

INTRODUCTION (EXECUTIVE SUMMARY):

This is a report on the status of AIDS in Iran, especially among vulnerable groups in Iran's society such as children and women. In the past 12 years, the growing rate of AIDS in Iran, especially among women and kids has increased 9 times. According to a report by the Ministry of Health, the number of HIV/AIDS patients has reached 27000 by October 2013 among whom %9.1 were women. Although this number is less than the global average, according to WHO the growth rate of AIDS in Iran is alarming. Those who are diagnosed with HIV ultimately face psychological and social issues, regardless of their group or class. These two main issues are usually related and their degree of importance is proportional to "fear of the unknown". When a patient passes from the HIV stage to the AIDS disease, physical and psychological issues generally increase. Some become depressed. Some should face the reality of their disease, as well as the pain of losing their close friends and partner. The risk of suicide is higher among AIDS patients compared to an average individual. The psychological issues of AIDS depend on factors that determine the previous level of compatibility for person and social and inter-personal support. AIDS patients are vulnerable to being rejected and feel guilty because of risking others by their behavior (especially their sexual behavior). The feeling of nurturing a contagious agent in the body causes a feeling of rejection. Prejudice and fear of contagion causes discrimination against these patients when choosing house, job, health services and general support. Irrational fear and negative response of the society cause problems for patients and their family and their support groups. SPASDI has been actively fighting social stigmas present against these patients and helping to create equal opportunities for two decades and has some suggestions for the prevention of AIDS and support for AIDS patients especially women and kids with AIDS in the Iranian society.

Based on the response to suggestions and presented suggestions in the first term (universal periodic report) for this country, the following items are to attend to:

- a) Attracting public participation to hold educational seminars with the goal of preventing AIDS and supporting HIV/AIDS patients
- b) Boosting motivation and improving self-confidence for HIV/AIDS patients especially women and creating appropriate settings for their participation in information sharing and education.
- c) Participation of governmental and non-governmental organizations whose activities are related to AIDS in order to improve patients' quality of life especially for kids and women with AIDS by creating appropriate settings for education
- d) Request for sharing international experiences by other NGOs active in this field

- e) Deploying modern educational methods and localizing them according to the Iranian culture and implementing them for preventing AIDS among members of society especially vulnerable groups such as kids, youth and women
- f) Developing and extending NGO activities related to AIDS based on the model of SPASDI in other cities of the country
- g) Keywords: AIDS, Women, Prevention

INTRODUCTION TO THE ORGANIZATION:

SPASDI is a non-governmental, non-profit organization established in 1999. This organization has been able to acquire the consultancy position of the United Nations Economic and Social Council on 23 July 2008 and has attended United Nations' meetings with various subjects.

The main goals of the association are to share information, prevent disease, provide consultancy service and social help to vulnerable classes, and to support the family by offering psychological services, social help, consultancy, etc. The following measures have been taken to realize these goals:

- Sharing information in order to reduce spread of HIV/AIDS to kids by mothers during pregnancy, delivery and breastfeeding.
- Providing social help services for women with HIV including consultancy, encouraging for volunteer and confidential testing and timely setting for access to treatment especially for treatment with retrovirus drugs.
- Paying pension to orphan kids to cover their critical needs.
- Legal support of AIDS orphans, who are vulnerable to any kind of misconduct, violence, exploitation, discrimination, guardianship and custody.
- Active participation in related communities in order to share information, educate youth, students, workers, soldiers, dentists, women and childbirth surgeons, women and vulnerable groups.
- Holding weekly classes for Health Advocate Mothers (mothers that live with HIV/AIDS) with the subjects of health education, nutrition, psychology, child education, group therapy, etc. in order to empower and build capacities
- Establishing similar organizations based on the model of SPASDI in various cities including Tabriz, Mashhad, Shiraz, Qom, Karaj, Kerman, etc.
- Visiting the help-seekers' houses in order to check and get to know the conditions and address

their issues.

- Running free therapy Hot lines (+98-21-66935523 & 66901010 (5 lines)) focused on providing professional help to people facing crisis. Offering expert, consultancy and psychological services to help seekers related to overcoming their problems in terms of sharing information on AIDS and hepatitis, marriage/divorce, life skills, psychological issues, educational and job issues, family disputes, mutual dependency, suicide, etc.

BASIC RECOMMENDATIONS:

This report is prepared based on the following recommendations that were presented in the first UPR in 2010:

- Continuity of education on civil rights - human rights through schools, universities, etc.
- Improvement of women's participation in various social fields (Bangladesh)
- Increasing efforts for educational and health progresses especially regarding women and girls
- Continuing efforts to improve human rights in economic, social and cultural contexts (Sudan)

(Note that these items are accessible from the complete Iran UPR report available in UNHCR website)

RECOMMENDATION STATUS, PAST, PRESENT AND FAVORABLE FUTURE:

The first reported HIV/AIDS patient in Iran was a 6-year old kid with Hemophilia who caught the virus through imported blood containing the virus in 1987 and AIDS has been on a rapid rise ever since. Spread of the disease in Iran started with blood products containing HIV virus that were imported from France and was secondly spread via injections by drug addicts and the third wave was through sexual relation which all accounted for significant number of HIV/AIDS patients currently amounting to 27000 identified patients. Studies show that in 1998, a year after identification of the first instance of AIDS in Iran, %69 caught AIDS due to shared infected syringe and %12.5 caught the virus due to unprotected sexual relation. Transmission methods for the HIV virus and the ratio of these have witnessed dramatic changes in Iran. Until a couple of years ago, %69 caught the virus through infected syringe while this number decreased to %52 in 2012 and unprotected sex jumped from %12.5 to %37. It is predicted that lack of attention and prevention would lead to a great number of HIV patients, especially women, and as a result children who are born with HIV.

DATA COLLECTION METHOD:

In order to provide a reflective figure of the AIDS status especially among women and kids, the research conducted by the SPASDI on the spread of AIDS and social issues for sex workers and kids has been used alongside independent findings on monitoring the spread of AIDS and social issues present in this field.

PROGRESSES:

Executive domain: The Iranian Ministry of Health provides some services such as CD4 test and provision of retrovirus drugs for patients, distribution of free condom and syringe to groups with high risk behavior, etc. There is more than just healthcare services and establishment of centers such as positive club in many cities of Iran and through support of UN, more participation and social engagement of HIV/AIDS patients has been sought. The responsibility of providing healthcare is upon the Ministry of Health and SPASDI is the only organization that provides socioeconomic services to these patients in Iran. The Society is educating, sharing information and building cultural settings regarding AIDS with the help of volunteer organizations and professors.

NGO domain:

In recent years, SPASDI has taken measures regarding AIDS which could be regarded as progress:

1. Holding seminars on AIDS for the first time in communities such as automotive industry, bus driver unions, Friday prayers, schools, mosques, etc.
2. Creating a group for HIV/AIDS women who are head of households, called Health Advocate Mothers, who are active throughout the country
3. SPASDI successfully sent a Health Advocate Mother to a TV program set by one of the main IRIB channels, in order to break the taboos surrounding this issue on national TV.
4. Establishing centers based on the SPASDI model in other cities such as Karaj, Mashhad, Shiraz, Kerman, Isfahan, Tabriz, etc.

CHALLENGES AND PROBLEMS:

Despite all mentioned progresses and improvement, there are still many problems and challenges in this field:

Legal challenges: There is a need for deregulating restrictive and depriving laws for patients and

creating equal opportunities for HIV/AIDS patients

Executive challenges:

Executive challenges regarding AIDS are as follows:

- 1) It seems that government programs for supporting patients and preventing the spread of AIDS are not sufficiently covered in all areas of the country. Decisions are taken slowly and there is a budget shortage. Also waste of budgets set by organization such as UN make barriers for a comprehensive prevention and leads to slow and unproductive procedures.
- 2) Lack of cooperation among governmental organizations with NGOs regarding prevention of AIDS
- 3) Shortage of experts on AIDS such as social help seekers, counselors, psychologists, etc.
- 4) Lack of interest in long term investment through systematic learning
- 5) Lack of comprehensive and thorough programs for educating and giving information on AIDS and lack of engagement of patients in giving information
- 6) Censorship and lack of adequate coverage from media
- 7) Shortage of sanitary services such as distributing free condom and syringe among those with high risk behaviors
- 8) Lack of timely education from formal education
- 9) Restrictions for NGOs for offering services and opposition from governmental bodies
- 10) Denials of facts.
- 11) Restrictive and depriving rules for HIV patients such as the law for exemption of mandatory military service

Social challenge:

- 1) Labeling and discrimination regarding AIDS
Many HIV/AIDS patients are not even accepted by their families and are deprived from job, education and interaction with others while there is no risk of contagion for interacting with others. There are some instances that workers of healthcare system such as nurses, dentist and surgeons refuse to serve them causing even more physical and psychological problems and higher risk of contagion.
- 2) Spread of the disease among low risk people
The number of HIV and AIDS patients is on the rise after a short period of stability and it is predicted that most instances of AIDS in the coming years will be from sexual relation. Spouses

and sex partners, addicts that inject drugs, homosexual men and customers of sex workers will constitute the significant part of HIV/AIDS patients, yet education and information is very limited and inefficient through schools and media.

RECOMMENDATIONS:

SPASDI offers the following recommendations based on accepted recommendations of the first UPR which were mentioned earlier in order to solve problems:

- 1) Improving awareness and knowledge of militiamen, clergies, governmental organizations related to social harms especially AIDS and hepatitis and offering better service to HIV/AIDS patients
- 2) Extending the scope of social and supportive services for HIV/AIDS patients in other cities of Iran and extending it to countries of the region
- 3) Increasing the governmental approved budgets, as well as increasing the amount of designated UN budgets in this regard
- 4) Attracting and engaging HIV/AIDS patients for prevention of AIDS according to plans by UN as peer educators
- 5) Providing equal opportunities with equal working conditions and benefiting from civil rights
- 6) Wider engagement of NGOs for AIDs is necessary since they are free from bureaucratic processes and are more efficient in using resources and are more familiar with people's issues and concerns