and view of life formed in a certain context so that it affects the way of thinking or acting, but the SKPD seems to be completely wrong in conveying real data to the media, the consequences can be wrong or can be bad and have an impact. Negative evaluation from superiors/leaders. (2) Conflict is a condition resulting from social interaction that causes one party to try to get rid of the other party who is considered a barrier. Conflicts can be caused by differences of opinion or ego of institutional officials/institutions. (3) Hegemony is the process of mastering the ideas of the dominant class. Here control is carried out not by force, but through forms of consent from the controlled community, for example the community according to data/information and methods of preventing HIV and AIDS. (4) The interests of health actors in the production of HIV and AIDS prevention discourse, the gap between the products of HIV and AIDS prevention regulations in their implementation in the field. The power elite as budget controllers is provoked through the mass media to empathize with the portion of the budget needed in the implementation of HIV and AIDS prevention programs. (5) The discourse of health actors and other actors who care about the discourse of HIV and AIDS prevention, relates to the discourse of the power elite, the media elite in accelerating the prevention of HIV and AIDS.

References

PMid:27419169

PMid:22158934


PMid:32729386


