

Interpersonal Communication as a Means of Self-Acceptance among People Living with HIV/AIDS in the Peer Support Group of the Intermedika Prana Foundation

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ABSTRACT

This study aims to analyze the patterns of interpersonal communication applied by peer supporters at the Intermedika Prana Foundation in assisting people living with HIV/AIDS (PLWHA) in developing self-acceptance, as well as how such communication contributes to improving their quality of life. The research employed a descriptive qualitative method using interviews and direct observation. The informants consisted of peer supporters, foundation administrators, and PLWHA who are members of peer support groups. The findings indicate that effective interpersonal communication characterized by empathy, openness, and support plays a crucial role in helping PLWHA accept their health status. Assistance is provided on an individual basis to accommodate the diverse needs of PLWHA, with the aim of strengthening mental resilience and readiness to undergo treatment. In addition, communication conducted through a humanistic approach is able to reduce fear and rejection and increase adherence to antiretroviral therapy (ART). Thus, social support delivered through effective interpersonal communication contributes to enhancing self-acceptance among PLWHA, reducing stigma, and strengthening their commitment to treatment, which ultimately improves their quality of life.

Keywords: Interpersonal Communication; Self-Acceptance; People Living With HIV/AIDS; Peer Support Group

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system and, if not properly treated, can develop into Acquired Immunodeficiency Syndrome (AIDS). People living with HIV/AIDS (PLWHA) face long-term health challenges that require continuous medical treatment, particularly antiretroviral therapy (ART). However, beyond physical health issues, PLWHA often experience

serious psychological and social problems. One of the most persistent challenges is social stigma, which manifests in discrimination, rejection, and negative labeling from society (Widyowati, 2024). This stigma frequently causes PLWHA to withdraw from social interactions and limits their access to emotional and social support.

Stigma toward PLWHA does not only come from the wider community but can also be internalized by individuals themselves. Internalized stigma often leads to feelings of shame, fear, anxiety, and low self-worth, which negatively affect mental health and overall quality of life (Widyowati, 2025). Studies have shown that stigma is closely related to increased levels of anxiety and depression among PLWHA, which may weaken their motivation to seek treatment and maintain healthy social relationships (Pramatasari et al., 2025). As a result, addressing psychological and social dimensions of HIV/AIDS is just as important as providing medical care.

One key psychological aspect for PLWHA is self-acceptance. Self-acceptance refers to an individual's ability to acknowledge and accept their condition realistically, including strengths and limitations, without excessive self-blame or denial (Setyaningrum et al., 2024). For PLWHA, self-acceptance is a crucial step in adapting to life with HIV. Individuals who achieve higher levels of self-acceptance tend to show better emotional stability, stronger coping strategies, and higher adherence to ART (Bantar et al., 2025). Conversely, low self-acceptance can lead to treatment avoidance, social isolation, and a decline in psychological well-being.

Interpersonal communication plays an important role in supporting self-acceptance among PLWHA. Effective interpersonal communication is characterized by openness, empathy, supportiveness, positive attitudes, and equality between communication partners (Ngalimun, 2018; Hidayat & Rosyidi, 2024). Through empathetic and supportive communication, individuals feel understood and valued, which helps reduce fear and emotional distress. In health-related contexts, good interpersonal communication has been shown to strengthen trust, encourage self-disclosure, and improve psychological resilience (Wulandari & Rahayu, 2023).

Peer support groups are one of the most effective settings for fostering interpersonal communication among PLWHA. In peer support groups, individuals interact with others who share similar experiences, creating a safe and non-judgmental environment. Research indicates that peer support can reduce feelings of isolation, lower perceived stigma, and improve mental health outcomes for PLWHA (Pramatasari et al., 2025). Communication within these groups allows members to exchange coping strategies, provide emotional encouragement, and build a sense of belonging, which is essential for self-acceptance and long-term well-being.

Yayasan Intermedika Prana plays a significant role in providing psychosocial support for PLWHA through peer support groups. The foundation offers structured peer assistance programs that focus not only on health education and ART

adherence but also on emotional support and self-acceptance. Through consistent interpersonal communication using a humanistic approach, peer supporters help PLWHA manage fear, reduce internalized stigma, and strengthen their readiness to undergo treatment (Peer Support Programs, 2025). Such communication-based support has been shown to positively influence quality of life and treatment commitment among PLWHA.

Based on these considerations, this study focuses on interpersonal communication as a means of fostering self-acceptance among PLWHA in peer support groups at Yayasan Intermedika Prana. The study aims to explore how patterns of interpersonal communication contribute to reducing stigma, strengthening self-acceptance, and improving the quality of life of PLWHA. Understanding these communication patterns is expected to provide useful insights for developing more effective psychosocial support programs for PLWHA in similar contexts.

LITERATURE REVIEW

Interpersonal Communication

Interpersonal communication refers to the process of exchanging messages between individuals in a direct and meaningful way. It involves not only verbal messages but also nonverbal cues such as tone of voice, facial expressions, and gestures. According to DeVito (2023), interpersonal communication is effective when messages are clearly understood, feedback is present, and the interaction strengthens relationships between individuals. In health and social contexts, interpersonal communication plays a crucial role in shaping attitudes, emotions, and behavior.

Effective interpersonal communication is commonly characterized by openness, empathy, supportiveness, positive attitudes, and equality (Ngalimun, 2018). Openness allows individuals to share experiences and feelings honestly, while empathy helps communicators understand others' emotional states. Supportive communication reduces defensiveness and creates a safe environment for self-expression. Studies show that empathetic and supportive communication significantly improves psychological well-being, especially among individuals facing chronic illnesses (Wulandari & Rahayu, 2023).

In the context of HIV/AIDS, interpersonal communication becomes even more important because PLWHA often experience fear, anxiety, and social rejection. Poor communication may increase feelings of isolation, whereas effective communication can help PLWHA feel accepted and understood. Hidayat and Rosyidi (2024) emphasize that open and empathetic communication helps reduce emotional barriers and encourages individuals to seek help and maintain social relationships.

Self-Acceptance among People Living with HIV/AIDS

Self-acceptance is a psychological concept that refers to an individual's ability to accept themselves, including their strengths, weaknesses, and life conditions, without excessive self-judgment or denial. Setyaningrum et al. (2024) explain that self-acceptance involves recognizing reality while maintaining a positive and constructive attitude toward oneself. For PLWHA, self-acceptance is a critical process because an HIV diagnosis often leads to emotional shock, fear, shame, and self-blame.

Several studies indicate that low self-acceptance among PLWHA is closely linked to internalized stigma, anxiety, and depression (Widyowati, 2025). When individuals struggle to accept their HIV status, they are more likely to avoid social interactions, hide their condition, and delay or discontinue treatment. Conversely, higher self-acceptance has been associated with better mental health, improved quality of life, and stronger adherence to antiretroviral therapy (ART) (Bantar et al., 2025).

Self-acceptance does not occur automatically but develops through social interaction and emotional support. Communication that is non-judgmental and empathetic helps PLWHA process their emotions and gradually accept their condition. Therefore, interpersonal communication is considered a key factor in fostering self-acceptance among PLWHA.

Peer Support Groups and Social Support

Peer support groups are structured or informal groups in which individuals with similar experiences provide mutual support to one another. For PLWHA, peer support groups offer a safe environment where members can share experiences, discuss challenges, and exchange coping strategies without fear of stigma. According to Pramatasari et al. (2025), peer support significantly reduces feelings of loneliness and social isolation among PLWHA. Research shows that communication within peer support groups is often more open and effective because it is based on shared experiences. This shared understanding increases trust and encourages self-disclosure, which is essential for emotional healing and self-acceptance. Peer support has also been found to improve psychological resilience and motivation to adhere to ART (Peer Support Programs, 2025). In Indonesia, peer support groups have become an important component of psychosocial interventions for PLWHA. Foundations and community organizations facilitate these groups to provide not only health education but also emotional and interpersonal support. Studies indicate that consistent interaction within peer support groups helps reduce perceived stigma and improves self-esteem among PLWHA (Maruf et al., 2025).

Interpersonal Communication, Peer Support, and Self-Acceptance

Previous studies suggest a strong relationship between interpersonal communication, peer support, and self-acceptance. Effective interpersonal

communication within peer support settings allows PLWHA to express emotions, share fears, and receive validation from others who face similar conditions. This process helps individuals reconstruct a positive self-image and reduce internalized stigma (Setyaningrum et al., 2024). Research by Widywati (2024) highlights that social support mediated through interpersonal communication plays a significant role in improving mental health outcomes among PLWHA. When individuals feel accepted and supported, they are more likely to accept their condition and actively engage in treatment and social life. Similarly, Pramatasari et al. (2025) emphasize that peer-based communication strengthens coping mechanisms and promotes long-term psychological well-being.

Based on previous studies, it can be concluded that interpersonal communication within peer support groups is a powerful tool for fostering self-acceptance among PLWHA. However, limited research has specifically explored how communication patterns in peer support groups contribute to self-acceptance in local foundations such as Yayasan Intermedika Prana. Therefore, this study seeks to fill this gap by examining interpersonal communication as a means of self-acceptance among PLWHA in peer support groups.

METHOD

Design and Sample

This study employed a descriptive qualitative research design. A qualitative approach was chosen because it allows an in-depth understanding of social phenomena, particularly interpersonal communication and self-acceptance among people living with HIV/AIDS (PLWHA). Descriptive qualitative research focuses on describing experiences, perceptions, and interactions as they naturally occur without manipulating variables. The research was conducted at Yayasan Intermedika Prana, which provides peer support programs for PLWHA. The sample consisted of six informants selected using purposive sampling. The informants included two peer supporters, two foundation administrators, and two PLWHA who actively participated in peer support group activities. These informants were chosen because they had direct experience with peer support communication and were considered capable of providing rich and relevant information related to the research objectives.

Instruments and Procedures

The main research instrument in this study was the researcher, who was responsible for collecting, interpreting, and analyzing the data. To support data collection, semi-structured interview guides and observation notes were used as supporting instruments. Semi-structured interviews allowed the researcher to explore participants' experiences while still maintaining focus on key research topics such as interpersonal communication patterns and self-acceptance. Data collection was carried out through in-depth interviews and direct observation. Interviews were

conducted individually to ensure participant comfort and confidentiality. Observations were conducted during peer support activities to capture natural communication interactions between peer supporters and PLWHA. The research procedures included several stages: preparing interview guidelines, selecting informants, conducting interviews and observations, recording and transcribing data, and organizing the collected information for analysis.

Data Analysis

Data analysis in this study followed an inductive qualitative approach. The analysis was conducted in three main stages: data reduction, data display, and conclusion drawing. First, data reduction involved selecting, simplifying, and focusing on relevant information related to interpersonal communication and self-acceptance. Second, data display involved organizing the data into categories and themes to make patterns easier to identify. Third, conclusions were drawn by interpreting the themes and linking them to the research objectives. To ensure data credibility, triangulation was applied by comparing information obtained from different informants and data sources, including interviews and observations. This process helped strengthen the validity of the findings and provided a more comprehensive understanding of interpersonal communication as a means of self-acceptance among PLWHA.

RESULT AND DISCUSSION

This section presents the findings of the study based on interviews and observations conducted with peer supporters, foundation administrators, and people living with HIV/AIDS (PLWHA) at Yayasan Intermedika Prana. The results focus on patterns of interpersonal communication within peer support groups and their role in supporting self-acceptance among PLWHA.

Patterns of Interpersonal Communication in Peer Support Groups

The findings show that interpersonal communication within peer support groups is generally open, empathetic, and supportive. Peer supporters communicate with PLWHA using simple language, a calm tone, and a non-judgmental attitude. This communication style helps create a safe and comfortable environment where PLWHA feel accepted and understood. Informants stated that openness is encouraged gradually, allowing PLWHA to share their experiences at their own pace without pressure.

Empathy emerged as a dominant communication pattern. Peer supporters often listened actively to the concerns of PLWHA and responded with understanding rather than advice or criticism. This empathetic approach made PLWHA feel emotionally supported and reduced their fear of being judged. As a result, communication became more personal and meaningful, strengthening trust between peer supporters and PLWHA.

Supportive communication was also evident in the form of motivation, encouragement, and reassurance. Peer supporters consistently provided emotional support, especially when PLWHA expressed anxiety, fear, or uncertainty about their health condition and treatment. This supportive interaction helped PLWHA feel less alone in facing their challenges.

Interpersonal Communication and Self-Acceptance

The results indicate that effective interpersonal communication plays an important role in fostering self-acceptance among PLWHA. Informants reported that regular interaction with peer supporters helped them better understand their condition and gradually accept their HIV status. Through open discussions and shared experiences, PLWHA realized that they were not alone and that others faced similar struggles.

Self-acceptance was reflected in changes in attitude and behavior. Several PLWHA reported becoming more confident, less fearful of stigma, and more willing to talk about their condition within trusted environments. They also showed greater emotional stability and a more positive outlook on life. These changes suggest that supportive communication contributes directly to psychological adjustment and self-acceptance.

Role of Peer Support in Reducing Stigma

Another important finding is the role of peer support communication in reducing internalized stigma. PLWHA explained that hearing stories from peers who successfully managed their condition helped them challenge negative self-perceptions. Communication within the group normalized living with HIV/AIDS and reduced feelings of shame and isolation. Peer support groups functioned as a space where PLWHA could express emotions freely without fear of discrimination. This environment allowed them to rebuild self-esteem and develop a stronger sense of self-worth. As a result, stigma was reduced not only socially but also psychologically.

Impact on Treatment Commitment

The study also found that improved interpersonal communication positively influenced treatment commitment. PLWHA who felt supported and accepted were more motivated to adhere to antiretroviral therapy (ART). Encouragement and shared experiences from peer supporters increased their confidence in managing treatment routines and coping with side effects. Overall, the results show that interpersonal communication within peer support groups at Yayasan Intermedika Prana plays a significant role in supporting self-acceptance, reducing stigma, and strengthening treatment commitment among PLWHA.

This study examined how interpersonal communication within peer support groups supports self-acceptance among people living with HIV/AIDS (PLWHA) at Yayasan Intermedika Prana. The findings show that open, empathetic, and supportive communication plays a central role in helping PLWHA accept their health status, reduce internalized stigma, and strengthen their commitment to treatment. These results confirm that communication is not only a tool for information exchange but also an important psychosocial resource for PLWHA. The findings indicate that empathy is the most dominant element of interpersonal communication in peer support groups. Peer supporters listened actively and responded with understanding rather than judgment. This aligns with previous studies which emphasize that empathetic communication increases emotional comfort and trust, especially among individuals facing chronic illness (Wulandari & Rahayu, 2023). When PLWHA feel understood, they are more willing to express emotions and share personal experiences, which supports psychological healing and self-acceptance.

Openness also emerged as a key communication pattern. PLWHA gradually became more open about their experiences after repeated interactions with peer supporters. This supports the view that openness develops over time in a safe communication environment (Hidayat & Rosyidi, 2024). Through open communication, PLWHA were able to process their diagnosis more realistically and reduce feelings of denial and fear. This process is essential for self-acceptance, as noted by Setyaningrum et al. (2024), who state that acceptance begins when individuals are able to acknowledge their condition without excessive emotional resistance. Supportive communication further strengthened self-acceptance among PLWHA. Encouragement, reassurance, and positive feedback from peer supporters helped participants build confidence and emotional resilience. These findings are consistent with research by Pramatasari et al. (2025), which found that peer support improves psychological well-being and coping abilities among PLWHA. Supportive communication also helped participants feel valued and respected, reinforcing a positive self-image.

The study also found that interpersonal communication within peer support groups contributed to reducing internalized stigma. Many PLWHA initially viewed themselves negatively due to social stigma surrounding HIV/AIDS. However, communication with peers who shared similar experiences helped normalize their condition. This finding supports Widjowati's (2025) conclusion that social support mediated through communication can reduce anxiety and stigma among PLWHA. By seeing others live positively with HIV, participants were able to challenge negative beliefs about themselves. In addition, effective communication positively influenced treatment commitment. PLWHA who experienced strong interpersonal support were more motivated to adhere to antiretroviral therapy (ART). This finding is in line with previous studies showing that emotional support and peer communication increase treatment adherence and health responsibility (Bantar et al., 2025). Feeling accepted and supported encouraged participants to take a more active role in managing their health.

The findings highlight the importance of interpersonal communication as a foundation for self-acceptance, stigma reduction, and treatment adherence among PLWHA. Peer support groups at Yayasan Intermedika Prana function not only as spaces for information sharing but also as emotional support systems that foster psychological well-being. These results suggest that strengthening interpersonal communication skills among peer supporters can enhance the effectiveness of psychosocial interventions for PLWHA. Despite these contributions, this study has limitations. The small number of informants and the focus on a single foundation limit the generalizability of the findings. Future research could involve a larger sample, multiple peer support settings, or mixed methods approaches to provide a broader understanding of the role of interpersonal communication in supporting PLWHA. In conclusion, this study reinforces the view that interpersonal communication is a powerful means of fostering self-acceptance among PLWHA. Through empathy, openness, and support, peer communication helps individuals rebuild self-worth, reduce stigma, and maintain commitment to treatment.

CONCLUSION

This study concludes that interpersonal communication plays an important role in supporting self-acceptance among people living with HIV/AIDS (PLWHA) within peer support groups at Yayasan Intermedika Prana. Effective communication characterized by empathy, openness, and supportive attitudes helps PLWHA feel accepted, understood, and valued. Through continuous interaction with peer supporters, PLWHA are able to gradually accept their health status and reduce negative emotions such as fear, shame, and denial. The findings also show that peer support groups provide a safe and non-judgmental space where PLWHA can share experiences and express emotions freely. This environment helps reduce internalized stigma and strengthens emotional resilience. As self-acceptance improves, PLWHA demonstrate greater confidence, improved psychological well-being, and a more positive outlook on life. In addition, effective interpersonal communication positively influences commitment to antiretroviral therapy (ART). PLWHA who receive consistent emotional support and encouragement are more motivated to follow treatment regularly and take an active role in managing their health. This indicates that communication-based peer support contributes not only to psychological adjustment but also to better health-related behavior. This study highlights the importance of strengthening interpersonal communication within peer support programs as a strategy to improve self-acceptance, reduce stigma, and enhance quality of life among PLWHA. These findings can serve as a reference for foundations, health practitioners, and community organizations in developing more effective psychosocial support interventions for people living with HIV/AIDS.

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