



# The Role of Peer Support in Fostering the Spirit of Life in Patients with Human Immunodeficiency Virus

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## Abstract

Patients with Human Immunodeficiency Virus often face stigma, discrimination, and psychological pressure that causes them to lose their will to live. There have not been many studies that specifically highlight how peers can revive their will to live through therapeutic communication. This study aims to analyze the role of peers in fostering the spirit of living among Human Immunodeficiency Virus patients at a humanitarian foundation in Indonesia. This study uses a qualitative method with a case study approach that focuses on the supportive role of peers in fostering the spirit of living among people with Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. Data was obtained through in-depth interviews with 12 informants, consisting of the foundation director, program manager, three peer supporters, two counselors, a doctor, and five HIV/AIDS patients, supplemented by observation and documentation of the foundation's activities. This study found that therapeutic communication conducted by peer supporters at the Medan Plus Foundation in Medan City had a significant effect on improving self-acceptance and zest for life among people living with HIV/AIDS. There are eight main roles that are carried out, namely an empathetic approach, a non-judgmental attitude, gradual communication through social media, face-to-face meetings, maintaining trust, using language appropriate to the emotional condition, providing emotional support, and therapeutic education. These findings are useful as a reference for health practitioners, social institutions, and the community to strengthen emotional support and therapeutic communication for people living with HIV/AIDS. The implications of this research emphasize the importance of the role of peer supporters in improving the quality of life of people living with HIV/AIDS.

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## INTRODUCTION

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome is one of the health problems that is widespread in various countries around the world. Human Immunodeficiency Virus is a virus that attacks the immune system, particularly CD4 lymphocytes, which play an important role in fighting infection. (Butnariu et al., 2022; Dwiana et al., 2020; Fahrani et al., 2023; Septiyaningsih et al., 2022; Vitriaadhitama et al., 2022). Acquired Immunodeficiency Syndrome is a collection of symptoms that arise due to damage to the immune system caused by HIV infection. Globally, there were 37.9 million people living with HIV at the end of 2018, with a prevalence of 0.8% among adults aged 15–49 years. The World Health Organization region in Africa is the most severely affected area, where nearly 1 in every 25 adults (3.9%) is living with Human Immunodeficiency Virus and accounts for more than two-thirds of the total number of Human Immunodeficiency Virus sufferers worldwide (Rosnaini et al., 2021).

According to Lalamentik & Peristiowati, opportunistic infections in people with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome are an indicator of a significant decline in the immune system (Haiga et al., 2025; I Wayan Hendrawan et al., 2025). This condition is often exacerbated by low CD4 counts, poor adherence to antiretroviral therapy, and a lack of social support. In this context, peer support groups play an important role in helping HIV/AIDS maintain motivation for treatment, manage stress, and improve therapy adherence, thereby positively impacting their immune status. This support is a strategic factor in preventing opportunistic infections and improving the quality of life of HIV/AIDS.

Social support is behavior or actions given to others, both morally and materially, to provide motivation and confidence. One form of support for *Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome* is peer support, which is mental support provided by fellow *Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome* sufferers, especially for those who have just learned of their HIV status (Iswari et al., 2022). This support is expected to overcome social barriers caused by stigma and discrimination, increase motivation to undergo ARV treatment, and encourage *Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome* sufferers to return to active social life. Conversely, a lack of support can reduce motivation and treatment adherence, which ultimately has a negative impact on the physical and psychological health of people living with *Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome* (Anok et al., 2018; Rosaria, 2025; Viyani & Kurniasari, 2024).

Positive interactions among fellow patients can strengthen self-concept, reduce feelings of social isolation, and improve the quality of life of patients with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. Peer support not only helps psychologically, but also has an impact on the success of treatment. Meanwhile, stigma and discrimination make it difficult for people living with HIV/AIDS to open up and socialize, which leads to a decline in their quality of life. Peer support-based interventions are one strategic step to help people living with HIV/AIDS increase their self-confidence and ability to adapt to their condition. This study uses Therapeutic Communication Theory, which is a communication approach designed to help individuals achieve self-understanding, overcome problems, and improve mental and physical health through supportive interactions. In the context of HIV patients at a humanitarian foundation in Indonesia, peer supporters apply therapeutic communication by listening empathetically, providing positive

encouragement, and creating a safe environment free of stigma.

Unlike previous studies that focused more on stigma, discrimination, or treatment adherence, this study emphasizes the role of peer support at the Medan Plus Foundation in Medan City in reviving the spirit of HIV/AIDS patients through therapeutic communication. This focus provides a new perspective that highlights interpersonal relationships among HIV/AIDS patients as an important factor in improving their mental health and quality of life. In this context, the existence of peer support groups such as those at the Medan Plus Foundation in Medan City is highly relevant because they bring together people living with HIV/AIDS from various backgrounds, such as female sex workers, homosexuals/gay men, transgender/transsexual women, and other at-risk groups, to provide mutual support, share experiences, and motivate one another. However, there has not been much research that reveals in depth how the role of peer supporters at the Medan Plus Foundation actually affects the spirit of HIV patients, as well as what forms of support are most beneficial.

The main problem faced by people with HIV/AIDS at the Foundation is a decline in their zest for life due to psychological pressure, stigma, and discrimination from society. These negative perceptions often cause people with HIV/AIDS to withdraw, feel worthless, and lose the motivation to live life to the fullest. This situation is exacerbated by a lack of emotional support from their surroundings, which impacts their mental health, adherence to treatment, and quality of life. In this situation, the role of peer support becomes very important because they have similar experiences, making them more easily accepted and trusted by people living with HIV/AIDS. The support provided can reduce feelings of loneliness, build self-confidence, and restore hope for the future.

Therefore, this study is useful for providing a deeper understanding of the importance of the role of peers in improving the lives of people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, especially at the Medan Plus Foundation in Medan City. The results of this study can also be used as a reference for health practitioners, social institutions, or the general public in determining effective strategies to support people living with HIV/AIDS. The implication of this study is that the supportive role of peers needs to be strengthened in foundations and health institutions, given that emotional support and therapeutic communication are very helpful for people living with HIV/AIDS.

## METHODS

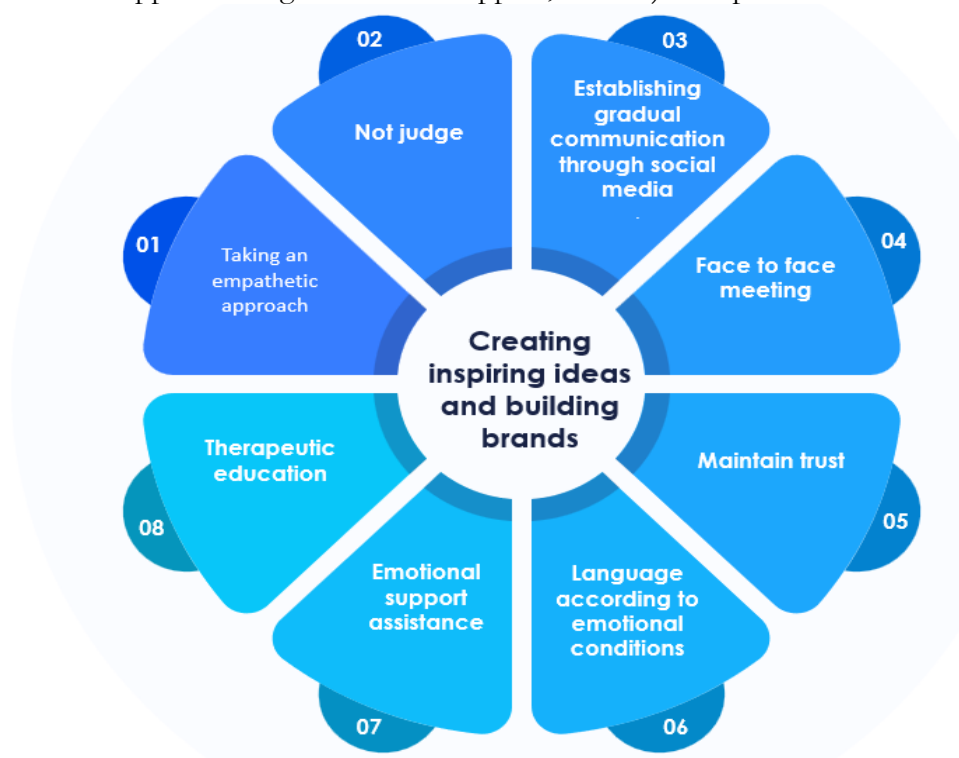
This study is a qualitative study using a case study approach ([Engkizar et al., 2023](#); [Rahman et al., 2020](#)). that focuses on the role of peer support in fostering the spirit of life among HIV patients at the Medan Plus Foundation in Medan City. The theoretical framework utilizes the concept of therapeutic communication, which emphasizes empathetic, supportive, and trust-building communicative interactions between peer supporters and patients ([Engkizar, Muslim, et al., 2025](#); [Htay et al., 2025](#); [Oktavia et al., 2024](#)). Data were collected directly in the field through in-depth interviews with 12 informants, consisting of the Director of the Medan Plus Foundation, three peer supporters, two counselors, one doctor, and five Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome members of the foundation. In addition, the researchers also observed support activities and documented the foundation's archives and activities. This approach allows researchers to directly understand the dynamics of relationships, communication strategies, and forms of

emotional support provided, thereby enabling them to fully describe how peer therapeutic communication contributes to improving patients' zest for life. The data collection techniques used were structured/semi-structured interviews, non-participant observation, and documentation (Ayuni & Wahjudi, 2021; Engkizar, Jaafar, Alias, et al., 2025; Ummah et al., 2025). In-depth interviews were conducted using interview guides and voice recording devices. Observations were recorded in field notes, while documentation was taken from the foundation's archives and photos of activities (Engkizar et al., 2022; Faddhia et al., 2025; Febriani et al., 2022).

Data analysis was conducted continuously following the Miles & Huberman model, which includes data condensation, data display, and verification of conclusions. The stages include recording, selection and simplification, coding classification, narrative compilation, and interpretation of findings. To ensure data validity, extended observation, increased persistence, triangulation (of sources, techniques, and time), and cross-verification with relevant reference materials were used (Engkizar, Jaafar, Masuwd, et al., 2025; Istiqamah et al., 2024; Mutathahirin et al., 2022; Sabrina et al., 2022).

## RESULT AND DISCUSSION

Self-acceptance is one of the important aspects in the life journey of people with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome in order to survive and live a better quality of life. Amidst the challenges of stigma and discrimination that are still strong in the social environment, support from others is vital, one of which is through therapeutic communication provided by peer supporters. Based on interviews and direct observations by researchers, it was found that there are eight roles that peers play in supporting HIV patients. These eight roles are: i) showing empathy, ii) not judging, iii) establishing gradual communication through social media, iv) face-to-face meetings to create a sense of security, v) maintaining trust, vi) choosing an approach that is tailored to the patient's emotional state, vii) holistic support through emotional support, and viii) therapeutic education.



### **Fig 1. Eight Roles of Peer Supporters in HIV/AIDS**

#### **Empathetic approach**

An empathetic approach is the main foundation of therapeutic communication between peer supporters and people living with HIV/AIDS. From the outset, patients are welcomed warmly, listened to without judgment, and given motivation and information relevant to their needs. Every patient is treated empathetically and without discrimination from the outset, so that patients feel safe. In line with this, Mariani, as a counselor, adds that therapeutic communication is carried out by asking about the purpose of the visit slowly and empathetically so that people living with HIV/AIDS feel accepted and more open to sharing their problems.

The analysis shows that price has a positive and statistically significant effect Agung, one of the peer supporters, emphasized that this empathetic approach is carried out gradually through counselors who first handle patients. This strategy is important so that people living with HIV/AIDS do not feel rushed or pressured during the counseling process. Meanwhile, another peer supporter emphasized that building empathy is not just about listening, but also providing information and instilling confidence that this journey does not have to be undertaken alone. Thus, through communication that is full of empathy, openness, and mutual trust, peer supporters are able to become an effective bridge in strengthening self-confidence, reducing shame, and encouraging them to undergo therapy consistently and actively interact in a social environment.

#### **Non-judgmental**

A non-judgmental attitude is key to building trust with people living with HIV/AIDS. In an interview, Dr. Budiarti emphasized that from the outset, patients must be approached without judgment so that they feel valued. This is in line with Mariani's statement that warm acceptance helps people living with HIV feel that they are not being judged, even though they may still experience inner conflict or self-rejection. Similarly, Doni, a peer supporter, said that for people living with HIV/AIDS who choose to go through the process independently, peer supporters still provide guidance on accessible services without forcing or judging them.

This approach, which respects patients, will create a sense of security, allowing them to gradually open up about their HIV status. Lidia Br. Ketaren also reinforces this view with her experience: she always begins interactions by listening to stories about Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome without judgment, so that they feel safe to open up and share their experiences (Audina & Tobing, 2023; Ruimassa & Tomaso, 2024). Patients who come generally come from various channels, such as coming on their own initiative, being referred from other services, or through a gradual accompaniment process. For this reason, therapeutic communication is carried out by asking about the purpose of their visit slowly and with empathy. This approach helps HIV/AIDS patients feel more accepted and not judged.

#### **Establishing gradual communication through social media**

Initial communication with people living with HIV/AIDS is not always done face-to-face, but can begin through text messages or social media. Doni explained that the use of digital media is very helpful in building a sense of security for people living with HIV/AIDS before they are truly ready to meet face-to-face. This strategy is considered important because most HIV individuals are still in a phase of uncertainty and need a safe space to express themselves without pressure (Febriansyah et al., n.d.; Sandinatha & Azeharie,



2022). Once a rapport has been established, face-to-face meetings are held with a more personal approach, using simple, relaxed, and easy-to-understand language.

This approach is tailored to the diverse educational backgrounds of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, so that messages must be conveyed in an easily digestible manner. In this way, peer supporters can tailor their communication to ensure it is well received. Although communication is established through social media, a non-discriminatory and non-judgmental attitude is the foundation for every interaction. Thus, the use of social media is not only a means of communication, but also an effective initial strategy for establishing communication. Digital media serves as an initial bridge to build trust before HIV individuals dare to move on to the stage of direct interaction.

### **Face-to-face meetings**

Face-to-face meetings are a further step in creating emotional closeness with HIV/AIDS patients. Dr. Budiarti stated that these face-to-face meetings begin with providing initial education so that patients feel safe and comfortable. Mariani also explained that therapeutic communication is not limited to service facilities, but can also be done at the patient's home, with the aim of making Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome patients feel safe and open. In this case, Doni added that in conditions of doubt or anxiety, peer supporters are always ready to accompany and assist them to the appropriate health facility, while ensuring direct assistance is available if needed.

This approach emphasizes respect for the choices of people living with HIV/AIDS, while maintaining communication so that they know that support is always available. These face-to-face meetings can strengthen the confidence of people living with HIV/AIDS that they are not alone in facing the treatment process. This face-to-face strategy also plays an important role in building trust, as direct interaction creates a stronger emotional bond than indirect communication.

### **Maintaining trust**

The core of peer support is building trust in Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. Agung stated that the first step before discussing therapy or prevention is to help HIV patients accept themselves. With complete self-acceptance, patients will be more open to the next steps. Lidia adds that communication must also be relaxed and meaningful in order to build trust in HIV/AIDS and prevent patients from feeling alone. This trust will be an important asset in ensuring that patients are committed to undergoing long-term therapy. In line with this, Dr. Budiarti emphasizes that trust cannot be built by one party alone, but requires collaboration between doctors, counselors, and peer supporters. This synergy has proven effective because patients not only receive medical information but also consistent emotional support. Maintaining trust can be viewed as a dynamic process involving the presence and involvement of companions for individuals living with HIV/AIDS.

### **Language appropriate to emotional state**

The language used by peer supporters to communicate with people living with HIV must also be appropriate to their emotional (Tristanto et al., 2022). As Agung explained, initial communication usually uses flexible language, both formal and informal, depending on the patient's comfort level. Peer supporters also do not immediately ask sensitive questions such as the cause of infection or sexual behavior, but rather focus on creating a safe and

comfortable atmosphere. In line with this, Doni added that the therapeutic communication they engage in is always tailored to each individual's emotional readiness. This statement was reinforced by Dr. Budiarti, who stated that the communication approach must take into account the background of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, as some may already be familiar with information about HIV, but others may still be afraid and resistant. In such situations, communication must be conducted gradually and patiently. Mariani also emphasized that this approach must cover biological, psychological, and ecological aspects, while still paying attention to the emotional and cognitive conditions of patients. Therefore, the use of appropriate language is not only a strategy, but also a form of genuine empathy. Bank Syariah Indonesia's brand image factor is a motivation as the most prominent Islamic bank to have trust and collaborate with accredited property developers. For this reason, the brand image is a determining factor in the decision to buy Bank Syariah Indonesia Griya mortgages among urban millennials.

### **Emotional support assistance**

Another important role of these peers is to provide comprehensive emotional support to people living with HIV/AIDS. Doni emphasized that this support is important to make people living with HIV/AIDS feel accepted and not alone. According the role of peer support is to serve as a bridge of communication between medical personnel and patients, which can convince patients to comply with treatment. Mariani added that peer support must be sensitive because what HIV individuals express is often different from their actual feelings. The support strategy is realized through continuous motivation, encouraging people living with HIV/AIDS to participate in positive activities, stress management guidance, and mental health strengthening. Lidia also emphasized the importance of motivation and reminded patients to maintain their physical and mental health. With this holistic approach, HIV/AIDS patients are not only able to accept their condition, but also acquire the skills to live independently, productively, and with hope.

In addition, the strategies implemented include sharing life experiences to strengthen each other, job skills training to prepare for independence, joint sports and recreational activities to maintain physical and mental health, group discussions on stress management and future planning, as well as religious or spiritual activities that strengthen the inner self and provide peace of mind. These activities are designed to motivate HIV-positive individuals, provide them with strong social support, and enable them to build self-confidence in facing life's challenges. Thus, peer support has been proven to increase the resilience of HIV-positive individuals, build their self-confidence, and help them face life's challenges with greater optimism.

### **Therapeutic education**

The role of therapeutic education is an important part of peer support. One of the educational topics covered by peer supporters is introducing the information system used at the foundation. Agung, a peer supporter, explained that the use of SIHA (HIV-AIDS and STI Information System) helps supporters monitor patients' conditions, including their adherence to ARV therapy, so that communication approaches can be more targeted. Dony added that education is also provided by explaining the examination process, the differences between rapid tests and PCR tests, and their accuracy rates. This is important so that patients do not feel confused or anxious about differing diagnosis results. In addition to medical information, therapy education is accompanied by mental reinforcement and motivation so that patients do not

feel discouraged. With this strategy, peer supporters ensure that people living with HIV/AIDS have a correct understanding, while also feeling accompanied in undergoing long-term treatment. In cases where HIV/AIDS patients have recently received their diagnosis, especially if they are confused or have received differing results from multiple healthcare facilities, Lidia provides detailed explanations about the testing process and the differences in accuracy between methods such as rapid tests and PCR. She also offers direct support if HIV/AIDS patients wish to retake the test or seek treatment at a more suitable healthcare facility. For those who choose to go through this process alone, Lidia still provides written guidance or contact information for services that can be accessed at any time.

Mariani added that when patients test positive, counselors and peer supporters immediately provide initial education on the importance of treatment adherence and ensure that patients feel safe and not judged. For patients who need referrals to follow-up services, such as partner health facilities or intensive support programs at the Medan Plus Foundation, the process is carried out in a targeted manner and in accordance with standard operating procedures. Thus, the therapy education provided is not merely about giving medical information, but rather part of therapeutic communication that combines knowledge, emotional support, and service assurance. Based on the findings from the eight peer support roles, it can be seen that overall, the support strategy implemented at the Medan Plus Foundation in Medan to foster resilience and a zest for life among people living with HIV/AIDS is carried out in a structured manner through close collaboration between health services and peer supporters. The process begins with a medical examination and consultation with a doctor, followed by the completion of an assessment containing complete information about the patient's condition, which is then integrated into the HIV service application system to facilitate monitoring. Once the patient is diagnosed as positive, counselors and peer supporters immediately provide education on therapy adherence, ensure emotional support, and create a safe environment free of stigma.

Peer supporters respect the choices of people living with HIV/AIDS, whether they want full support or independence, while still providing guidance and access to health services. They also encourage people living with HIV/AIDS to participate in positive activities, provide ongoing motivation, and facilitate referrals to services in accordance with standard operating procedures. Close collaboration between peer supporters, counselors, hospitals, and partner institutions ensures that every person living with HIV/AIDS receives comprehensive support, enabling them to accept their condition, maintain their mental and physical health, and rebuild their spirit to undergo therapy consistently and view the future with optimism.

Peer supporters at the Medan Plus Foundation in Medan play an important role in shaping the self-acceptance of people with HIV/AIDS through a therapeutic communication approach. This communication not only conveys information, but also builds empathetic, deep, and emotionally safe relationships. Initial interactions are often conducted through social media or text messages, then continue in the form of face-to-face meetings. This approach is carried out gradually and avoids pressure, especially when discussing sensitive topics such as HIV status, sexual orientation, or experiences of discrimination. The language used in communication is flexible and adapted to psychological conditions, thereby reducing resistance, fear, and excessive anxiety (Lalamentik & Peristiowati, 2022).



Peer support based on therapeutic communication can build equal relationships that humanize people. This makes people with HIV feel listened to, understood, and valued, which are important conditions in the process of self-acceptance. Self-acceptance is not merely accepting one's medical status as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, but also coming to terms with one's psychological, social, and spiritual condition. In this context, peer supporters act as “empathic mirrors” that help people with AIDS overcome the cognitive dissonance of the inner conflict between reality and expectations.

The use of digital information systems can improve service effectiveness and ensure data security. In the digital age, information systems have become an important pillar for public service institutions, including community-based health services such as the Medan Plus Foundation. Therefore, the use of as a recording and monitoring system supports the optimization of therapeutic communication and data-based interventions, which ultimately strengthens the process of comprehensive acceptance of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. In line with this view, antiretroviral therapy is highly dependent on the extent to which patients are able to understand and accept their own condition. This is where therapeutic communication plays an important role: not just convincing patients to take their medication, but strengthening their psychological and emotional foundation so that they remain optimistic and consistent in undergoing treatment. Peer supporters use a non-judgmental approach, fostering the hope that HIV is not the end of everything. According to general principles, therapeutic communication encompasses various approaches aimed at building a supportive relationship between health workers and patients. However, in the findings of this study, there were only four principles that stood out in the application of therapeutic communication by peer supporters at the Medan Plus Foundation in Medan City, namely:

Acceptance, which means that peer supporters are able to understand and accept HIV status without judgment, thereby creating trust. This principle is clearly evident in peer support strategies that avoid sensitive questions at the beginning of interactions, such as the cause of infection or risky behavior, and focus more on creating a safe environment. As stated by Agung Budi Laksono, a peer supporter, they do not directly ask sensitive questions, but rather focus on creating a sense of comfort. The goal is for patients to feel safe and not cornered, so that they are willing to slowly open up.

Openness in therapeutic communication allows for the creation of an honest and trusting relationship between peer supporters and people living with HIV/AIDS. Peer supporters at Medan Plus build openness through initial communication via text messages or social media before proceeding to face-to-face meetings, so that PLWHA do not feel intimidated. As stated by Dony Ibrahim Nst, “The initial stage is usually through chat or social media so that they feel safe. Once there is trust, we meet in person to talk more.

Emotional support is a fundamental principle of human relationships, and emotional support is manifested through the presence of peer supporters who are not only providers of information, but also friends who listen to the concerns of people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. This is done, for example, by accompanying them to health check-ups, reminding them of their medication schedule, or providing motivation. Lidia Br Ketaren explains, “Sometimes I accompany them during check-ups, send medication reminders, and listen to their concerns. This is so they don't feel alone.”

Change, the principle of change means that therapeutic communication is directed at encouraging people living with HIV/AIDS to experience positive developments, such as increased self-acceptance and enthusiasm for undergoing treatment. A warm, consistent, and empathetic approach makes people living with HIV/AIDS who were initially closed off gradually become more open and confident. According to Mariani Angkat, a counselor, “Many initially refused to accept their condition, but after being guided and given support, they began to accept themselves and were willing to undergo regular treatment.”

The strategy implemented by peer supporters at the Medan Plus Foundation in Medan City to foster resilience and zest for life among people living with HIV/AIDS is carried out through a flexible, empathetic approach tailored to the needs of each individual. This approach begins by establishing a sense of safety and trust through non-judgmental communication, followed by education on the importance of adherence to antiretroviral therapy (ART), explanations of the HIV testing process, and the differences between methods such as rapid tests and PCR. Peer supporters respect the choices of people living with HIV/AIDS, whether they want full support or prefer to be independent, while still providing guidance, access to services, and ongoing motivation. In addition, they utilize technology such as HIV service applications to facilitate patient monitoring and ensure that every step of the support process is integrated with health services, counselors, hospitals, and partner institutions. This strategy focuses not only on medical aspects but also on building emotional support and creating an inclusive environment to reduce stigma. Peer support plays a crucial role in accompanying patients during therapy, monitoring adherence, and providing education about ARV side effects. This support not only helps them understand the importance of therapy but also motivates them to remain consistent with their treatment.

The strategies implemented at the Foundation, such as emotional strengthening, involvement in positive activities, and health education, serve as an important bridge to help people living with HIV accept their condition while forming healthier and more productive behaviors. Peer supporters continue to provide guidance and motivation without interfering with personal decisions. This approach reflects the concept of client-centered therapy, where counselors act as facilitators and the final decision remains in the hands of the client. Companions only provide options, emotional support, and necessary considerations. Peer support encourages openness, strengthens the will to live, and increases motivation to undergo ARV therapy consistently.

People living with HIV/AIDS are often more open with their peers than with their families or loved ones. This is because peers are able to create a safe and stigma-free environment, which allows people living with HIV/AIDS to express their feelings and challenges without fear of being judged. At the Medan Plus Foundation, a similar approach is applied through non-judgmental communication, flexible support, and the use of media such as WhatsApp to maintain relationships and monitor HIV status. With this strategy, peer supporters are able to foster resilience, increase zest for life, and strengthen the commitment of people living with HIV to undergo consistent therapy and view the future with more optimism.

The obstacles faced by people living with HIV/AIDS in overcoming cognitive dissonance when receiving support from peers at the Medan Plus Foundation in Medan include psychological, social, and practical factors. Psychologically, people living with HIV/AIDS often experience inner turmoil between old beliefs and new information related to HIV, which can lead to

feelings of disbelief, shame, fear, and inferiority. This dissonance is exacerbated by low health literacy and past trauma, so that even with peer support, the process of self-acceptance is slow. Initial reactions after an HIV diagnosis can range from denial to acceptance, where psychological unpreparedness can delay treatment and acceptance of one's condition.

The implementation of therapeutic communication by peer supporters at the Medan Plus Foundation in Medan City has been proven to contribute significantly to shaping HIV/AIDS self-acceptance. Through an empathetic, open, and educational approach, peer supporters are able to help people with HIV/AIDS understand their health condition, alleviate anxiety, and reduce inner conflict arising from cognitive dissonance. This support is not only emotional but also practical, such as reminders to take medication and accompaniment during health check-ups, which gradually build confidence in daily life. The process of self-acceptance is influenced by social support, knowledge about HIV, and the ability to manage psychological stress. On the other hand, external pressures such as social stigma, discrimination, limited family support, and inflexible working conditions are also serious obstacles for people living with HIV/AIDS to open up and accept full support. Limited peer support can reduce the quality of life of people living with HIV/AIDS, both emotionally and socially. Those who have not fully accepted themselves tend to withdraw and avoid interaction, which ultimately prolongs the cognitive conflict they experience. Therefore, a holistic and sustainable approach is needed,

On the other hand, external pressures such as societal stigma, discrimination, limited family support, and inflexible working conditions also pose serious obstacles for people with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome to open up and fully accept support. Limited peer support can reduce the quality of life of people with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, both emotionally and socially. Those who have not fully accepted themselves tend to withdraw and avoid interaction, which ultimately prolongs the cognitive conflict they experience. Therefore, a holistic and sustainable approach is needed, not only from peer support but also from the surrounding environment so that HIV can adapt and live a more positive life.

## CONCLUSION

Based on the research results, it can be concluded that peer-supportive therapeutic communication has an important role in fostering the spirit of life and self-acceptance of HIV/AIDS. There are eight main roles carried out, namely an empathetic approach, a non-judgmental attitude, gradual communication through social media, face-to-face meetings, maintaining trust, using language appropriate to emotional conditions, emotional support assistance, and therapy education. All of these strategies are carried out in a structured and continuous manner, while still respecting the choices and emotional conditions of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.

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