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SOCIO-PSYCHOLOGICAL ADAPTATION LOGICS OF PEOPLE LIVING WITH HIV/AIDS IN THE COMMUNE OF YOPOUGON

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ABSTRACT

The HIV-AIDS pandemic, since its discovery, has challenged the leaders of national and international bodies. The present study aims to understand the logics of social adaptation of people living with HIV-AIDS. Our methodological approach takes into account the commune of Yopougon as a field of study with a sample of 149 people and a survey population including PLHIV-AIDS, NGOs and relatives of infected people. Data collection techniques (questionnaire and interview) made it possible to glean the opinions and perceptions of our survey population. The results show that several strategies are used by people living with HIV/AIDS to adapt. Among others, we could note the acceptance of the disease, the subjective optimism, the strong personality, the confidentiality, the therapeutic nomadism and the change of residence. These strategies could help improve the psychosocial care of people living with HIV/AIDS.

Keywords: HIV/AIDS; Resilience; Environment; Social adjustment.

INTRODUCTION

Aware of the importance of health in a country's development process, Côte d'Ivoire has, since gaining independence, provided itself with the means to guarantee its population an acceptable level of health. This desire of the State of Côte d'Ivoire has been reflected not only in the investment efforts made in this sector through various programs but also in its adherence to various international health recommendations. In the same framework, the State has committed to the Millennium Development Goals (MDGs) policy, which aims to improve the living conditions of populations from poor countries. However, all these efforts have struggled to overcome various traditional pathologies (parasitic and infectious diseases), chronic and degenerative diseases, and especially the HIV/AIDS pandemic.

In 2023, an estimated 39.9 million people were living with HIV worldwide, including 38.6 million adults aged 15 or over and 1.4 million children aged 0-14 (UNAIDS, 2023). According to the institution, women and girls represent 53% of those living with HIV. How can we explain this propensity for HIV/AIDS infections when an ever-increasing number of NGOs and state or private, religious or secular structures, national or international bodies, are being deployed in the field? Shouldn't the monopoly granted to the biomedical approach in policies to combat HIV/AIDS be reviewed to give more space to prospecting or other avenues that take into account infected and/or affected individuals in their relationships with their sociocultural environment, such as the problems of stigmatization, discrimination and adaptation?

Indeed, the status of sick person recognized for people living with HIV/AIDS inaugurates a new dialectic in their relationships with their social biotope. They can be referred to the status of deviant and the "biological disorder" is perceived as the result of a "social disorder" (Augé and Herzlich, 1986). HIV infection, for example, can be seen as a stigma because it evokes for others the possibility that the victim has transgressed the norms governing sexual practices: transgression of the norm of heterosexuality for homosexuals; transgression of the socio-sexual norm of sexual virtue assigned to women. More generally, the disease can be perceived as a sign of moral inferiority, of an inability to observe "healthy behaviors" as opposed to "unhealthy" behaviors to preserve one's health and that of others (Peretti-Watel and Moatti, 2009). The constraints associated with illnesses thus fall, somewhat schematically, under two main logics: a logic of protection of the physical body and a logic of protection of the body and the social order.

Today, the HIV-AIDS pandemic is the subject of top-notch research in the social sciences. Psychology, sociology, psychiatry, anthropology, and criminology are paying particular attention to it in order to offer their expertise for the common and global fight against this pandemic. This expertise of the social and human sciences has already contributed to a better policy for the care of people affected by HIV-AIDS by enriching the medical care of infected people with psychosocial care, and by playing a leading role in the communication system for behavior change. It is therefore right that we are interested in the conditions of adaptation of infected individuals. This study aims to determine the mechanisms or conditions of social adaptation of people living with HIV/AIDS. Thus, how do some people living with HIV/AIDS manage to adapt socially? In other words, what are the factors that can promote the social adaptation of people living with HIV/AIDS? Such questioning pushes us on the one hand to describe the adaptation logic of people living with HIV/AIDS and, on the other hand, to identify the explanatory factors of the social adaptation logic of PLHIV/AIDS. In order to provide answers to the questions raised, the methodological approach below is adopted.

METHODOLOGICAL APPROACH

Study area and participants

The city of Abidjan is our study area. Since 2005, AIDS survey estimates indicate that this city is the most affected in sub-Saharan Africa with a prevalence rate of 5.1% (EDS-MICS 2011-2012). A total of 149 subjects were selected using the snowball sampling technique given the sensitivity of the subject addressed. People living with HIV/AIDS come from the municipality of Yopougon. The choice of

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subjects is based on a concern for diversifying data sources. Thus, the following target groups were selected:

Table 1: Sample distribution

Population categories	Target groups	Sample
Actors directly involved	People Living with HIV/AIDS	65
	People Affected by HIV	17
	Parents of People Living with HIV/AIDS	12
	Doctors	29
	Counselors	
	Pharmacists	
	Nurses	
	Nursing Assistants	
	Massage Service	
	CoordinatorsDirecteur exécutifs	
Other authors indirectly concerned	Agents from the Ministry of Health and the Fight Against AIDS	04
	UNAIDS agents for Côte d'Ivoire	03
	PEPFAR and PNPEC agents	14
	NGO managers	02
	Institut Pasteur agent	0 3
Total		**149**

Data collection equipment

A questionnaire and a semi-structured interview guide were used for data collection. The questionnaire allowed for standardizing a number of questions so that they could be applied to a large number of subjects. As for the interview guide, its use allowed for discussions with people living with HIV/AIDS and also for recording testimonies.

Data analysis method

Two types of analysis were carried out: quantitative analysis and content analysis. Quantitative analysis allowed the data to be processed using the SPSS version 20 computer tool. As for content analysis, it allowed us to understand the experiences of the populations through the opinions, speeches and ideas expressed by the people interviewed.

SEARCH RESULTS

The presentation of the results is structured around two axes, namely the determinants of individual resistance and the environmental contribution. But first, we will present the socio-demographic characteristics of people living with HIV/AIDS.

Socio-demographic characteristics of people living with HIV/AIDS

Table 2: Distribution of respondents by age and gender

Sex	Men		Women		Total	
Ages	**Effective**	**Frequency %**	**Effective**	**Frequency %**	**Effective**	**Frequency %**
[08-15]	01	5,27	03	6 ,52	04	6,15
[15-25]	03	15,79	08	17,40	11	16,92
[25-35]	05	26 ,31	12	26,09	17	26,15
[35-50]	07	36,84	14	30,43	21	32,31
[50-Plus]	03	15,79	09	19,56	12	18,47
Total	**19**	**100**	**46**	**100**	**65**	**100**

Reading Table 1 shows that 6.15% of respondents are between 8 and 15 years old. Men represent 5.27% and women 6.52%. For the 15-25 age group, it represents a total of 16.92%, including 15.79% men and 17.4% women. As for the 25-35 age group, it represents 26.15% of the sample with 36.84% men and 30.43% women respectively. The 35-50 age group also represents 32.31% of the sample, including 36.84% representation for men and 30.43% for women. Finally, in the age group between 50 years and over, men represent only 15.79% and women 19.56. We note that the most affected gender is the female gender and the most affected age group is that of 35-50 which represents 32.31%.

Table 3: Distribution of the variable according to level of education

Sex	Men		Women		Total	
Educational level	**Effective**	**Frequency %**	**Effective**	**Frequency %**	**Effective**	**Frequency %**
Illiterate	04	14,29	09	24,32	13	20
Primary studies	09	32,14	18	48,65	27	41,53
Secondary studies	05	17,86	04	10,81	09	13,85
Higher studies	10	35,71	06	16,22	16	24,62
Total	**28**	**100**	**37**	**100**	**65**	**100**

The data in Table 3 indicate that 41.53% of respondents believe they have completed primary education, including 32.14% men and 48.65% women. For secondary education, 13.85% of respondents are noted, with proportions of 17.86% men and 10.81% women. 24.62% of respondents believe they have completed higher education, including 35.71% men and 16.22% women. Finally, a total of 20% of respondents have no level of education, with a proportion of 14.29% men and 24.32% women.

Table 4: Distribution of respondents according to the reasons for taking the screening test

Sex	Men		Women		Total	
Opinion	**Effective**	**Frequency %**	**Effective**	**Frequency %**	**Effective**	**Frequency %**
New start (voluntary)	8	34,78	10	23,80	18	27,7
Disease	06	26,09	11	26,19	17	26,15
Maternity follow-up	04	17,4	13	30,96	17	26,15
Marriage certificate	05	21,74	08	19,05	13	20,00
Total	**23**	**100**	**42**	**100**	**65**	**100**

When asked under what conditions people living with HIV/AIDS were tested, the following responses were obtained: 27.7% of people living with HIV/AIDS were tested voluntarily, i.e. 34.78% of men and 23.80% of women. For cases of illness, we have 26.15%, i.e. 26.09% of men and 26.19% of women. 26.15% of PLHIV/AIDS respondents learned their status through child protection, i.e. 17.40% of men and 30.96% of women. 21.74% of men and 19.05% of women, i.e. a total of 20.00%, say they have asked to know their HIV status in order to form a relationship.

Determinants of individual resistance

In a situation where individuals feel threatened in their independence, they react with a behavior called "reactance." According to Brehm and Mann (1975), the probability of reactance behavior is linked to several factors. It increases when the feeling of freedom decreases. In a similar perspective, Wicklund and Brehm (1976) also showed that in some cases, individuals can resist social pressure exerted on them because it triggers motivations that are opposite to the desired effect. Resilience factors concern a certain number of behaviors adopted by people living with HIV in order to better adapt socially.

Acceptance of his status

Most people who have accepted their HIV status manage to adapt socially. Indeed, all of the people interviewed who have successfully accepted their status say they feel no constraints in fulfilling their social role. This is the case for Gbalo A:

> “The first day was not easy for me because I came to take my AIDS test and then they gave me the result which was positive. The first thing I said to myself was that it was all over for me. Afterwards, the women told me that it no longer kills like before, so I had to trust that the disease would not have an effect on my life. And since I believe in God, I say everything he does is good and he will cure me one day. Since that day, I have accepted the disease.” (excerpt from interview).

Table 5: Acceptance rate

PLWHA	Acceptance	NoAcceptance	Total
Number	38	27	65
Frequency %	58,46	41,54	100%

Looking at the table, we see that the number of people who have accepted their serological status is estimated at 58.46% compared to 41.54% of PLHIV who have not accepted the disease.

Strong personality

Personality is the organized, stable, and coherent structure of an individual's relationship to the world. Personality is a set of characteristics and tendencies that determine the commonalities and differences in people's psychological behavior (thoughts, feelings, and actions), behavior that presents continuity over time and cannot be easily attributed solely to current social and biological pressures. When people living with HIV/AIDS can freely choose their mode of action, that is, when the constraints weighing on them are minimal, their personality has the best chance of revealing itself. On the other hand, under strong external pressure, the expression of personality loses its strength and distinction. The link between personality, attitudes, and behavior is strongly emphasized. Some people living with HIV/AIDS have a strong personality that allows them to adapt better and have a better quality of life. Mr. Biou says this:

> “Well before going to get tested, I had prepared myself psychologically to face this situation. And once the news reached me, it did practically nothing to me. I am very positive in my head and I was able to resist and today I advise people around me to go and get tested for HIV/AIDS. Today, I was able to invite a good number of people to get tested and that makes me very happy” (extract from interview).

Individual optimism

Most of our respondents who resist individually are endowed with optimism. They accept what life offers them and remain positive and confident in their thinking. They undertake nothing without a dose of optimism and have a positive mental attitude that helps them solve everyday problems. Our respondents leave no room for doubt because, for them, reality must be faced. Regular practice of positive thinking frees our minds. This is evident in Agbovi R.'s statement:

> "I've been in Abidjan for 15 years and in 2008, I decided to find out my test status because people were talking about it. We're looking for a lot of women, and so I came to do my test; for me it's a game. I remained confident, I always want to discover. When I came to do it, the woman asked me if I was ready, I told her that I was ready myself, I started to give her all the guarantees. I said something that made her laugh. I said madam, the man is dying of something... in the announcement of the result, she wanted to beat around the bush and I told her if it's true there's no problem if it's false there's no problem either. The next day I did the assessment and she told me that I have to take ARV medication. I participate in the meeting group, I speak, I ask them to stay positive to live better. “All the things that people think and the negative thoughts that they chase away from their minds” (excerpt from interview).

Therapeutic nomadism

People living with HIV/AIDS are generally characterized by a very strong sense of seeking healing. They seek healing in every way and through every opportunity available to them. Many of them, through perseverance, seem to have found the desired results. It is in this sense that Ms. Djenébou shares her experience:

> “For 4 years I have been HIV positive, AIDS as women say is a disease that no longer kills like before and if we want to last on earth, we must first accept the disease and from there we can live happily; and that is how we began to accept the disease little by little. But I have not given up because I try everywhere to receive my cure. I went to see a healer who is very well known in the public square and cures people who live with AIDS. And there he gave me medication that I used but with this treatment I feel better, often I even forget to take it for the hospital in any case everything is fine now, I forget that I have the disease” (extract from interview).

Strong economic defense

Generally, most of the people surveyed were able to adapt thanks to their economic defense. Indeed, during our investigations, some respondents told us that their adaptation was due to their strong economic capacity. One respondent stated this during an interview:

> “My brother, since I tested positive, I was psychologically affected; but some time later I recovered. But I found that if you don’t have the money you will have difficulty adapting. I’m not saying I’m rich, but I’m extremely self-sufficient. I eat well and a lot; so when I take ARVs I don’t feel the side effects, I even have the first necessities (opportunistic infection medications) with me. I continue to do my business and I don’t even want to give the sign of someone who is sick with AIDS. I think that if you have the means, you eat well you will be in good shape” (extract from interview).

In addition, some people living with HIV/AIDS declare their logic of social adaptation through funding for certain projects that they have submitted to the structures authorized to grant funding. They benefited from financial aid in order to help them no longer be worrying and dependent. We collected the response of Miss Adouba who tells us this:

> "I am HIV positive; I was living with my husband and he died. I find myself alone with my children. These parents took everything and I have nothing left. I fell ill and they recommended this NGO to me. They asked me to get tested. I said, no problem and there I am, declared HIV positive. After the assessments, they told me to take ARV medication. They (social workers) described the effects of this medication to me a little. I have to eat well before taking this medication. I eat once a day. For me, if the children have eaten, that's the main thing. So suddenly life becomes complicated for me and I explained my situation to the women and they said they will see what they can do for me. That's how I received an envelope of 100,000 CFA francs and I started my business. And today, thanks to the credit obtained, the family lives well and I have forgotten my illness and I trust in God that one day during the course I was able to receive healing as others have testified."

Change of residence

Changing residence contributes significantly to the social adaptation of people living with HIV/AIDS. Indeed, some people, when they learn of their HIV status, change residence (due to reputation: community leader, social prestige, neighborhood leader, church leader). Nik's comments are consistent with this logic:

> "Everyone in the neighborhood knows me. I am responsible for the neighborhood's youth and for that reason I am forced to leave this place which brings back swarms of memories. It's an illness; to live well it's better to leave your neighborhood; to go and live somewhere else. You're the newcomer and no one knows you. My children ask me why we're leaving the neighborhood, I tell them that we've stayed in this neighborhood too long and that we need a change of scenery and in the new neighborhood the house is cheaper and well ventilated. Today I have an assistant who put me in touch with another NGO where I can take my medication without difficulty…" (excerpt from interview).

Some people have been able to adapt by moving. They leave their hometown to seek care and supplies elsewhere. We have a statement from a social worker:

> "For some customers, it's discretion. One of our customers has been living in the interior of the country for a long time for work. He prefers to order from us. We send him a package by express delivery, and once he arrives there, he can pick it up without any problems" (excerpt from interview).

Confidentiality

The patient's own disclosure of their HIV status to family and friends is important, but it is difficult. Patients who wish to confide in those around them are caught between the fear of judgment on the one hand and the awareness that "it will be seen" on the other. Revealing their HIV status also means admitting their previous lifestyle, and society demands accountability. The family's reaction is far from always positive.

In practice, the patient must develop "a strategy of secrecy," that is, decide what to know, who has the right to know, and who must be excluded. These questions do not have easy answers. On the part of the support, the doctor, the staff who takes care of him (in the case of hospitalization), confidentiality is an absolute duty. On the part of the patient, experience shows that he must protect himself to maintain his relational, family, and professional life. Only a limited number of people, at the patient's initiative or with his consent, can be in confidence. Letting others know the secret carries risks: it is subjecting them to an ordeal that they will bear with all the less ease the less prepared they are, it is giving them power over themselves, it is breaking a past relationship, or, conversely, renewing one (family, for example) that is no longer truly desired. It also runs the risk of being fired from one's company, excluded from leisure activities. Similar risks also affect those around them. Shopkeepers, including relatives of a sick person, have seen their customers gradually desert the store. This is just one example among many. It is in this context that we gathered Ms. Diaby's testimony:

> "I decided to keep, to hide my illness because I witnessed an event experienced by someone in the environment where I work. Next to my store, I saw a brother who had the disease, and when people found out he was HIV positive, we got together to criticize him because he told one of our friends. And there are customers, out of fear, no longer came to buy things from him; so he moved. So when I left, I got tested because I was sick. The first idea that came to mind was my friend who was made fun of. And then the doctors' advice, I accepted the illness but I kept it a secret and I continue to do my same job. And there are men who flirt with me, but to push them away I ask them to get tested, before we talk about sexual relations" (excerpt from interview).

Secrecy is a means of stigma management that allows people living with HIV/AIDS to avoid hostile reactions (Pierret, 1992; Siegle and Krauss, 1991; Carricaburu and Pierret, 1992 and Weitz, 1990, cited by Binet, 1997). The person living with HIV/AIDS knows that resource mobilization comes from sharing information, but disclosing one's status carries risks of stigmatization. Secrecy can help avoid stigmatization. Hence this other testimony from Fulgence K:

> "I went to get tested because my wife was expecting a child from me and when she left for her prenatal appointment the midwives asked her to get tested. After my agreement, they asked me to get tested and so I agreed to know my status because I was looking for children. Our results turned out to be positive and we decided to keep it a secret because by saying it some people can reject us and spread the news throughout the neighborhood. This can destabilize us morally and physically. What comforted us most was that our child is not infected because we have taken precautions to keep his health safe and sound" (extract from interview).

Ignore stereotypes, rejection, stigmatization, discrimination

Around the world, fear, combined with a lack of resources and information, prevents people living with HIV/AIDS from seeking care, obtaining treatment, and following treatment. Stigma and discrimination are the main reasons why people living with HIV/AIDS do not receive the help they need. They are the main obstacles to care. The various people we interviewed are aware of the importance of these various constraints related to HIV infection. Many people living with HIV/AIDS have been able to adapt by ignoring the various pitfalls associated with the HIV/AIDS pandemic. The table above highlights this attitude, which explains the social adaptation of people living with HIV/AIDS.

Table 6: Coping mechanisms

Have you ignored stereotypes to fit in socially?				
	Men		**women**	
	Effective	**Frequency**	**Effective**	**Frequency**
Yes	16	55,18	22	61,11
No	13	44,82	14	38,89
Total	**29**	**100**	**36**	**100**

This table shows us that 61.11% of women have difficulty ignoring stereotypes. On the other hand, 38.89% of women succeed and ignore stereotypes to better adapt socially. Regarding the male gender, we have a high rate (55.18%) of men who adapt with difficulty. However, 44.82% adapt easily by ignoring stereotypes.

Environmental contributions

Community support

People living with HIV/AIDS face various problems in their living environment: abandonment, discrimination, lack of assistance, guilt, exclusion, etc. The way others view infected people is decisive in their ability to adapt socially. This means that society, and even more so the community environment in which the person living with HIV/AIDS lives, are called upon to create the conditions that promote this adaptation. Most of the people interviewed during our investigations expressed their desire to adapt with community support. In this regard, here is Miss Ibo's testimony:

> "Since I learned of my HIV status, I have confided in my pastor. I consider him too ready to help me overcome all these difficulties. He is bound by the secrecy of confession, which allows him to receive many faithful for the simple fact that he shares his secrets with his God, whom he trusts. This makes him a person to be trusted, so much so that for the sick that we are, there are values that are specific to us such as trust, confidentiality, secrecy, etc. And since then, I have not heard from a member of our community; he even told us that he was going to bring us together in a group to pray better in order to benefit from heavenly healing" (excerpt from interview).

Family support

Generally speaking, as soon as a family learns that one of its members is HIV-positive, the tendency is to exclude them or even chase them away. The family feels dishonored and is overcome by the fear of contamination. However, people living with HIV/AIDS who have benefited from a family or more welcoming and affectionate environment have managed to overcome their various psychological handicaps and have been able to adapt to their new condition. Family support is therefore essential in the social adaptation process of people living with HIV/AIDS. This is the meaning of Miss Koua G's words:

> "There are four of us in our family, and our parents love us all equally. One day, I went to the hospital because of signs of illness that were appearing, and the doctor asked me if he understood my case. To be able to help him with his diagnosis, I had to take the screening test. When the answer was positive. When he told me the result, I was all drenched in sweat. From then on, I called my mother to inform her of my situation. That evening, my entire family gathered and informed her of my situation, and there again, the affection was there. No one else knew except my family members. With prayer, I got through it. It must be said that my family helped me a lot, and I was able to adapt easily. My problem was whether I would be able to have healthy children. By the grace of God I met a man who loves me despite my status and today we have children as I had wished…" (extract from interview).

Family support is always welcome in the therapeutic accompaniment of a patient. Some people living with HIV/AIDS receive palliative care at home. Ms. Yapo tells us this:

> "Today, some of our clients receive home care. This type of treatment is not available to all clients. First, the majority of those who benefit from this type of treatment inform their families. So once we arrive there, we take every step to avoid offending their sensibilities. Often, when they know we are coming, they prepare for us and we share their meals together. Once we are with the family, we take the opportunity to find out about their condition and we most often attend these visits with a doctor. And we see if we can practice massage" (excerpt from interview).

State support

It is worth noting that, as part of our investigation, people living with HIV/AIDS appreciate the state's actions. In addition to free ARVs and care, they benefit from state protection, which is quite remarkable for vulnerable women. On this subject, here is Ms. Perv's testimony:

> "Since my husband died, my in-laws have wanted to take everything away from me. Every day, even before the funeral, they receive threats; and worse, they want to throw me out of the house. I raised the issue with the network of women living with HIV/AIDS. With the support of a member of the Ministry of the Family, I received enormous support that allowed me to benefit from everything that is rightfully mine." (excerpt from an interview).

This action of the State through networks also makes it possible to defend the rights or to protect people confronted with the weight of the Logochi culture, victims of levirate:

> "I lost my husband and, as in almost all African societies, culture must be enforced. My brother-in-law is going to replace my husband, that is to say, take on all the responsibilities of a worthy father, and now this man, in addition to his wife and four children, wants me as a second wife with my three children. I simply refused this offer, which I find an abomination. I filed a complaint with the traditional chiefs, but there was no favorable response. I told you that I am HIV-positive and I contacted the women's defense network. And the case is being handled. Today, I am happy with my children who are grown up. And thanks to this action; they all know their HIV status" (excerpt from interview).

DISCUSSION

This research aimed to understand the social adaptation logic of people living with HIV/AIDS. The main conclusions we reached show that several socio-psychological mechanisms and strategies are used by people living with HIV/AIDS to adapt. These mechanisms and strategies are based on both the individual resources of the subjects and their environment. All these elements allow us to better understand the social adaptation mechanisms of people living with HIV/AIDS. As a result, they constitute levers for adequate psychological care.

The findings of this study echo those of several other studies. For example, in his analysis, Bonvalet (2007) highlights the issue of stigma surrounding people infected with HIV. According to the author, this scourge undermines the well-being of people living with HIV/AIDS. In the collective imagination, contracting AIDS is a sign of moral depravity and since this disease is also synonymous with death, it is very frightening for people. This mental construct ends up giving rise to attitudes of rejection, even from the family of the sick. Many patients therefore do not want to reveal their HIV-positive status and find themselves alone to face their illness. It is then this stigma that ultimately leads people living with the disease to develop protective mechanisms such as changing residence.

Further, the findings also show that individuals living with HIV/AIDS face stereotypes, rejection, stigmatization, and discrimination. These findings appear to be consistent with those established in the UNAIDS report (2005). Indeed, this report shows that stigma and discrimination associated with HIV undermine prevention efforts because individuals are afraid to discover their status or to learn about ways to reduce their risk of exposure to HIV. Thus, stigma and discrimination impair the ability of individuals and communities to protect themselves. In addition, the shame associated with the disease can also prevent people living with HIV from seeking treatment, care, and support. Such shame can have a huge psychological impact on how people living with HIV perceive themselves and how they cope with their status, making them vulnerable to guilt, depression, and self-imposed isolation (UNAIDS, 2005).

In the same perspective, Bourbeau (2021) emphasizes that HIV/AIDS remains a stigmatizing disease. PLWHIV must then live with a feeling of shame, guilt, and also the fear of transmitting the infection (Lefin & Meyohas, 2016). Negative attitudes and external judgments affect their well-being. This stigmatization raises issues at various levels: on a personal level, access to the health system, education, and the job market (Greenwood, Wilson, Bonsal, Barnhart, & al, 2022).

La problématique du soutien environnemental notamment communautaire est également évoquée par Bourbeau (2021). Pour elle, le milieu communautaire permet non seulement de répondre à des besoins, de retrouver confiance et dignité, de favoriser les liens sociaux par la participation, mais plus encore, un tremplin vers l'implication des PVVIH dans les activités d'accompagnement et de prise en charge (Jetté, 2017). This study obviously has several limitations. The main one is that, for obvious feasibility reasons, we used the "at-hand" sampling technique (sampling bias), which does not ensure the representativeness of our sample. Our results are therefore only indicative and cannot be generalized.

However, a sample of 149 individuals does not allow us to assert that the results are representative of all PLWHA and other organizations involved in the fight against HIV/AIDS, but it does demonstrate the motivations and impact of their involvement in the lives of these individuals.

CONCLUSION

The issue of HIV-AIDS, despite the passing years, remains a topical issue given the number of victims in our societies. This research focused on PLHIV sought to understand the mechanisms by which they adapt to the symptoms associated with this disease. Although years have passed since its appearance, adaptation difficulties still remain relevant. This study reveals that, to adapt to their environment, PLHIV must implement several socio-psychological mechanisms. They must therefore use individual, environmental and psychological resources. Faced with such results, the solutions we propose in relation to our subject of study take into account the individual, their living environment and the medical environment. Today, as mentioned in the UNAIDS report (2013), people living with HIV/AIDS are still faced with the constraints related to this pandemic.
These constraints constitute the real handicaps that slow down the policies/strategies implemented to combat this pandemic. This is why we make the following proposals to reduce the constraints that weigh down the various factors of social adaptation of people living with HIV/AIDS. Acceptance of the disease is the epicenter of the logic of social adaptation, the emphasis must be placed on a policy of acceptance of the disease. This acceptance takes into account several psychological, therapeutic, financial, legal, communicational, etc. elements.

Recommendations

On the psychological level, a policy must be implemented to strengthen the capacities of social workers and all those involved in psychological care. Therefore, psychologists must be given more space within NGOs to truly help people living with HIV/AIDS develop a positive attitude. The counseling they receive is not enough to guarantee more successful social adaptation.

Regarding therapeutic care, the efforts of the State, which provides free care and ARV supplies to people living with HIV/AIDS, must be immediately commended. However, the affiliation of these people to healthcare could violate the confidentiality code that protects relationships between people living with HIV/AIDS and healthcare personnel. To this end, consideration should be given to providing people living with HIV/AIDS with a supply card throughout the national territory. This will allow beneficiaries to obtain supplies anywhere.

The precarious psychological situation faced by people living with HIV/AIDS is further reinforced by their economic situation. Left to their own devices in a state of material and financial deprivation (family abandonment, unemployment, etc.), many people living with HIV/AIDS choose to disappear into the background and become lost to view. Therefore, it is necessary to set up a fund to help people living with HIV/AIDS to encourage them to initiate income-generating activities under the supervision of specialized support structures. In short, it is necessary to initiate care for people living with HIV/AIDS in the direction of their material and financial autonomy and therefore for greater dignity for the infected person.

Legally, it is the State's responsibility to guarantee that people living with HIV/AIDS have their rights protected against all forms of discrimination. It must exercise all due diligence to establish a criminal justice system that seriously punishes discrimination, rejection, and stigmatization.

At the communication level, it is necessary to provide the population with sufficient information on the evolution of HIV/AIDS. Thanks to the combined efforts of researchers, the HIV/AIDS pandemic has moved from the status of an acute infection to that of a chronic infection. An awareness and information campaign on this subject will have the advantage of breaking the systematic link developed by public opinion between HIV/AIDS infection and death, and therefore of positively correcting the social representation associated with HIV/AIDS.

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