

THE STUDY OF LAWS AND REGULATION ON LIFESTYLE (PRIVACY, SOCIAL SECURITY AND EMPLOYMENT STATUS) IN HIV/ AIDS PATIENTS

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Abstract

The purpose of this study was to investigate legal support for privacy, social security and employment status in HIV/AIDS patients considering the international guidelines. The research method was applied in terms of purpose, descriptive in terms of data collection method and qualitative in terms of data type. The statistical population consisted of experts in Law (Shahid Beheshti, Imam Sadiq, Tehran, and Allameh universities). Eight experts were selected through purposive sampling. Data were collected through semi-structured interviews. All interviews were recorded and implemented and after several studies, the categories, sub-categories and codes were extracted and classified as the smallest meaningful units. To analyze data of the qualitative part, content analysis was used in a conventional way. The lawyers' part included issues related to privacy, social security and protection of the employment status of the patients. Overall, the results showed that mandatory legal cases regarding patients for improving their living conditions are either not available or rarely available internationally and nationally, and in the developed countries, according to their own country-specific laws and human right laws that extend to these individuals as human beings, executive measures are adopted.

Keywords: HIV/AIDS patients, legal support, international guidelines

1 INTRODUCTION

The growing spread of the AIDS virus poses a major challenge to the international community. As the number of AIDS virus carrier's increases, the human right issues associated with this disease become not only more important but also increasingly diverse. Discrimination and defamation due to AIDS are major barriers to coordinated action among governments, limiting employment, education, health care and medical services (Sirghani, 2008). HIV is a virus growing within the immune system

of the individual and changing the body's defense against disease (Sadock & Sadock, 2009).

Disease diagnosis in individuals causes loss of job security and discrimination in the workplace and society. In some countries, the rights of people living with AIDS are not maintained, and there are clear examples of discrimination, job loss, continuing education, or preventing their employment regardless of their healthy appearance and working ability at the stage of the disease. This discrimination not only prevents some of the young and efficient forces from contributing to the economic growth of society, but also makes them deprived of their livelihood for themselves and their family (Qadimi & Islami, 2015). By 2005, 65 million people worldwide have been infected with the disease and 24 million people have died due to this disease (Stine, 2005). According to the latest available statistics, by the beginning of September 23, 2006, 702 people infected with the HIV virus have been identified in our country (Borhan Mojabi, Isfahani & Hashemi, 2012). Here are some of the statistics provided by the World Health Organization at the end of 2015:

1. Nearly 36.7 million people have been infected with HIV by the end of 2015;
2. 17 million people have received antiretroviral therapy by the end of 2015, among them 2 million people have begun treatment in 2015;
3. At least 2 million people have recently enrolled in antiretroviral therapy in 2015 (one of the largest annual increases);
4. 46% (43-50%) of people living with HIV have received antiretroviral therapy in 2015;
5. On July 20, 2016, the World Health Organization released its second version of the report on the self-testing of HIV, which showed that 16 countries have adapted themselves to the HIV self-testing mechanisms, while many countries are developing self-testing strategies for AIDS;
6. 77% (69-86%) of pregnant women living with HIV use drugs to prevent the transmission of AIDS to their children;
7. 7 of 10 HIV-positive pregnant women receive antiretroviral therapy (<http://www.who.int/en/>).

According to the comprehensive electronic data management system for HIV in Iran, a total of 30,727 HIV cases has been detected, recorded and reported in Iran on 12/22/2015, of which 85% are men and 15% are women. 55% of the recorded cases are in the age group of 21-35. Based on this reporting system, a total of 7553 deaths has been recorded, and 9729 people have entered the AIDS stage (advanced HIV).

The causes of HIV infection among all the cases recorded in the country since 1986 up to now are, respectively, injection with common means among drug users (67%), sex (18%), and mother-to-child transmission (2%). Transmission way in 12% of this group has remained unclear. It should be noted that the transmission way in 1% of these cases has been through blood and blood products in the years before the implementation of the policy of 100% healthy blood purification by Blood Transfusion Organization.

However, the pattern of transmission way and infection rate among men and women in recent years has changed such that of all cases detected and reported in the first nine months of this year, 34% were women and 66% were men. And the probable way of transmission in 39% of cases is injecting drug use, in 41% sex, in 4% mother to child transmission and in 16% the probable way has not been reported. Meanwhile, no new cases of transmission through blood and blood products have been recorded. The

disease has grown over the past years and has resulted in many socio-economic consequences including "wasting health services due to drug costs, resorting to negative coping strategies for drug delivery by families, fear of children's future due to parents' death, reduced workforce and ultimately a stagnation in the growth and development of society" (Bell, Devarajan & Gersbach, 2003). Although the disease is rapidly spreading, the measures and actions needed to fight AIDS have merely been dedicated to the medical care and treatments, and the psychological and individual aspects of the disease have not been considered (Cucciare, Sorrell & Trafton, 2009). While in real life, people living with HIV are restricted within the range of social, family and social activities because of being infected with some kind of lethal and intractable disease. On the one hand, this is a stressful factor in these patients, and on the other hand, due to the characteristics of the disease such as attributing moral deviations to them, specific ways of transmitting infection and, partly, the unknown nature of disease, they are exposed to the special psychosocial stresses that should be addressed (Kennard, Brown, Hawkins & Risi et al., 2014).

AIDS is now considered a taboo in today societies, accompanied by a halo of moral and cultural prohibition. People affected by HIV will be driven to understand their rights and hence health if the necessary conditions to reduce the effects of their personal and social life issues are provided. This requires policies and programs designed to extend the support and provide services to families and communities affected. Therefore, due to predisposition and fear of contagion, these patients are discriminated against in choosing residence, job, health care and public support. It is here that human rights, as a passionate advocate of human beings, promote their support for these patients (Jafari, 2008). Therefore, openly and freely discussion about norms, values, health and gender issues at the family and community level with the support of civil society groups and human rights in order to combat defamation and eliminate discrimination against people living with HIV/AIDS and review of international guidelines on AIDS and human rights can have a real impact on individuals' ability to reduce their vulnerability to this disease (Brandt, 2009).

Therefore, in the field of HIV and AIDS, support for human rights protects human dignity and promotes public health as it helps receiving a message on how to avoid the infection of most people and encourage and support them to avoid risk behavior and provide a supportive environment for people living with HIV, supporting them against discrimination and attaching them to care, treatment and support (Yavari, 2011). Another important point in strengthening human rights for countries is the approach based on the international guidelines. In response to chronic disease, a human rights-based approach is an approach that uses human rights to identify desirable outcomes such as non-discrimination, privacy, education, information, health, employment, and social security (Hosseini, 2008).

Human rights covenants emphasize that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights. Non-discrimination and equality before the law; the right to life; the right to liberty and security of person; freedom of expression; freedom from inhuman or degrading treatment or punishment; freedom of movement; the right to privacy; the right to marry and found a family; the right to education; the right to work; the right to an adequate standard of living; the right to social security, assistance and welfare; the right to seek and enjoy asylum; the right to share in scientific advancement and its benefits; the right to participate in public and

cultural life; human rights of children and women; and development rights are some cases supported by human rights and international guidelines (Abbasi and Abbasian, 2009). These rights are partly seen in the national and international laws and regulations. Some of these laws in the national system are the Social Security Act adopted in 1974 (Articles 75,64 and Paragraph 2 of Article 79); the Constitution of the Islamic Republic of Iran adopted in 1989 (Paragraph 6 of Article 2, Paragraphs 2, 7, 9, 12, 14 of Article 3, Articles 19, 20, 28, 29, Paragraph 4 of Article 43); Labor Law adopted in 1990 (Articles 6, 23, 32 and 74); Charter of Rights and Responsibilities of Women in the Islamic Republic of Iran System approved by the Supreme Council of the Cultural Revolution, 2004; the Patient Rights Charter, November 2009; Article 23 of the Family Protection Law approved in 2013.

International legal rules directly or indirectly related to this issue include the Universal Declaration of Human Rights adopted on December 16, 1948 (Articles 12, 25 and 27); the United Nations International Covenant on Economic, Social and Cultural Rights adopted on December 16, 1966 (Article 12); the International Covenant on Civil and Political Rights adopted on December 16, 1966 (Article 17); the Convention for the Elimination of All Forms of Discrimination against Women adopted on December 18, 1979 (Article 12); the Covenant on the Rights of the Child adopted on November 20, 1989 (Articles 24, 25 and 39); the International Guidelines on AIDS and Human Rights adopted in 1998.

Therefore, as mentioned above, AIDS is one of the greatest barriers to human development. It cannot be forgotten that people living with AIDS are human beings and inevitably enjoy human dignity and violation of their rights equals violation of human rights. (Sirghani, 2008). It is now widely recognized that human rights are crucial for protecting the rights and dignity of those infected and affected by AIDS and reducing the relative vulnerability of individuals and communities. Since the disease affects the economic, social and security structure of societies and it has become a problem for global development, this shows the necessity of research in order to inform the community. In this regard, the researcher will conduct his study by legal experts and lawyers with qualitative method and interview. It should be noted that in this research, among different legal areas, researcher is studying only in the field of private law and public law of AIDS patients; therefore, the researcher intends to address this issue: Are there any laws and regulations on privacy, social security and employment status of people living with HIV/AIDS at the national and international level from the perspective of lawyers?

2 RESEARCH METHODS

Method: Since the present study investigates the legal support for patients in accordance with the international guidelines and is seeking for data from the point of view of the lawyers, research method is a conventional approach to qualitative content analysis.

Statistical population and sample: The research population included a group of experts in Law (Shahid Beheshti, Imam Sadiq, Tehran, and Allameh Universities), who were interviewed. Qualitative data collection was performed based on the data adequacy principle. In this research, interviews with lawyers were saturated with eight experts. It is worth noting that the purposive sampling method was used for the statistical population consisting of lawyers. Thus, the lawyers were selected because

they had enough expertise in this field, and therefore, higher number of lawyers in sample taught in the field of international law.

Demographic characteristics: Seven interviewees were male and one female. Two interviewees were teaching at Allameh Tabatabaee University, four at Shahid Beheshti University, one at Imam Sadiq University and one at Tehran University. Three Lawyers were working in the field of international law, three in the field of private law and two in the field of public law.

Data collection tools: In this study, for collecting initial information, the method of referring to the existing documents including national and international laws has been used. The primary data collection tool was a semi-structured interview which was used to measure the variables of the research. Interviews began with open-ended questions. These interviews proceeded purposefully according to the participants' conversations and resulted in a profound understanding of the participants' experiences. The interview method was individualized so that the participant could share his experiences with peace of mind and confidentiality. The interviews were recorded with the consent of the participants and prepared for the qualitative analysis. Each interview was recorded in a separate room, and after completing each interview, the conversations were written on paper to be used to analyze and organize the categories. It is also worth noting that the average interview time for each subject was about 45 minutes. In order to ensure the validity of the qualitative part of the research and to ensure the accuracy of the findings from the viewpoint of the researcher, the valuable ideas of the professor's familiar with this field and the experts in this field were used. The opinions of participants were also used in analyzing and interpreting the data.

The research inclusion criteria: The criteria for lawyers to be included in research were having PhD in law in the field of private, public and international law; having at least 2 years of work experience in the field of their expertise; membership in the faculty of the universities of the Ministry of Science.

Data analysis method: According to the results of researches about the advantages and disadvantages of data analysis using software or researcher, researcher selected non-software method for data analysis. After the data were collected and written, they were analyzed. For this purpose, the steps were taken as follows:

1. Reviewing the written text of data such as phrases or sentences, and numbering them as encoded information (code);
2. Reviewing the generated codes and integrating them into larger categories of information (subcategory);
3. Reducing categories, removing duplicate categories, and merging smaller categories into larger categories (categories);

Data based on a systematic design was analyzed through an open coding process in a deductive manner.

In the initial interviews, analysis was done line by line and an exact examination of national and international laws on HIV/AIDS was performed phrase by phrase and even sometimes word by word. When the basic categories were identified, the sentences and paragraphs were encoded. Finally, all interviews were analyzed and, then, the reciprocal data retrieval and analysis was carried out.

Ethical considerations: In any research, there are ethical considerations that the investigator is bound to observe. In this research, the observed ethical considerations include using the nickname instead of the name of the persons; explaining the goals and stages of the study before the interview; keeping confidential information of the

participants; providing the results of the research to the participants upon their request; voluntary and optional participation in the research and obtaining the informed consent of the participants prior to conducting the interview; impartiality of the interviewer during the interview; voidance of judgment and bias; not distorting the statements of the participants; and applying the same spoken phrase in writing the research findings.

3 RESULTS AND DISCUSSION

In the following sections, the findings are investigated based on the research questions:

1. Are there any laws and regulations on privacy of AIDS patients?

The following table represents the descriptive statistics related to this question. It should be noted that the results for this question were analyzed only descriptively.

Table 1. Laws and regulations on privacy of AIDS patients

Are there any laws and regulations on privacy of AIDS patients?	Interviewee No.
No	I1
I don't know	I2
No	I3
Yes	I4
Yes	I5
No	I6
I don't know	I7
I don't know	I8

Regarding this question, three people said they did not know, three said no, and two said yes. In general, there are rights to privacy in the Universal Declaration of Human Rights, and this is generally viewed as one of the human rights of individuals and it can also apply to patients, but this right to privacy for patients should be found most in the professional codes such as professional ethics and medical ethics. It can be said that patients' privacy is seriously addressed in medical regulations, but not practically enforced.

2. Are there any laws and regulations on social security of AIDS patients?

The following table represents the descriptive statistics of this question. It should be noted that the results for this question were analyzed only descriptively.

Table 2. Laws and regulations on social security of AIDS patients

Are there any laws and regulations on social security of AIDS patients?	Interviewee No.
No	I1
No	I2
No	I3
No	I4
No	I5
No	I6
No	I7
No	I8

In response to this question, all interviewees stated that there are no laws and regulations on the social security of AIDS patients.

Respect for human rights and social security of AIDS patients is respect for the fundamental rights of all human beings. Therefore, in addition to protecting the social security of AIDS patients, the interests of the human community should also be considered. Maintaining the interests of the community is especially important when the AIDS patient is problematic with the violation of the laws for the community. Therefore, the Convention on the Protection of Human Rights provides certain provisions that allow member States to maintain social security and manage the affairs of affected persons. Article 5 of the Convention stipulates that "Everyone has the right to liberty and security of person. No one shall be deprived of his liberty "(Jafari, 2008).

3. Are there any laws and regulations on the protection of employment status of AIDS patients?

The following table represents the descriptive statistics of this question. It should be noted that the results for this question were analyzed only descriptively.

Table 3. Laws and regulations on the protection of employment status of AIDS patients

Are there any laws and regulations on the protection of employment status of AIDS patients?	Interviewee No.
No	I1
No	I2
No	I3
No	I4
No	I5
No	I6
No	I7
No	I8

In response to this question, it can be said that all interviewees stated that there are no laws and regulations on the protection of employment status of patients with AIDS. Enjoying employment and its benefits is one of the rights frequently and carefully considered in their human rights literature and certainly discrimination in the workplace is a major obstacle in their realization such that applicants can have equal employment opportunities, and then in maintaining the working relationship.

According to the studies conducted in this area, there is currently no specific law that prohibits employers from engaging in specific behaviors with such individuals or considers them a positive discrimination. The point, which is already mentioned, is at the executive and practical level a positive discrimination that applies to certain individuals or specific classes. There is a positive discrimination about "women, children, minorities, stateless persons, and so on," but is not specific about these "HIV-positive people" and is not focused on them, and if the focus is on this field, maybe employers are persuaded to attract some of these people.

4. DISCUSSION AND SUGGESTIONS

The growing spread of the AIDS virus poses a major challenge to the international community. As the number of AIDS virus carrier's increases, the human right issues associated with this disease become not only more important but also

increasingly diverse. Discrimination and defamation due to AIDS are major barriers to coordinated action among governments, limiting employment, education, health care and medical services (Sirghani, 2008).

At the moment, everyone acknowledges the fact that AIDS as a crisis in some countries affects national security (Ekpu & Obioesio, 2013). Promotion and application of the principle of non-discrimination in social relationships guarantees many citizenship rights. From the perspective of people living with AIDS as a spectrum of society classified as vulnerable persons, the need to prohibit discrimination in the enjoyment of equal rights to others is a prerequisite for the creation of a suitable platform for their active role in society and among other segments of society (Gombachika & Fjeld, 2013).

Given the denial and shame of patients, which are important barriers to initiating a dialogue on AIDS, it is difficult to cope with the disease. So openly and freely discussion about norms, values, health and gender issues at the family and community level and lifestyles of these individuals with the support of civil society groups and human rights in order to combat defamation and eliminate discrimination against people living with HIV/AIDS and review of international guidelines on AIDS and human rights can have a real impact on individuals' ability to reduce their vulnerability to and security from this disease.

In the following, each of the research questions is explained:

Regarding the question: Are there any laws and regulations on privacy of AIDS patients?

Article 8 of the European Convention on Human Rights predicts that: 1. Everyone has the right to respect for his private and family life, his home, and his correspondence. 2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others. In order to protect the society against the dangerous diseases threatening it, health authorities in each country are involved in the diagnosis and detection of the disease. For example, in France, those who want blood transfusion or those who donate their organs must undergo HIV/AIDS test prior to any action, which this is contrary to the privacy of individuals. However, it should be noted that the violation of the private and family rights of a patient is justifiable when it is in accordance with Article 8 of the Convention to protect public health and the economic and social well-being of the country, and if there is no justification for intervention in the private and family rights of the patient, this action will be condemned (Jafari, 2008).

There is great controversy about the concept of privacy in Iran. Some believe privacy refers to the issues that others have no right to access except with a legal license, but there is no clear definition for it in our laws. There is a privacy regulation in the country that is a translation from international law and the Human Rights Charter, stating that no one has the right to indignation and eavesdrop and... that this right is also mentioned in the Constitution. For example, in the case of people with AIDS, if a doctor, by the nature of his job, diagnoses this disease in the affected person, he is not entitled to inform others except with the statement of the judicial authorities, but its scope is not clear, because this non-disclosure returns to the professional ethics. It can be said that anyone who has the right to privacy has the so-called privacy. The right to privacy has been mentioned in human rights documents, the Declaration of Human Rights, the 1966 Covenant on Civil and Political Rights, the European Convention on Human Rights, the

American Convention on Human Rights, and almost in all international human rights documents.

In general, right to privacy is in the international declarations of human rights, and this is generally viewed as one of the human rights of individuals and can apply to the patients, but most of this right to privacy for patients should be found in professional codes such as professional ethics and medical ethics. It can be said that patients' privacy is seriously addressed in medical regulations, but not practically enforced.

Regarding the question: Are there any laws and regulations on social security of AIDS patients?

Respect for the human rights and social security of AIDS patients is respect for the fundamental rights of all human beings. Therefore, in addition to protecting the social security of AIDS patients, the interests of the human community should also be considered. Maintaining the interests of the community is especially important when the AIDS patient is problematic with the violation of the laws for the community. Therefore, the Convention on the Protection of Human Rights provides certain provisions that allow member States to maintain social security and manage the affairs of affected persons. Article 5 of the Convention stipulates that "Everyone has the right to liberty and security of person. No one shall be deprived of his liberty "(Jafari, 2008).

Job security can be considered as a kind of social security and while there are regulations that a person with AIDS should have job security, he should not be deprived of any social rights because of AIDS, but this actually happens and essentially there is no authority to deal with it. For example, if an affected employee or worker is fired from his job and sued at the labor office, the employer states that with the return of the employee other employees may leave the work and if they go, the enterprise stops working and so the court may not vote for returning that affected employee or worker. Therefore, the labor law cannot protect. The law must protect both the affected and non-affected people. However, there must be a guarantee that others are not deprived of their rights because of protecting the rights of an AIDS patient in the community. Thus, there should be a boundary between whether the social security of the affected population is protectable or not and it must be known whether this being protectable is the duty of the state or the duty of the nation or the duty of both?

Regarding the question: Are there any laws and regulations on the protection of employment status of AIDS patients?

Enjoying job and its benefits is one of the rights frequently and carefully considered in human rights literature and certainly discrimination in the workplace is a major obstacle in their realization such that applicants can have equal employment opportunities and then in maintaining the working relationship.

Even though there are laws in many countries that prohibit HIV testing as a precondition for employment, we continue to see such discrimination in the workplace and in relation to employees with AIDS. In addition, while some employers don't have the presumption that the affected employees have increased transmission rate in the workplace, many of them often refuse to recruit people who are infected or suspected to AIDS, which is due to increased costs of caring for workplace health and higher insurance costs for such people. While the reality is that most people with this condition can, as with others, carry out their job duties and continue to work with the minimums needed in the workplace available to all employees. Therefore, policies and regulations are of great value to protect the employment of applicants and employers and seek to avoid discrimination and labeling in the workplace because the employee's assessment

should be based on his/her return on work, not AIDS infection or non-infection. Thus, the mere fact of AIDS infection should not be considered as contributing to the continuation of occupational activity and endangering the mental health of the person in the workplace (Sirghani, 2008).

One of the important things about the employment status of these people is that these people cannot be relegated to hard jobs because of their physical condition.

According to studies conducted in this area, there is currently no specific law that prohibits employers from engaging in specific behaviors with such individuals or considers them a positive discrimination. Fundamentally, the work area goes back to the International Labor Organization in the international sector, but the right to work and employment is still a part of human rights regulations, that is, the employment of the affected has also an aspect of human rights. The relevant institutions deal with the Declaration of Human Rights and Human Rights Covenants, as well as the International Labor Organization. This case must be found in the protocols to the cases mentioned or the conventions to which they are parties and follow them and are considered treaties, but as previously mentioned, the imperativeness of the laws is important, otherwise there are guidelines and policies in various areas including AIDS patients.

The point, which is already mentioned, is that at the executive and practical level a positive discrimination applies to certain individuals or specific classes. There is a positive discrimination about "women, children, minorities, stateless persons, and so on," but is not specific about these "HIV-positive people" and is not focused on them, and if the focus is on this field, maybe employers are persuaded to attract some of these people.

The national legal system has some problems, but standard international laws have also problems. If AIDS patients are treated with the positive discrimination logic, there are gaps to be investigated.

It seems that Iran's experiences and practices have been good in health area and have succeeded in health issues such as population control, polio, etc. But why has not the government succeeded in HIV/AIDS area? Perhaps because AIDS has been taboo and brings the social brand. On the other hand, it has been said earlier that it can be rooted in religious beliefs. Another point that plays a role is social acceptance. Perhaps there are best laws, but the community is not prepared to accept them. For example, in Afghanistan, there are very good laws that other leading countries have written them and spend a lot in this field, but because the society is much closed, they are far beyond what they have in their laws.

Apparently, there is a gap between the laws and regulations of the country. To this end, you must first go to the Constitution, then the ordinary laws, and the rest. At the international level, there are also non-binding cases which are codes of conduct such as the international guidelines and the obligatory commitments in the form of treaties (such as the 1968 Covenant on Civil and Political Rights, the 1966 Social Covenant, the 1979 Convention on the Elimination of All Forms of Discrimination against Women, The 2007 Convention on the Protection of Disabled Persons) and other cases. For example, Iran is a party to the Convention on the Protection of Disabled Persons in 2007, but it should be seen how disadvantaged individuals are defined in terms of this Convention and whether these individuals are considered as disabled persons and, if so, should we enter into the discussion on the occupations of these people?

Given the 1803 United Nations Security Council Resolution, the Security Council has related the issue of AIDS to the international peace and security; that is, the issue of

AIDS is so important from the point of view of the Security Council that the document is the resolution of the seventh chapter and it is obligatory. This means that the matter is very serious, and the Security Council looks at it on a large scale; and it has been made obligatory for its importance and its link with the issue of peace.

Finally, perhaps one of the solutions to the occupational problems among the affected persons is that some entrepreneurs create jobs for these people and hold some workshops for them. Of course, this also brings about some issues. For example, if customers realize that these products are produced by these people, they may not buy them; therefore, there may be a series of services that are less relevant to other people and instead are suitable for these individuals-for example, somewhere as operator.

Here are some suggestions of this research:

- Establishing a specific association for AIDS/HIV patients, such as associations of diabetes, cancer, MS, etc. for social, legal and economic support.
- Providing government facilities for legal professionals to attend annual meetings and conferences, and... related to the rights of such patients.
- Organizing women in need of social protection through the relevant government agencies for each group of women (for example divorced women, women without support) as well as creating employment for this group of people in order to earn income.

The limitation of this research is as follows: The low number of legal experts in all three disciplines (private law, public law, and international law) in relation to the fact that in addition to knowledge and expertise, they must have time and willingness to participate in the interview. Finally, it is suggested to future researchers that: The bases for implementing the international guidelines on the affected people should be investigated from political, religious, cultural, economic, and social perspectives in the country.

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