THE AIDS HEALTHCARE FOUNDATION'S INTERPERSONAL COMMUNICATION TO REDUCE STIGMA, DISCRIMINATION, AND LOST TO FOLLOW UP PLWHA
A Case study Bali Province period 2021

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ABSTRACT

The Indonesian government's program still includes HIV/AIDS prevention as a top priority. The number of people living with HIV/AIDS (PLWHA) increases daily, while the handling of HIV cases remains out of control. A significant proportion of HIV patients are lost to follow-up in the field, which is one of the difficulties faced by HIV patients. Moreover, the issue of societal stigma and prejudice towards PLWHA is still a major concern in Indonesia and the rest of the world. Social stigma, prejudice, and isolation in social life is still scary outcome. This research seeks to examine the role and communication techniques of the international NGO the Aids Healthcare Foundation interpersonal communication in reducing stigma, discrimination, and loss to follow up PLWHA based on the stages of the interpersonal communication process using social penetration theory. The utilized research methodology is a combination of qualitative descriptive and case study techniques. The data collection methods include in-depth interviews, participant observation, and a review of the literature. The findings of this study indicate that stigma and prejudice against PLWHA clients remain high, leading the rate of clients who are lost to follow-up to continue to increase. Nonetheless, AHF was there as a government partner to lower this to meet the 2030 SDG target through an interpersonal communication approach with PLWHA.

Keywords: Interpersonal, Communication, Stigma, Discrimination, PLWHA, INGO, AHF

INTRODUCTION

Following the release of data from the Joint United Nations Program on HIV/AIDS (UNAIDS), 4000 people are infected with HIV every day in the world, including 1100 young people (aged 15 to 24). If current trends continue, there would be 1,2 million new HIV infections in 2025, which is three times the goal of 370,000 new infections set for 2025(UNAIDS, 2022). In light of this, UNAIDS has developed a strategy to end HIV/AIDS that aims to reduce poverty, end hunger, and prevent new HIV infections; to ensure a healthy life; to provide a quality education; to promote gender equality; to reduce inequality; and to promote a peaceful and inclusive society among people living with HIV/AIDS (PLWHA)(UNAIDS, 2022).

Combating HIV/AIDS is one of the Indonesian government's top concerns. Referring to the National Medium-Term Development Plan (RPJMN) 2020–2024, it is highlighted that HIV continues to be a priority in the provision of basic health care. One of the 2020–2024 RPJMN's policy directions and strategies is to increase accessibility and quality of health services towards universal health coverage, which is in line with policy directions and strategies for strengthening social protection and improving the quality of life for children, women, and youth. The general thrust of this policy and plan includes HIV prevention in the discussion (Direktorat Rehabilitasi Sosial Tuna Sosial dan Korban Perdagangan Orang, 2020).

According to the Report on the Progress of HIV/AIDS and Sexually Transmitted Diseases (PIMS) for the fourth quarter of 2021, the Ministry of Health (KEMENKES), through the Director General of Disease Prevention and Control, estimates that 456,453 PLWHA have been reported by the end of 2021. As of December 2021, there have been 135,490 reported cases of AIDS. From January to December 2021, the number of people living with HIV was 36,902 out of 4,055,600 who were tested for HIV, and 30,160 people received ARV treatment, according to the same study (Direktorat Jenderal dan Pengendalian Penyakit, 2022).

The government and the community have a strong commitment to HIV/AIDS control measures targeted at attaining HIV/AIDS eradication by 2030, in conformity with the global goal of ending the AIDS epidemic by that year. The state is likewise committed to increasing the number of PLWHA receiving treatment as part of steps to prevent HIV transmission and enhance the quality of life for PLWHA, as stated in the strategic plan for the health sector (Renstra Kemenkes RI). Initiatives to end HIV/AIDS are supported by the government and the community. Globally, it has been decided that Indonesia can achieve the 95-95-95 treatment target by 2030, which entails that 95% of PLWHA are aware of their status, 95% of PLWHA are aware of their treatment status, and 95% of PLWHA who have received treatment have had the virus inhibited (Direktorat Jenderal Pencegahan dan Pengendalian Penyakit, 2020). The prognosis for people living with HIV has significantly improved with the creation of effective antiretroviral (ARV) medication in the late 1990s. HIV-related mortality has significantly declined during the past 20 years, especially in high-income nations(Choi & Seo, 2021)the prognosis for people living with human immunodeficiency virus (HIV.

One of the concerns Indonesia still needs to solve in its treatment of HIV cases is the proportion of cases of individuals with HIV who are lost to follow-up, which is still significant in the field due to a range of difficulties faced by people with HIV. The number of HIV-positive individuals who stopped taking their medications or who were lost to follow-up (LFU) in 2021 alone was estimated to be 71,995 (Direktorat Jenderal dan Pengendalian Penyakit, 2022).A person with HIV/AIDS will display a variety of comorbidities, long-term HIV infection symptoms, and HIV drug side effects. The quality of life for those living with HIV/AIDS can be negatively impacted by issues like social stigma, despair, and cultural norms.

There are at least three major factors that contribute to the slow response to HIV/AIDS in Indonesia, from a social and medical standpoint: the stigma of the community regarding HIV/AIDS as a curse from disgraceful acts, the high level of discrimination from the community and health facilities, and the high number of PLWHA patients who are lost to follow-up. Based on the situation of HIV AIDS and PIMS from 1987 to December 2021, the province of Bali has a significant number and ranking of AIDS cases during 2021, as well as the highest number of HIV cases in Indonesia, which has 429 people, the number of AIDS cases and the sixth position (as many as 24,793 cases). Age between 20- to 29-year-olds account for 31,9 percent of HIV/AIDS diagnoses in Bali. In the meantime, many of these cases were discovered in the districts of Denpasar, Badung, and Buleleng (Kadafi, 2021). There are numerous factors that contribute to the spread of HIV to teenagers in Bali, including lifestyle and unrestricted heterosexual, bisexual, and homosexual sexual activity (Men Sex Men).

It is clear that HIV-positive people experience more psychological problems in addition to physical problems. As a result of stigma and discrimination, it was found that many persons living with HIV were misdiagnosed and treated inadequately owing to shame or other related variables, such as their relationships with their family and other people in their environment. People with HIV are subjected to stigma or discrimination since it is believed that they exhibit certain behaviors that go against social mores and are deplorable. People with HIV lose their ability to move and are deprived of the chance to develop their talents due to the stigma and discrimination that are displayed by numerous organizations toward those who have the virus. An unfair act committed against a person who has HIV or is suspected of having HIV is known as HIV-related discrimination.

HIV is hidden from society through stigma, which lessens the need for behavior modification. Additionally, stigma causes a person to wish they were unaware of their condition, which delays diagnosis and treatment. Stigma affects a person's sense of self and capacity to deal with illness on a personal level. People are fearful of being criticized, therefore they avoid discussing vital support systems like family and friends(Skinner & Mfecane, 2004). In all parts of the world, HIV-related stigma and discrimination continue to be a significant barrier to successful HIV response. National surveys reveal that HIV-positive individuals are still subjected to discrimination in a variety of contexts, including when seeking medical attention(Kaplan et al., 2016).

The main reasons of prejudice against people with HIV/AIDS are essentially internal discrimination and outward discrimination. Self-discrimination and perceived discrimination are two components of internal discrimination. External discrimination stems from five key sources: sexual harassment and passive and active sexual partners, health care and rights violations, schools, the workplace, and the environment (Tse & Huang, 2017). Febrianti's research in Indonesia (Maharani, 2017), Teenagers who had a severe stigma towards PLWHA in 2016 were 148 (69.8%), and they were more likely to have it if they had little understanding of it, had a negative impression of it, had never interacted with PLWHA, and came from families with lower incomes. The barrier of stigma makes it less likely for people to use VCT8 services and for them to be monitored.

The Aids Healthcare Foundation (AHF) is a non-sectarian, non-political, and non-profit international non-governmental organization founded in 1987 and headquartered in Los Angeles, California, United States of America. The mission and objectives of the primary AHF programs around the world are quality assurance and the improvement of the quality of HIV services, with the implementation of the program in each nation adapting to the demands

of addressing distinct gaps in each country. This is where NGOs stepped in to fill the gap. The function of NGOs is fulfilled when they can do what the government has been unable to do effectively. As is well known, the HIV program in Indonesia has been working very well in terms of outreach and treatment/therapy, but the quality of HIV services may need to be improved in several ways.

People all around the world place the most trust in international NGOs because they bring important social, environmental, health, and international political concerns to the public's attention and shape public opinion on those issues (Schwarz & Fritsch, 2014). The importance of international NGOs as representatives of the world's civil society is highlighted by their involvement in challenging, diverse, and uncertain circumstances. As a result, in addition to having an impact on the outcomes, aims, and mission of international NGOs, this effective communication approach also affects the communities in which those organizations operate. AHF continues to emphasize the value of HIV testing and counseling in initiatives for the treatment and prevention of AIDS.

Depending on the goal of the communication, effective communication is very helpful in influencing, persuading, and entertaining (Hasyim et al., 2020). In order to establish an environment where communication may be effective and improve PLWHA's knowledge, attitudes, and behavior, communication must be streamlined in front of PLWHA's clients. Additionally, it will foster a strong sense of mutual understanding between PLWHA communicants and AHF communicators. AHF is considered competent of carrying out efforts to stop HIV/AIDS through interpersonal communication. Interpersonal communication is the cornerstone of communication since it may transform impersonal (not knowing) interactions into personal ones or the other way around. It is feasible to improve attitudes, subjective norms, and perceptions of risk felt by PLWHA through effective interpersonal communication between PLWHA and their families and the larger community, allowing for the continuation of their desire to take ARV in treatment.

Patients who experience communication issues with their families may feel hesitant or even refuse to continue their treatment. Impatience and the enormous strain that the PLWHA family is under in caring for PLWHA are two communication issues that crop up, leading to small-scale to major fights. Truth be told, effective communication between patients and their families can offer psychological, spiritual, and physical assistance. Using Mark Knapp's social penetration theory to define the stages of the interpersonal communication process, researchers are interested in examining the contribution of the Aids Healthcare Foundation's interpersonal communication to lowering stigma, discrimination, and loss of contact with PLWHA. Based on this background, researchers are interested in researching the Aids Healthcare Foundation interpersonal communication in reducing stigma, discrimination, and loss to follow up PLWHA based on the stages of the interpersonal communication process using social penetration theory.

LITERATURE REVIEW
Understanding Communication

One of the most important and challenging aspects of being human is communication. According to Morissan, conversation with both familiar and unfamiliar persons has a significant impact on people(Morissan, 2013). As a result, Lasswell (Effendi et al., 2019)said that Communication will be successful if it goes through these five processes. The five stages consist of: Who: Who is the communicator, the one who delivers the message? What is the

message being communicated? Choosing a channel Which channel or medium is used to send the communication message? Whom: To whom is the communication message (communicant) addressed? How does that happen? What changes take place when the communication message is received by the recipient? Wilbur Schramm defines communication as a process of sharing. Schramm defines communication as originating from the Latin word communis, which meaning common or together (Fajar, 2009). When someone communicates, they are truly attempting to develop a bond (commonality) with the recipient. The individual is attempting to communicate information, ideas, or attitudes. As in this explanation, for instance, I am attempting to convey to readers that the essence of communication is an effort to ensure that both the recipient and the sender have the same interpretation (understanding) of a given message (Fajar, 2009).

Interpersonal Communication

Cangara (2002) defines communication as a transaction, a symbolic process that calls for people to control their environment through the development of interpersonal relationships, information exchange, reinforcement of other people's attitudes and behaviors, and attempts to alter those attitudes and behaviors. Interpersonal communication is fundamentally communication that takes place between the communicator and the communicant, according to Effendi, who was quoted in Management of Interpersonal Communication and Employee Passion (Sunarto, 2003). Interpersonal communication is defined as communication between people who physically interact, enabling each participant to immediately perceive the reactions of others, either verbally or nonverbally (Deddy Mulyana, 2008). Interpersonal communication, on the other hand, is the delivery of an interactive relationship between a person and another in which message symbols, particularly in language symbols, are effectively used. Interpersonal communication is also perceived to be personal and takes place face-to-face, according to Joseph A. Devito in Communication Between Humans (Devito, 2011).

Interpersonal communication has six goals that are seen crucial in Communication and Public Relations (Widjaja, 2000), including:(a) knowing yourself; (b) knowing the outside world; (c) creating and maintaining relationships; (d) changing attitudes and behavior; (e) playing and seeking entertainment; and (f) helping others. The goal of interpersonal communication in daily life is typically the growth of relationships. There are various stages in the interpersonal communication process, and each one is beneficial for the growth of communication with others. To do that, we need a fundamental understanding of how relationship development forms and models operate.

The steps of the interpersonal communication process are as follows, according to Mark Knapp, who was quoted in Interpersonal Communication (Alo Liliweri, 2017): (a) Coming Together Stage. In the process of the first stage of interpersonal communication, the individuals involved in it go through initiation, experimentation, and intensification; (b) Relational Maintenance Stage. After going through the coming together stage, interpersonal communication enters the relational maintenance stage where the individuals involved in it go through a process of integration, bonding, differentiation, and circumscribing; (c) Coming Apart stage. Consists of stagnating, avoiding and termination processes.

In his book, Communication Between Humans (Devito, 2011), Joseph A. DeVito suggests that there are five general qualities that are considered for effective interpersonal communication, including: (a) Openness is an attitude that can accept input from others. This does not

mean that people must immediately disclose all of their life history, but they must be willing to expose themselves when others want the information they know; (b) Empathy (empathy) is a person's ability to feel that if he were someone else, he could understand something that was being experienced by others and could feel what other people felt through the eyes of others; (c) Supportiveness, Effective interpersonal relationships are those in which there is a supportive attitude, meaning that each communicating party has a commitment to support the implementation of open interactions; (d) A positive attitude as demonstrated by attitude. The parties involved in interpersonal communication must have positive feelings, not prejudice or suspicion. Positive attitudes can be shown by various kinds of behavior and attitudes. These include respect for others; positive thinking; not being excessively suspicious; believing in the importance of others; giving praise and appreciation; and a commitment to work together; (e) Equality recognizes that both parties have interests; both require and are equally valuable. Thus, equality indicators can be carried out, including: placing oneself on a par with others; being aware of the existence of different interests; recognizing the importance of others. The atmosphere of communication is close and comfortable, with two-way talk and a mutual need for each other.

Social Penetration Theory

"Social penetration theory" identifies the process of an individual's increasing openness and intimacy in building relationships with others (Morissan, 2013). This hypothesis by Irwin Altman and Dalmas Taylor focuses on non-intimate to intimate or vice versa interpersonal relationships. Social penetration theory (Littlejhon, S. W., & Foss, 2018) posits a sequence of stages during which connections form, specifically: (a) The Orientation Stage, this stage begins with a brief, uncomplicated, and typically insignificant dialogue; (b) Exploration-efficient stage, at this stage, individuals begin to express themselves by articulating their personal perspectives on broad issues. This is the typical stage of a friendship, and few relationships progress beyond it; (c) The affective stage, at this point, individuals begin to discuss personal matters. This stage also occurs when criticizing one another and providing explanations pertaining to the topic at hand. Even at this point, there is an intimate personal touch (hug);(d) Stable stage, at this point, the relationship has progressed to the point where intimate details can be shared. Each partner's emotional reaction can be predicted; (e) Penetration stage, at this point, the relationship begins to disintegrate. There is contention, which may even result in the dissolution of the relationship.

Stigma

According to Lacko, Gronholm, Hankir, Pingani, and Corrigan in Fiorillo, Volpe, and Bhugra(Gill, 2016), stigma is tied to social life and is typically directed at those who are perceived to be different, such as victims of crime, poverty, and disease, HIV being one example. Stigmatized individuals are labeled or marked as guilty. The following are the criteria for the establishment of stigma, according to (Liamputtong, 2013): (a) Information, due to misinformation, lack of education about HIV/AIDS, and misunderstandings regarding HIV transmission, stigma is established. This is the result of a person's lack of knowledge; (b) Perspective Different from others, a person's perceptions might influence behavior and attitudes toward that person; (c) Educational Attainment The amount of education can influence the emergence of stigma. If the level of education is great, so will be the level of knowledge.

Van Brakel in Fiorillo, Volpe, and Bhugra(Gill, 2016) reveals that there are 5 types of

stigma as follows: (a) Public stigma, which is the reaction of the general public towards persons who have physically or psychologically sick family members or friends. His statements include, "I don't want to live with an HIV-positive person."; (b) Structural stigma, in which people with a sickness are rejected by an institution, law, or company. For instance, firm X refuses to hire HIV-positive employees; (c) Self-stigma, which is a reduction in an illness sufferer's self-esteem and confidence. For instance, an HIV patient who believes he has no value in the world since those around him avoid him; (d) Felt or perceived stigma, in which individuals feel stigmatized and are frightened to be in a community atmosphere. For instance, a woman refuses to seek employment out of fear that her HIV status will be revealed, and she will be rejected by her coworkers. (e) Experienced stigma, in which a person has been discriminated against by others. Compared to non-HIV patients, for instance, HIV patients are treated unkindly by health care professionals. (f) Avoidance label, which occurs when an individual avoids health care in order to conceal their medical state. An example is a patient who conceals his medication.

Discrimination

Discrimination is the practice of acting negatively against others. According to Myers (Myers, 2012) in (Adelina et al., 2017), discrimination is the inappropriate treatment of a group and its members. Sometimes, discriminatory action arises from a prejudiced attitude. Theodorson & Theodorson (Fulthoni et al., 2009) said that discrimination is the unequal treatment of individuals or groups based on categorical or distinguishing characteristics, such as race, ethnicity, religion, or social class membership. According to Taylor (Ferraz et al., 2019)such as post-exposure prophylaxis. This study was designed to explore how AIDS-related stigma impacts the experience of using non-occupational post-exposure prophylaxis (nPEP, discrimination occurs when someone treats another person poorly because that person is a member of a particular group.

There are numerous sorts of discrimination that distinguish it from the act of discrimination. According to Newman (Maitsa et al., 2021), there are various types of discrimination, including: (a)Verbal expression, discrimination carried out through insults or the use of words; (b) Avoidance, a form of prejudice that involves avoiding or avoiding a certain person or group of people within the group; (c) Exclusion is a form of discrimination in which an individual or group of people is excluded from a group; (d) Injury, beating, or assault as a form of physical abuse or discrimination. (e) Extinction, discriminatory treatment by exterminating or committing mass deaths.

(Fulthoni et al., 2009) list, but are not limited to, the following as common forms of prejudice in society: (a) Discrimination based on ethnicity, race, religion, or belief; 2. sexual orientation discrimination; (b) Discrimination on the basis of sex and gender (gender-based social roles). For instance, access to education is favored for boys over girls; after marriage, women are regarded their husbands' property; and so on (etc); (c) Discrimination towards disabled individuals For instance, people with impairments are regarded as ill and denied employment in government agencies; (d) Discrimination of HIV/AIDS sufferers HIV/AIDS patients are ostracized from society and viewed as the filth of society; (e) Discrimination based on one's social caste In India, for instance, the lowest caste is regarded as the refuse of society and is destitute or neglected, depriving them their human rights.

HIV

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system. This viral infection lowers a person's immunity, making them more susceptible to other infections. AIDS, or Acquired Immune Deficiency Syndrome, is a collection of symptoms caused by the HIV virus that weaken the immune system. There are several strategies to avoid contracting AIDS (Pusat Data dan Informasi Kementerian Kesehatan, 2020). HIV is a retrovirus composed of a single-stranded viral RNA that enters the nucleus of an infected host cell and is transcribed into the host's DNA. AIDS is a collection of symptoms and diseases caused by the HIV virus's damage to the immune system (Kapila et al., 2016). HIV, a member of the retrovirus family also known as Lymphadenopathy Associated Virus (LAV) or Human T-Cell Leukemia Virus (HTL-III), is the virus that causes immunological damage in persons with AIDS (HTL-III retroviruses). Retroviruses convert their ribonucleic acid (RNA) to deoxyribonucleic acid after entering the host cell (DNA) (Lackner et al., 2012).

Non-governmental Organizations

Susannah Morris (Morris, 2000)develops a theory regarding NGOs by stating the following about non-profit organizations: (a) Organized (organized) in terms of organizational structure and operating system not state (private); (b) not affiliated with the government or state institutionally not focused on making money (non-profit distributing); (c) not attempting to make money for the owner or its directors, but rather giving the money back for the mission; (d) Self-government, an independent regulatory framework; (e) Volunteering is the voluntary participation in an organization's operations or management.

Alan Fowler (Fowler, 1997)explains how NGOs differ from government and business in the following areas: (a) They are not designed to generate a profit and are unable to distribute any surplus to their owners or staff; (b) They are neither mandated nor prohibited by law. Rather, they are the outcome of a voluntary effort by individuals who have a common concern or interest; (c) It is independent by nature; in that it is not part of the government nor directed by a public organization; (d) They govern themselves according to whatever legal requirements they choose to implement; (e) Registration demonstrates that the founders wish to be acknowledged by society, indicating that the concept of social responsibility must be established and accepted.

The bulk of non-governmental organizations (NGOs) aim to serve needy people, and the majority of their operations are based in developing countries. Typically, they are organizations that serve as a conduit between funders and receivers; hence, they must appeal to a variety of constituencies(Hailey & James, 2004).

METHODOLOGY

This study employs a qualitative case study methodology. This study uses the constructivism paradigm to see how interpersonal communication of People Living with HIV/AIDS (PLWHA) is affected by stigma and discrimination. Qualitative research is a tradition in the social sciences that is predominately focused on observations of people in their environment and language(Creswell, 2015). In case study, researchers investigate real-world, contemporary limited systems (cases) or multiple limited systems (various cases) through in-depth data collection involving multiple or multiple sources of information such as observations, interviews, documents of various reports, case descriptions, and case themes.

This case study focuses on the AHF, PLWHA, and other parties involved in the preven-

tion and treatment of AIDS, such as doctors and the Foundation for HIV/AIDS advocacy. The selection of ten informants was selective and based on their willingness to share. In this study, the following individuals served as informants: the Director from the Ministry of Health, the Director from the Ministry of Foreign Affairs, the Head of Bureau from the Ministry of State Secretariat, the Head of Regional Government officials, the Deputy Asia Bureau Chief of AHF International, the Country Director of AHF Indonesia, and stakeholders associated with PLWHA (Head of Designated Hospital, VCT Clinic, Kerti Praja Foundation, and Gaya Dewata Foundation), whereas the identities of the PL PLWHA informants are kept secret, to protect their confidentiality. In addition, information was obtained from a variety of sources, such as reports from governmental institutions and news articles from the media. The study focuses on the AHF's interpersonal communication efforts to eliminate stigma and discrimination against PLWHA.

Data collection, according to Creswell, is a sequence of interconnected processes aimed to capture information in order to address research issues(Creswell, 2015). Between July and October of 2022, primary and secondary data sources were employed to obtain information for this study. Interviews and documentation were adopted as data collection techniques. Viewing AHF-managed social media and websites as part of its social marketing communication activities yielded online observations. All used documents are written data in the form of personal documents, official government documents, and official AHF documents that can be used to support study.

In this study, two primary and secondary data sources were used to collect information: in-depth interviews and observation of literature and documentation. The triangulation procedure is carried out continually throughout the data collection and analysis phase, until the researcher is confident that there are no more discrepancies and nothing more needs to be validated with informants. In this instance, researchers triangulated data using multiple sources, including friends, family, counselors, nurses, and the community. The source triangulation technique was utilized to validate the data in this investigation. This indicates that the researcher attempted to determine the respondents' level of confidence in the information obtained from interviews, observations, and other sources.

RESULTS & DISCUSSION

People living with HIV/AIDS (PLWHA) experience great distress and disillusionment as a result of the widespread unfavorable perceptions and judgments about their condition that permeate society. Stigma, the belief that the person's condition is their fault because they have engaged in immoral or countercultural behaviors, such as engaging in risky sexual behavior, frequently switching romantic partners, or abusing substances. Expulsion, isolation, denial of eating utensils, refusal of medical care, and the use of slurs and other forms of verbal abuse are all examples of the prejudice that people living with HIV/AIDS face.

Effective communication is very useful in influencing, persuading, and entertaining according to the purpose of communication (Hasyim et al., 2020)and this creates problems in translation. This paper aims to examine the semiotic model for equivalence or non-equivalence in translation which attempts to define the semiotic model, to use the model for translation, and to offer the benefits of this model to solving translation's problem in equivalence and non-equivalence.\r Methodology: The data of this research are derived from the novel Lelaki Harimau, as the source language and L'homme Tigre, as the target language. This model is used in the Indonesian novel which has been translated into 14

languages, one of which is in French. The authors use a semiotic approach to analyze the equivalence and non-equivalence in the translation. \r Main Findings: This study reveals that the concept of signified in the semiotic theory proposes two models: the first: translation using the same concept in the source text (ST, Having adequate AHF communication competence will streamline communication in front of PLWHA clients so that it will create an effective communication atmosphere that will change PLWHA's knowledge, paradigms, and behavior. It will also create a deep mutual understanding between AHF as communicators and PLWHA as communicant. Through interpersonal communication, AHF is considered capable of carrying out efforts to prevent HIV/AIDS. Interpersonal communication is the foundation for communicating because with this communication can improve relationships from not knowing (impersonal) to personal relationships or vice versa.

Through interpersonal communication that goes well between PLWHA and their families and the wider community, it is possible to make attitudes, subjective norms, and perceptions of risk felt by PLWHA better, so that the willingness to take ARV in treatment can be continued. Communication problems that occur between PLWHA and their families make patients feel reluctant and even refuse to continue treatment. One of the communication problems that arise is impatience and the heavy burden felt by the PLWHA family in caring for PLWHA, so that disputes and fights arise from small to large. In fact, good communication between patients and their families can provide physical, spiritual, and psychological support.

The Social Rehabilitation Program in Prevention, Early Detection of HIV, Treatment, Therapy, and Support for PLWHA, which includes mentoring PLWHA to prevent therapy failure/LTFU, is the centerpiece of the AHF's collaboration strategy with the line Ministry. It attempts to improve the quality of life for families and communities by promoting early diagnosis, HIV transmission prevention, access to adequate care and therapy for persons living with HIV, and the quality of HIV programs through mentoring and the avoidance of ARV medication failure.

Successful communication depends on linking up with the community's existing body of knowledge on HIV/AIDS. Stigma and discrimination persist because the general public lacks information about HIV/AIDS and how it is transmitted. Some individuals also have the mistaken belief that HIV is spread through antisocial behavior.

Communication between PLWHA is dependent on the closeness of the relationship between the communicator and the recipient. Psychological issues and physical illnesses can also impede PLWHA's ability to communicate, often fueling a fear of social isolation if others learn of their identification as such. The communication model can be used by PLWHA to implement these strategies by modifying the social context in which communication takes place.

The results so far indicate that AHF has been successful in its attempts to approach and communicate with PLWHA. When asked about their health, PLWHA have shown greater openness after speaking with AHF. Support from loved ones and a healthy self-image are crucial for PLWHA as they embark on an open lifestyle centered on the use of antiretroviral medications (ARVs) and regular checkups with medical professionals.

CONCLUSIONS

AIDS Healthcare Foundation (AHF) is a non-governmental organization concerned with AIDS on a global scale. It has a mission and objective related to quality assurance and increasing the quality of HIV care, with the implementation of the program in each country

adapting to the demands of filling distinct gaps in each nation.

The high level of stigma that people living with HIV/AIDS are subjected to as a result of the public perception, which is still incorrect, regarding the transmission of HIV/AIDS, as well as the strong norms and beliefs that exist in society stating that HIV disease is a curse for those who are not good, such as engaging in risky sexual behavior, frequently switching romantic partners, or abusing substances.

The results so far indicate that AHF has been successful in its attempts to approach and communicate with PLWHA. Interpersonal communication is the foundation for communicating because with this communication can improve relationships from not knowing (impersonal) to personal relationships or vice versa. Through interpersonal communication that goes well between PLWHA and their families and the wider community, it is possible to make attitudes, subjective norms, and perceptions of risk felt by PLWHA better, so that the willingness to take ARV in treatment can be continued.

Suggestions

Given that the AHF and related stakeholders are primarily concerned with the Social Rehabilitation Program in HIV Prevention, Early Detection, Treatment, Therapy, and Support for PLWHA, cross-agency coordination and the participation of line ministries, local governments, hospitals, and local NGOs as implementation partners in the regions are crucial.

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