

A Study of Legal Supports in the Light of International Guidelines of Life Style among Patients with HIV/AIDS

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Abstract

Background: Acquired immune deficiency syndrome is a fatal neurologic disorder caused by a defect in the immune system.

Objectives: The present research was conducted with the aim of studying legal supports in light of international guidelines of lifestyle among patients with HIV/AIDS.

Methods: This study was practical in terms of objectives and descriptive in terms of data collection method. Moreover, it was qualitative in terms of the data type. The population consisted of two groups, legal experts (Shahid Beheshti University, Imam Sadiq, Tehran and Allameh University) and HIV Patients. Eight experts and thirteen patients were selected using purposive sampling. Data collection was through semi-structured interviews. All interviews were recorded and implemented and after a few evaluations, categories, sub-categories and codes, the smallest meaningful units, were extracted and classified. Content analysis of conventional (customary) methods was used for analysis of qualitative data.

Results: Generally, the results indicated that the legal binding items in relation to the patient with AIDS are absent or rarely available so that improving lifestyle at the international level and within the country and in developed countries based on their own country specific rules and human rights is really difficult.

Conclusion: International study guidelines on AIDS and Human Rights can really have an effect on reducing the vulnerability of patients and impunity of prone people.

Keywords: Guidelines, HIV/AIDS, International, Legal Supports, Lifestyle, Patient

1. Background

Acquired immune deficiency syndrome is a fatal neurologic disorder caused by a defect in the immune system and HIV is a virus that grows inside the immune system cells and changes the body's defense against disease (1). Global epidemiology of HIV infection is the greatest challenge of the recent years, so that AIDS epidemic is promoted as a public health crisis (world's AIDS organization, 2005). By 2005, 65 million people were infected by this disease in the world and 24 million of them died of this disease. According to the latest information until October 2006, 13702 persons infected with HIV were detected in our country (1).

There are numerous factors that have an effect on human health of which could be named genetic endowments (2), lifestyle (3), environmental factors and also social and economic factors.

Lifestyle is one of the effective factors in incidence of chronic diseases such as colon and liver cancer, AIDS, ulcers and coronary artery disease (4). People do some activities to protect and promote health and prevent diseases which form lifestyle such as appropriate diet, enough sleep, work, exercise, body weight control, not using cigarette and alcohol and immunization against diseases. Therefore, prevention of diseases is affected by Lifestyle and promoting individual and collective mental health requires

awareness of human health risks due to life situations. According to American researches, 53% of mortality is related to lifestyle, 21% to environmental factors, 16% to inheritance and 10% to delivery of health services.

In this regard, Nojumi & Ambari (2008) compared quality of life of patients with positive AIDS/HIV with healthy subjects in their study and expressed that there were significant differences in all aspects of quality of life between patients and control group (5). Studying lifestyle of multiple patients showed that there was a significant relationship between lifestyle in self-care dimension and patient education, sources of support and number of relapses as well as the relationship between patients' lifestyle of nutrition and marriage and family income (6). In another research of lifestyle and health, Campbell stated that health and even behaviors are affected by human lifestyle. Behavioral changes and modern lifestyle provide situation for chronic diseases and lead to lifetime reduction, disability, family problems and increased healthcare costs (7).

Therefore, foundation of public health is awareness about healthy lifestyle. Knowledge and awareness move and prowl up people and guide them to fruition. Human does activities and gets out of ignorance to excellence and finds the secret of life with knowledge of his environment. Following this understanding, he/she explores the

unknowns and gives meaning to his/her cognition. So people infected with HIV have been restricted to use their required services and support by their families, relatives and society in wider meaning affected by epidemic consequences of the AIDS. The pervasive effects of HIV infection on people's lifestyle may be associated with their marginalization followed by restriction or prohibition access to health care, education and social programs which are considered as risk factors (8). Also, disease diagnosis leads to loss of job security and discrimination in the workplace and society. The rights of people with HIV are not protected in some countries. There are notable examples of discrimination such as losing a job, further education or avoiding employment.

This issue occurred to them regardless of their healthy face and ability. This discrimination not only prevents cooperating young and efficient man powers in society economic growth but also leads to exclude them earning money for themselves and their family (9). AIDS is now considered taboo in today's society and it is accompanied with shame and moral and cultural prohibitions. People with HIV will understand and reach their rights if required conditions will be provided for reduction in personal and social issues of their lives. This requires planning policies and programs for expanding support and providing services to the affected families and communities. Therefore, due to prejudice and fear of contagion, these patients are discriminated about housing, jobs, health care and public support. It is where human rights protect these patients as claim protection of human type. Thus, talking openly and freely about norms, values, health and gender issues in family and society with the support of civil society groups, considering human rights about fighting against stigma, eliminating discrimination against AIDS and evaluating international guidelines on AIDS and human rights can really affect individuals' ability to reduce their vulnerability against these diseases (10).

So, in HIV and AIDS content, protecting human rights will support human dignity and enhance public health through helping people in preventing infection, encouraging and protecting them to prevent risky behaviors and providing supportive environment for patients with HIV which protect them from discrimination and link them to care, treatment and support (11). Another thing that is important for countries to strengthen human rights-based approach is international guidelines-based approach. In response to chronic diseases, rights-based approach is an approach which benefits from human rights for detection of desired results such as non-discrimination, privacy, education, information, health, employment and social security (11).

Some of the items that are supported by human rights and international guidelines include non-

discrimination and equality, right to life, liberty and security, freedom of expression, freedom from inhuman or degrading treatment or punishment, freedom of movement, right to privacy, right to marry and to found a family, right to education, right to work, right to have a normal life, right to security, assistance and social welfare, right to seek and to enjoy asylum, right to participate in scientific advancement and its benefits, right to participate in public and cultural programs, women's rights, children's rights and right to development (12) which can partly be seen in domestic and international rules and regulations. Some of these rules on internal order are: Social Insurance Law was enacted in 1975 (Items 64, 75 and paragraph 2 of item 79); the constitution of the Islamic Republic of Iran was approved in 1990 (paragraph 6 of item 2, paragraphs 2, 7, 9, 12, 14 of Article 3, the

principles of 19, 20, 28, 29 and paragraph 4 of Article 43); labor legislation was enacted in 1990 (Items 6, 23, 32 and 74); Charter of women's rights and responsibilities in the Islamic Republic of Iran's Supreme Council of Cultural Revolution was enacted in 2004, charter of patient rights, 2009, item 23 of the family protection law was enacted in 2013. Legal rules in international area that are directly or indirectly related to this issue are: Universal Declaration of Human Rights was enacted on 16 December 1948 (Items 12, 25 and 27); International Covenant on Economic, Social and Cultural Rights of United Nations was enacted on 16 December 1966 (Article 12); children's rights treaty was enacted on 20 November 1989 (Item 24, 25 and 39). One of the most important topics about HIV transmission is consent of the victim in the field of criminal law. The word "consent" is defined as pleasure and permission and "consent of victim" is defined as victim's heart desire and agreement on the fact that there are no offenses against his/her rights and no liberties against law (13).

So as mentioned above, AIDS is considered as one of the greatest obstacles to human progress and this truth cannot be forgotten that patients with AIDS are human, so they have human dignity and violations of their rights are considered as violations of human rights (13). Protecting patients with AIDS not only is the concern of human rights quality monitors, but also their lifestyles and human rights legal support must be considered. The effects of discrimination, particularly discrimination based on sex, highlighted the impact of this disease on their lifestyle.

Nowadays, this recognition is widely established and respecting human rights to protect rights and dignity of patients with HIV reduces the vulnerability of individuals and communities which is absolutely vital. Therefore, the necessity of this study is obvious because of the affection of this disease on economic, social and security structure of

communities and becoming a problem for global development. In this regard, researchers study two groups of lawyers and patients with HIV.

It should be noted that in this study, researchers only study areas of private and public rights of patients with AIDS and do not enter the field of criminal justice and criminology.

2. Objectives

Therefore, researchers want to study whether there are any required legal supports about patients with AIDS regarding their healthy lifestyle in international guidelines from lawyers and patients with AIDS' point of view?

3. Methods

The conventional (customary) content analysis method was used for analyzing qualitative data. The population included two groups of law experts (ShahidBeheshti, Imam Sadiq, Tehran and AllamehTabatabaie universities) and patients with AIDS/HIV who were interviewed. Semi-structure interview was used as one of the data collection tools. This study looks for the gap between domestic and international laws in the light of international guidelines and on the basis of lifestyle through interviews with lawyers and patients with AIDS. Qualitative data collection was performed based on the adequacy of data principle; therefore 8 law experts and 13 patients with AIDS/HIV were interviewed. Sampling method was targeted for both groups. The aim of choosing was efficient expertise for law experts; that is why more number of lawyers' samples had been taught international law. Patients with AIDS/HIV were selected after getting permission (by consent form) from the Ministry of Health and Medical Education, Saad Health Center in Darband (behavioral health clinic).

Lawyers' demographic characteristics

The selected lawyers included 7 men and 1 woman. 2 lawyers were from Allame, 4 from ShahidBeheshti, 1 from Imam Sadiq and 1 from Tehran Universities. Three of them were working in the field of international law, three in private law and two in public law.

AIDS/HIV patients' demographic characteristics

There were 5 women and 8 men among 13 HIV/AIDS patients; mean age of participants was 43.07 that ranged from 23 to 72 years. Most of the participants had high school diploma (6 persons), 4 persons with diploma, 1 person with bachelor's degree, 2 persons with master degree among whom 5 persons were unemployed, 5 persons self-employed,

2 persons housewife and 1 person employed. Regarding the way of infecting, 4 participants were infected through their spouse, 2 participants through drug injection, 2 participants through illicit relationship, 1 participant through rape, 2 participants through hairdressing salon, 1 participant through dentist and 1 participant through tattoo in prison. The mean for the duration of awareness was 5.11 years, the most duration of awareness of illness was 13 years and the lowest one was 1.5 years. The mean for the duration of drugs in participants was 4.35 years that ranged from 1 to 13 years. In addition, out of the 13 participants, 4 participants were married and 9 were single that 2 of them were divorced, 3 were widow and 4 were unmarried. 4 of them were living alone and 9 with their families. About family knowledge, only 3 families of participants were not aware of their AIDS/HIV infections and the remaining 10 patients had at least one family member who had awareness about their AIDS/HIV infections. Regarding financial condition of patients, 3 patients were in poor financial condition, 4 patients under middle, 3 patients in average, 1 patient in upper middle and 2 patients in strong financial condition.

Data collection tools

In the present study, the method of referring to documents was used to collect basic information including domestic and international laws. For collecting basic data, semi-structured interviews were used to measure variables of the interviews. Interviews began with open-ended questions for both groups. These talks went on purposefully based on participants' speech and led to achieve participants' deep experience. Interviews were conducted individually so that participants could express their experiences in comfort and privacy. Interviews were recorded with a tape recorder and prepared for the qualitative analysis, with participants' satisfaction. Each interview was recorded in a separate room and upon completion of each interview, the conversation was written on paper to be used for analysis and categories organization. It is worth noting that average time of the interview for each subject was about 45 minutes.

Data analysis method

According to the results, data analysis was performed by researchers without any software. Data analysis was performed after collecting and adjusting data in writing.

4. Results

Results of this research were presented in two parts: lawyers and patients

4.1. Lawyers' part

1. What factors have an effect on spread of AIDS in Iran?

Categories, subcategories and codes obtained from this question are presented below:

Theme: Legal support of AIDS patients

Category: Reasons for prevalence of AIDS in Iran

Subcategories: Blood, sex issues, family, media and social networks, government, lack of support of women who need social support, organizations

Codes:

- Blood: infected blood, dental and contaminated syringes
- Sex issues: homosexuality, collective sex, prostitution of women, lack of control over homosexual relations, sexual intercourse, unhealthy sexual relations, decreasing of puberty age and foreign travel for the purpose of sexual relations
- Family: transmitting from spouse, transmitting from mother to the fetus, lack of training in families and law of polygamy (gap between law and custom)
- Media and social networks: insufficient training, lack of clarity in training, lack of clarity in the information related to AIDS, social networks promoting unconventional sexual relations and unethical channels in satellite
- Government: lack of government's commitment to inform, prevent, treat and provide support for women, lack of creating culture by government, and social limitations and prohibitions
- Lack of support of women who need social support: old single women, unemployment of women, low-income of women and divorced women and widows with financial problems
- Organizations: lack of cooperation of IRIB, universities and municipality

2. Is there any educational planning to familiarize people with this disease and deal with it?

Three persons stated that they did not have information about educational planning to familiarize people with this disease and deal with it. Three persons said there is no educational planning and two persons stated there is. In an overview, it can be said that prevalence of AIDS refers to the culture and education, so education topic can be viewed from different aspects. Academic education is possible from one perspective and public education is possible from another perspective. Each of these educations can be provided in different ways. For instance, in academic education, familiarization with this disease can be a part of curriculum in schools or higher education but internships of public education, for example, municipality can advertise through teasers and banners to familiarize all people with this disease or this action is

taken through social network and IRIB.

3. Are there any rules and regulations on privacy of patients with AIDS?

Three persons in relation to this question stated that they do not have any information about rules and regulations on privacy of AIDS patients and two persons stated they do. Generally, right of privacy is in declarations of international law and it is considered as one of the human rights. It is also true about the patients; but the right of privacy in relation to patients should be investigated in the professional codes such as professional ethics and medical ethics. It can be said that patient privacy has seriously been considered in the regulation relating to medical issues but it is not conducted practically.

4. Are there any rules and regulations on social security of patients with AIDS?

All the interviewees stated that there are not any rules and regulations on social security of AIDS patients. Respect for human rights and social security of AIDS patients is respect for fundamental rights of all human beings. Therefore, in addition to support for social security of AIDS patients, interests of human society should be considered. Supporting the interests of society is especially important when a patient with AIDS creates a problem for society. Thus, some cases were predicted in the convention of supporting human rights that allowed the member states to support patients' social security and administer them. Item 5 of the convention provides that every person has liberty and social security right and no one can deprive their liberty of others (13).

5. Are there any rules and regulations on marriage and raising the family of patients with AIDS?

Two interviewees stated that there are not any rules and regulations on marriage and raising the family of patients with AIDS. Five persons said that "there is" and one person said that I do not know.

Right of marriage and raising the family of patients with AIDS refer to human rights. The right of having family and children are in universal declaration of human rights but law of family support is very specifically in Iran. There is a general description in relation to marriage and raising family or other similar issues in the universal declaration of human rights that indicates the values and human dignity. Perhaps there is not a law especially for these people but these rules can be generalized to these people because they as a human need a series of basic rights.

But the new family support law (Article 23) in Iran explicitly states that there is no ban on marriage of AIDS patients but they should be under treatment

and medical support of an enterprise and later they should decide on having children.

6. Are there any laws and regulations on support of families among the patients with AIDS?

In response to this question it can be said that all interviewees stated there are not any rules and regulations on marriage and raising the family of AIDS / HIV patients. The law and changing social attitudes toward these individuals are the best frameworks for supporting patients with AIDS / HIV and their families. The role of law on supporting or rejecting the patients with AIDS / HIV is central in the society which can create a social framework for such people (12). In international dimensions and in the field of human rights in 40, 50, 60 and even in 70 decades, only general legal cases related to human are considerable; but details are indicated less and attention to the particular class over time and the evolution process in international and domestic laws have been more. One of the aspects of this law is the support of AIDS patients' families. Perhaps there is no specific supportive law in this context now but it will be considered over time.

7. Are there any rules and regulations on support of job status for patients with AIDS?

In response to this question it can be said that all interviewees stated there are not any rules and regulations on support of job status for patients with AIDS / HIV. Taking advantage of business and its related benefits are one of the laws that have been frequently considered in human rights literature. Certainly discrimination in the workplace is a fundamental obstacle to employment applicants to benefit from equal job opportunities or then to maintain continuity of work relationship.

Based on the studies have been conducted in this context, there is no specific law that prohibits employer from behaving toward such persons specifically or considers positive discrimination to them. A point that was also mentioned earlier is positive discrimination in the executive and practical level that is applied to some specific individuals or groups. This positive discrimination is about women, children, minorities and stateless persons. But it is not specific for infected people with HIV and has not been focused on these people. However, some employers may be convinced to attract these people if the focus is on this context.

8. Are there any rules about physical health for patients with AIDS?

Two of the participants answered no and six yes. One of these rules related to the patients is providing their original drugs through WHO and special centers

in Iran because of their high prices.

9. Are there any rules about mental health for patients with AIDS?

Five participants answered yes and one participant answered did not know. It can be helpful to observe the right of mental health of patients with AIDS / HIV. Researches showed that depression and stress can speed up the spread of AIDS / HIV in bodies of people who live with this virus. According to the 3 new researches in this scope, depression and stress can make major differences in the health of patients with AIDS / HIV. Scientists still have not confirmed that personal attitude and mental health directly affect the development and spread of AIDS / HIV, but based on Doctor Gail Ironson (author of one of these studies), this research refers to this issue strictly.

10. What obstacles are there to support the rights of these patients in Iran?

✓ Themes, categories and codes related to this question are presented below:

✓ **Theme:** legal support of patients with AIDS

✓ **Category:** obstacles to support the rights of patients in Iran

✓ **Codes:** financial, managerial, government's failure, gaps between custom and law, stigma, political, religious, cultural, social

Iran has some problems with human rights documents because of their differences or contradictions in Islamic rules in terms of obstacles to support the rights of these patients. This issue is reflected in constitution and constitutionally limited government. In this regard, there is another obstacle named Expediency Council; so sometimes because of the necessity of expedience, human rights are not implemented.

11. What kind of gaps are there between internal law and international law?

Themes, categories, sub-categories and codes related to this question are indicated below:

✓ **Theme:** Legal support of patients with AIDS

✓ **Category:** The gap between internal law and international law

✓ **Subcategories:** Human dignity and role of government

✓ **Codes:** Human dignity: right of tolerance (accepting others), right of health, right of hygiene, paying attention to individualism, prohibition of discrimination

The role of government: patients support (positive discrimination), the management gap, fiscal gap, proliferation of trustees, government's failure, criminalization, compensation for material and moral

damages

12. What mechanisms do you recommend in order to support lifestyle aspects of patients with AIDS legally and internally?

Themes, categories, sub-categories and codes related to this question are indicated in the following:

- ✓ **Theme:** Legal support of AIDS patients
- ✓ **Category:** Proposed mechanisms to support lifestyle aspects legally and internally
- ✓ **Subcategories:** Being responsible for the government, informing and education, cultural and legal
- ✓ **Codes:**
 - Being responsible for the government: Establishing a national institution of HIV prevention, conversion of AIDS into a national issue, establishing an institution of support for vulnerable populations such as orphan women, compensation mechanism for material and moral damages, encouraging government's consent and cooperation and establishing a fund to collect international and internal aids
 - Informing and education: Improving the function of educational institutions in relation to AIDS, changing curricula by education, informing public about different aspects by the related organizations and using mass media to inform and educate people
 - Cultural: Stigma, acceptance of these patients by society through media and changing attitude of society towards AIDS by the government
 - Legal: Codification of functional and administrative rules about patients' judicial problems (civil and criminal), supporting social and economic rights of patients, codification of generally flexible rules about specific diseases and AIDS and executing existing laws in this context

13. What suggestions do you have for rules integrity order based on lifestyle factors?

Themes, categories and codes for this question are referred in the following:

Theme: Legal support of patients with AIDS

Category: Suggestions about international rules integrity based on lifestyle factors

Codes: Not having exclusive rights to pharmaceutical companies in drug distribution, freely accessing to leading companies' knowledge in the field of control and treatment of this disease (existence of conventional wisdom in the treatment of disease), necessity of positive discrimination, set a specific conventions document for patients, emphasis on the existing obligatory rules (enforcement), obligating government to set conventions document, obligating government to give detailed statistics about patients regardless of political behaviors, obligating

government to financial and sanitary support of patients, obligating government to compensate financial and moral damages

4.2. Part of patients with AIDS/HIV

1. Physical Health Factor

What are legal and social barriers and restrictions in relation to physical health?

This question consists of the three following questions:

What are medical and physical cares which you were involved in? Do you have any legal or social problems in these areas?

What are the issues related to your employment? Do you have any legal or social problems in job situation?

What are medical services which you were involved in? Do you have any legal or social problems in using these services?

Themes, categories and codes related to the first parts of questions 1, 2 and 3 are as follows:

Theme: Lifestyle

Category: Physical health

Sub-categories: Medical and physical cares, job situation, medical services

Codes:

Codes of medical and physical cares category: Surgeries, hand and foot fractures, angiography, nose bleeding, endoscopy, hospitalization due to tuberculosis and lung problems

Codes of job situation category: Recess due to illness, absenteeism due to illness and job specification such as physical problems

Codes of medical services category: Hairdressers, dentists, injections and serum transfusions

The answers of the participants to the second part of question 1 about legal or social problems in medical and physical cares showed that 4 of 13 interviewees had no problem in this case, 5 had some problems and 4 expressed that they did not know.

The answers of the participants to the second part of question 2 about legal or social problems in job situation showed that 5 of 13 interviewees had no problem in this case, 3 had some problems and 5 expressed that they did not know.

The answers of the participants to the second part of question 3 about legal or social problems in using medical services showed that 1 of 13 interviewees had no problem in this case, 5 interviewees had some problems and 8 expressed that they did not know.

2. Sports and Fitness Component

What plan do you have for sport and fitness? Do you face with any legal and social obstacles to sport and fitness programs?

Have any organizations, associations or certain groups for public activities (camping, walking and

birding) and legal support by government and society been considered for you in this context?

Themes, categories and codes related to the first part of the first question are indicated as follows:

Theme: Lifestyle

Categories: Sports and fitness

Codes: Pool, gym, walking and exercise, birding, Ping-Pong

In the second part, 8 out of 13 interviewees stated they did not face with any legal and social obstacle to sport and fitness programs and five interviewees said they did not know.

Finally, all interviewees stated that no organizations, associations or certain groups for public activities (camping, walking and birding), legal support by government and society have been considered for them in this context.

This means that no organizations, associations or certain groups have been considered for public activities such as camping, walking and birding by government and society for patients that lack of this matter is obvious. Only one of the interviewees was the member of Rehabilitation Association (NGO) and had participated in group activities such as camping and gardening and stated this association had a positive effect on his mood. Two interviewees said they did not have any sport activity. They stated that even if an association or certain group for public activities such as camping, walking and birding have been considered by government and society for patients, they do not participate in such activities because of physical exhaustion and lack of appropriate mood.

3. Prevention of Diseases Component

Are there any certain drugs for you in order to control the disease and have any legal and financial supports been considered for you in this regard?

All interviewees said that both drugs and legal and financial supports have been considered for them.

What are legal and social obstacles and limitations to your marriage and raising family?

In response to this question, 5 out of 13 interviewees stated that there are not any legal obstacles to marriage and raising family and 8 interviewees said they do not have any information in this context. As the findings show, majority of the participants stated they do not have any information. The findings also showed that 2 out of 13 interviewees stated that there are not social obstacles and limitations to marriage and raising family. 5 persons said they do not know if there are legal obstacles to marriage and raising family and 6 persons said that there are legal obstacles to marriage and raising family. As findings show, majority of the participants stated that there are legal obstacles to marriage and raising family and this means that this disease is as a stigma in our country.

4. Mental Health Factor

What measures are considered to inform you about medical advances in AIDS treatment in order to increase your hope to future?

What legal and social protections are taken to control your stress?

Themes, categories and codes related to these two questions are referred as follows:

Theme: Lifestyle

Category: Mental health

Sub-categories: Hope to future and stress reduction

Codes: Hope to future, conferences and abroad training courses, internet search, NGO, medical and scientific news, behavioral health centers, newspaper Stress reduction: Counseling with doctor, behavioral health centers, psychologist, NGO

5. Spiritual Health Factor

What legal and social supports can be considered to improve your spiritual health? Are there any legal and social supports for your spiritual health improvement?

Themes, categories and codes related to the first part of this question are referred as follows:

Theme: Lifestyle

Category: Spiritual health

Codes: Pilgrimages; going to shrine, be invited to breakfast, paying the price for food during Ramadan, inviting Clergymen to improve mental condition

The answers of participants to this question about legal or social supports to improve their spiritual health showed that all of the interviewees expressed that there is no support in this case.

6. Social Health Factor

Do you have any legal and social obstacles in contacting friendly and socially with others?

The answers of the participants to this question about legal or social obstacles in contacting friendly and socially with others showed that 1 of 13 interviewees had no problem in this case, 6 had some problem and 6 expressed that they did not know. But all of them expressed that there is no legal obstacle in contacting with others.

7. Prevention of Incidents Component

Are there any legal restrictions on safety and prevention of incidents at workplace and are there any particular supports such as special insurance according to your physical condition and disease?

In response to this question, 8 out of 13 interviewees stated there are not any legal restrictions and 5 interviewees stated they did not know. Also all interviewees said there are not any legal restrictions

on particular support such as special insurance.

8. Environmental Health Factor

Are there any legal and social obstacles for you to appear in public places (such as parks and cultural centers)?

The answers of participants to this question about legal or social obstacles for appearing in public places (such as parks and cultural centers) showed that in legal part, 10 of 13 interviewees expressed that there is no legal obstacle in this case and 3 expressed that they did not know; also in social part, 8 of 13 interviewees expressed that they had social obstacle in public places and 1 had no problem and 4 expressed that they did not know.

5. Discussion

The increasing spread of the AIDS virus has faced the international society with a major challenge. As the number of carriers of the AIDS virus increases, human rights issues related to this disease not only are appearing more but also they enjoy an increasing diversity. Discrimination and stigma of AIDS is as a major obstacle in the path of concerted action among governments and lead to the limitation of job, education, treatment and medical services (10). AIDS disease has become a major development crisis. This disease kills millions of people every year, weakens labor force and leads to poverty and family rupture. The mentioned issues have harmed investment, exports, business efficiency, and ultimately national economy and threaten social and economic context and political stability of countries (14).

Patients' denial and shame which are the major obstacles in starting a dialogue about AIDS, make it difficult to deal with disease; therefore openly and freely talking about norms, values, health and gender issues in the family and society level, their lifestyle with support of civil society groups, respect human rights to combat stigma and eliminate discrimination against AIDS and international study guidelines on AIDS and Human Rights can really have an effect on reducing the vulnerability of patients and impunity of prone people.

Some of the recommendations of this study are mentioned in the following in four dimensions:

Family Recommendations

Informing patients about legal issues of raising family, marriage and having children by family law consultants

Medical and Health Recommendations

The issuance of special cards for these patients in order to have easier reception in pre-defined hospitals

Educational Recommendations

Creating fields, lessons or academic courses at university for students in counseling and psychology especially family therapy in order to make this group of students familiar with difficulties and obstacles for patients with HIV

General Recommendations

- Obliging all barbershops staff to yearly give a test and periodically be monitored in this regard (It is notable that business license holders are required to give the test in this field, too).
- Supporting women who need social support through relevant governmental institutes, for each group of women for example (divorced women, orphan women) and employing this group of people to make money

Some of the limitations of this study are presented as follows:

- Lack of experts in each field of law (Private Law, Public Law and International Law) in relation with this study who had time and tendency to participate in the interviews in addition to knowledge and expertise
- Limitation of interview data about patients' lifestyle for private, international and public lawyers and disregarding other experts' (such as sociologists and doctors) point of view in this field
- Some of the suggestions to future researchers are presented below:
 - 1) It is recommended to investigate the role of religious and cultural beliefs in acceptance of patients by the society.
 - 2) It is recommended to investigate the lifestyle of patients based on international guideline principles from the doctors and sociologists perspective.

6. Conclusion

The promotion and application of the principle of non-discrimination in social relations guarantee many citizenship rights. From the perspective of people with AIDS, as a range of society classified as vulnerable, the need to prohibit discrimination in equal rights with others is a prerequisite for creating an appropriate context for their active role in society and with other segments of society.

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Conflicts of interest

There is no conflict of interest between authors in this study.

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