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Psychocultural Factors Affecting HIV/AIDS Infection among Iranian Women: A Grounded Theory

Mehri Amiri[1]

[1] PhD Student, Department of Health Psychology, Iranian Welfare Organization, Tehran, Iran

Quantitative Study

Abstract

Background: Previous studies have shown that adversity, sexual violence, prostitution, and addiction can increase the risk of HIV/AIDS infection. Providing an overview of the risk factors of this disease is significantly important in preventing its spread. It was therefore decided to focus this research on the determination of cultural and social factors that increase the risk of HIV/AIDS among women in Tehran, Iran.

Methods: The present study was a qualitative research. The study group consisted of 13 women with HIV/AIDS infection who are members of the HIV Positive Club of the Iranian Welfare Organization, their sexual partners, and 10 experts and specialists of HIV/AIDS in Tehran. The qualitative approaches of interviewing the infected women and holding group discussion with experts and politicians were applied for data gathering. The analysis of data was carried out using grounded theory based on basic concepts, organizational concepts, comprehensive concepts, strategies, and consequences.

Results: As a result of data analysis, 73 basic concepts, 61 organizational concepts, and 151 comprehensive concepts (73 social and 78 cultural factors) were obtained.

Conclusion: The most important factors are lack of information and sexual awareness within the mentioned group, the educational level of parents and children, unprotected sexual intercourse among polygamous partners, prostitution, homosexuality, divorce, cultural shift in women's role in the family, discrimination, poverty, marginalization, men's dominance in the intercourse, and unprotected sexual intercourse. Increasing women's awareness through training in order to affect their sexual behavior is suggested as a solution in this regard. Moreover, welfare and wellbeing must be improved in the society so that low-cost health care is available and accessible to all members.

Keywords: Cultural factors, Social factors, HIV/AIDS, women

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Introduction

The first case of AIDS was reported almost 30 years ago, and its spread had started by then and is still a challenge for modern societies. AIDS is an infectious disease with a certain way of transmission that differs from that of other infectious diseases. AIDS has no frontier like nationality, age, and gender (Shojaei Therani, 1998). It can have negative physical, mental, social, and economic effects on individuals' wellbeing. It is noteworthy

Corresponding Author:
Mehri Amiri
Email: m.amiri.mehri@gmail.com

that the majority of infected people are younger than 25 years of age (Sadrizadeh, 1976; Ministry of Health and Medical Education, 2014).

Up to two-thirds of the healthcare budget in some African countries are allocated to HIV/AID cases (UNAIDS, 2007).

HIV/AIDS has been categorized as a behavioral disease due to its transmission ways such as shared injection needles, blood, unprotected sexual intercourse, and etcetera (Ministry of Health and Medical Education, 2014).

Based on the Ministry of Health and Medical Education report in 2015, 29,414 individuals were diagnosed with HIV/AIDS among which 88% were men and 12% were women. Until today, 6,990 cases of HIV/AIDS have been reported and 6,202 have been reported as dead. In addition, 45.6% of the infected group were 25-34 years old (Ministry of Health Indonesia & statistics, 2007). In Iran, the recorded transmission rate from 31 years ago until today related to shared injection needles, sexual intercourse, transmission from mother to child, and unknown methods are 66.6%, 14.5%, 1.14%, and 16.7%, respectively (Sadrizadeh, 1976; Ministry of Health and Medical Education, 2014). Furthermore, in 0.8% of cases, transmission was related to infected blood donation which dated back to the period in which there was not a complete blood bank health check plan (Ministry of Health and Medical Education, 2014).

According to the Iranian National Center for AIDS Prevention website, the number of HIV cases registered is 30727; however, the estimation is 110459 in Iran [25632 men (85%) and 4551 women (15%)] and 36900000 globally. According to studies, women are at a higher risk of exposure than men. The origin of this risk is the fact that it is a taboo topic in society and this is also the underlying reason for the unreported number of infected cases and the acceleration of its spread especially among women (Rave, Gapta, and Jana, 1997). It has also been shown that sexual intercourse was the transmission method in more than 90% of all affected adults in developing countries (UNAIDS, 2004).

It is estimated that at least 50 million women are affect by HIV because of their sexual partners (IHRA/WHO/AHRN, 2004). These women are either married or sex partners of men who are present high-risk sexual behaviors. The United Nations Office on Drugs and Crime (UNODC) estimates that 75% of HIV positive women in Eastern Europe and Central Asia have been infected by their injecting addict partner through injecting drug use or sexual relations. Women now account for 56 to 76% of injecting drug users in Eastern Europe and Central Asia, for example, 56 to 76% of injecting drug users in Russia are women and they are increasing every day. However, none of the countries in the region provide appropriate services that reflect the needs of women who are drug users (Asian Development Bank, 2009).

The United Nations Programme on HIV/AIDS (UNAIDS) estimated that 85% of women were affected by HIV in Eastern Europe and Central Asia through shared needles or sexual intercourse (UNAIDS, 2005).

There is a close relationship between poverty and HIV/AIDS. Studies have shown that in Africa poverty has increased the incidence of HIV/AIDS, especially among girls and women (Scott, 2010).

The lack of equal income opportunities for African men and women causes them to migrate from small towns and villages to larger urban and metropolitan areas; this in turn results in an increase in HIV/AIDS. When men return to their city and village and to their families, they are more likely to transfer HIV/AIDS to their women (Crush, Williams, Gouws, & Lurie, 2005).

The study of poverty, migration, social inequality, marginalization, and other social factors can play an important role in health policy planning. Studies show that in Africa,

cultural values and norms are associated with the spread of HIV/AIDS. Some of these values and norms include gender inequalities, sexual facts, sexual commitment, polygamy, sexual violence among couples, and prostitution and health reproduction (Lagarde et al., 2001).

Today, women comprise up to 30% of injecting drug users in Eastern Europe and Central Asia. Russia is an example with up to 30% prevalence of injecting drug use reported among women which is increasing. However, there is no effective social service in these areas to control drug use (Hernandez et al., 2004).

The fight against AIDS requires comprehensive effort. Along with health and sanitation, correction of cultural and social approaches is essential for the management of this disease. Today, scientists' efforts to discover AIDS are now more than ever. Evidently, the study of cultural and social factors is useful in the prevention of this disease through future planning and policy-making. Thus, the present study aimed to elaborate on this issue in a qualitative study of women's own language.

It is obvious that a study of social and cultural factors can be effective for futuristic planning for the prevention of the spread of HIV/AIDS infection. The following research tried to clarify the issues by gathering information from affected persons.

Methods

The present research is a qualitative study. The study group consisted of affected women in Tehran, Iran, who have been members of the HIV Positive Club since 2015 (13 individuals), their partners (13 individuals), and 10 experts. The participants were selected through purposive sampling method from among the residents of Tehran. The women were between 25 to 50 years of age and were influenced by cultural and social factors. The interview method was applied to gather data until saturation, i.e., lack of any new information and repetition of the same information.

Data gathering was performed in this study by carrying out 2 group discussions with non-governmental organizations managers, psychologists, specialists, and people who are working with the HIV infected group. The feedback provided by experts in the group discussions assisted us in reviewing and filtering the collected data. The participants were HIV infected persons who were registered in one of the HIV centers that are supervised by the Iranian Welfare Organization (Yaran Mehr, Khaneh Khorshid, Simaye Sabze, Rahaei, Ahange Rahaeye, Shargh, and Andishemandan Raya health centers).

All the efforts in this research were toward avoiding personal interpretation and bias through using recommended research methods. For example, comparison method is a research method in which the comparison is between the data gathered from the research, the participants' thoughts, similar experiences, and other existing data. The collected data were also verified by the interviewee; the interviewer's interpretation of the interview outcomes was presented to them. Moreover, interviewees were provided with a detailed explanation of the research method (descriptive method). Finally, the triangle method was used to accumulate data from the available documents and sources, and interviews of experts in order to verify the research results.

Results

Descriptive statistics: The average age of the participants was 34.9 ± 6.3 years. The average number of siblings was 5. Their average marriage duration was 11 years. The average age of marriage of the subjects was 21 years. In addition, the average number of children was 1. The length of acknowledgment of the infection was 22 months and their average disease duration was 2.4 years (Table 1).

Thus, 73 basic concepts, 67 organizing concepts, and 151 pervasive concepts with 73 cultural and 78 social factors were obtained (Table 2).

Table 1. Demographic data

	Age	Brothers and sisters	Marriage years	Marriage age	Children count	Duration of acknowledgment (Months)	Duration of disease (Years)
Mean ± SD	34.940 ± 6.266	4.560 ± 2.159	10.600 ± 9.240	21.330 ± 3.922	1.070 ± 1.100	21.690 ± 3.197	2.360 ± 1.286
SE of Mean	1.566	0.540	2.922	1.013	0.284	7.549	0.388
Median	35.00	4.00	5.50	20.00	1.00	11.00	2.00
Minimum	25	2	14	16	0	2	2
Maximum	50	9	30	30	4	120	5

SE: Standard error; SD: Standard deviation

Discussion

The present research reviewed the cultural and social factors which impact the transmission of HIV/AIDS to women.

Table 2. Demographic data of the clients and their parents

Variety	Indicator	Women with HIV (%)	Her mother (%)	Her father (%)
Education	Pre-diploma degree	68.75	87.5	75
	Diploma	25	12.5	18.75
	University degree	6.25	0	6.25
Occupation	Employed	6.3		
	No income	93.8		
	300000 tomans	68.8		
	300000-500000 tomans	7.1		
	Higher than 1 million tomans	7.1		
Marital status	Married	12.5		
	Divorced	87.5		
Housing	Without a house	6.3		
	Renting a house	25		
	Other	68.8		
The way of learning about the disease	Triangle clinics	12.5		
	Laboratory	43.8		
	Symptoms	25		
	Sexual partner	6.3		
	Friends	12.5		
Reflection after the disease	Suicide	6.3		
	Depression	75		
	Impatience	18.8		
Knowledge about the disease transmission way	Knew	37.5		
	Did not know	62.5		
Function after knowing disease	Without any function	12.5		
	Went to the doctor	87.5		
Extramarital relation	Had	66.7		
	Did not have	33.3		
Using prevention tools in sex	Used	18.8		
	Did not use	81.3		
Addiction background	Had	62.5		
	Did not have	37.5		
Sexual aggression	Had	56.3		
	Did not have	43.8		
Effective sociocultural factors in women's view	Family limitations	21.4		
	Lack of information	25.7		
	Lack of family support	7.1		
	Sexual relations	14.3		
	Personal hygiene habits	21.4		

Table 3. *Social and cultural Indicators*

Social indicators	Pervasive concepts Cultural indicators	Organizing concepts	Basic concepts
Neglect or inattention toward the following among women is effective on HIV infection in Iran.			
Visible sexual problems/having more than one wife/sexual jobs/lack of obligations in family/lack of real social supports in marriage/lack of social connections in nuclear families/lack of trend to be in social groups/Unjust sexual relations/low safety in society and poverty/release of bad sexual cases in media and satellite/lack of placement plans in prisons/lack of knowledge about media/hall- marking/lack of legal and financial supports for divorced women/lack of emotional divorce training/preservation of the legal and regulatory dimension of marriages outside the customs/lack of sexual training for men/fear in women/lack of training in sexual desires cognition in men and women/lack of legal support for divorced women/lack of support for divorced mothers to keep their children/lack of living skills training for women of different ages/lack of health training (physical-sexual, mental, behavioral and social) for women/lack of education for women/lack of financial support and insurance/lack of training for men to support women of different ages/lack of availability of free social consultation for women/lack of clinics in every part of the country and Tehran/lack of public and legal supportive organizations/lack of recognition of damages regarding the changes in women's role and its results in scientific and academic cases and media/consultation before divorce/encouragement to build a family/preparation of living areas/increase the	lack of training about sexual health/knowledge of the personal identity of women/lack of attention to the role of husband and individual relations/difficulty in marriage/lack of training of sexual relations in men/lack of training of sexual relations for women/women's lack of belief in sexual training for young people/lack of extended family advantage's training/sexual culture for women employees/sexual aggressiveness/enjoyment of men in sexual relations/men who do not use prevention tools when visiting other countries/women's lack of values and beliefs in only having sexual relation with their husbands/elimination of sexual problems in prisons/acceptance of social connections for the development of knowledge/emphasis on sexual behavior training in society/people's tendency toward sexual knowledge/lack of cultural support for divorced women/emphasize on religious cases like extramarital relations and polygyny /fear in sexual aggression/lack of legal support for women/acceptance of living with HIV and maintaining the marriage/acceptance of men's aggression in the family/difficulty in establishing a relationship between mothers and children/lack of knowledge about their own physical-mental-behavioral and social condition/lack of knowledge among women/lack of education among women/lack of financial independency among women in the family because of lack of occupation and personal income/communication difficulty for women in the family/fear of disease/lack of money	acceptance of multiple sexual relations by women/disbelief in active sexism among women/social acceptance of increased age of marriage for women/lack of decision-making power in sexual relations by women/willingness to accept a nuclear family style/increased HIV infection prevalence among women due to poverty and low income/ increased likelihood of sexual assault and violence among marginalized women and those living in deprived areas /norm of free sexual relations between women/prison experience in women/reinforcement of sex outside the norms of society through the use of social networking sites and internet porn/stigma is one of the reasons for women not to refer women to health systems/lack of attention to women's sexual and emotional needs in relationships/tendency toward concubinage in economic and social issues/lack of attention to women's sexual demands /lack of attention the lifestyle of a generation of women by their parents and the community/ lack of awareness of personal and social skills in women/protecting experts against HIV/women's avoidance of treatment due to its high cost/delayed action by women due to the lack of social and psychological support/discouragement of women by the long healing process from entering into or continuing treatment/the absence or lack of health services as a barrier to treatment in women/lack of sufficient income to deal with health problems/replacement of social roles	unprotected sexual intercourse/injection needles/drugs and alcohol use/ lack of sexual health education /sex outside the marriage /polygamy/white wedding/lack of alignment in sex with the spouse/multiplicity in sex/ prostitution/adultery/forced to perform high-risk sexual behaviors/women's lack of freedom in the use of condoms/increased marriage age/ patriarchy in sexual relations/negative attitudes of men toward the use of condoms/changes in the family structure/poverty/economic status/ social gap /emigration/marginalization /transit drivers/sexual tourism/shift work/values/custom and culture/prison/internet and social network/stigma and discrimination failure in marriage/sexual problems/family problems/ sexual violence/imposed lifestyle /defects in life skills/lower vulnerability of experts/cost of treatment/length of treatment/social and mental support/lack of access to health services /inability to obtain medicine/the changing role of women /divorce/homelessness/lack of leisure programs /depilation/lack of support /individualism/sub-

Table 3. Social and cultural Indicators (continue)

Social indicators	Pervasive concepts Cultural indicators	Organizing concepts	Basic concepts
positive places/lack of planning for women's free times/ women's lack of social connections/lack of control over sub-societies/people's lack of certainty regarding treatment systems/lack of attention to HIV/living skills training/inadequate access to health services/free consultation/making a related film/lack of training media/lack of attention to media knowledge/lack of social happiness/possibility of global connection in HIV training and treatments/attention to the changes in family structure/people's tendency toward group activities/social development and use of expert staff/local treatment model that is suitable for the Iranian culture/local treatment structures/increased social justice regarding the distribution of social resources/reduction of poverty/social distance/women's economical ability/income for women/hall-marking/education/development of women's knowledge/lack of social comparison/lack of social connections/social hall-mark/lack of access to health care/lack of attention to the national and traditional custom and culture/ planning and consultation before and after the divorce/financial support for women/legal support/lack of living skills training for men and women in social and educational systems/lack of hall-marking for homosexuality/lack of firmness in the family/lack of obligation to have one wife	for themselves/lack of promotion of national, Iranian, and religious beliefs in the family/lack of cultural values among women in choosing a husband/lack of group activity training/lack of sexual training for women according to the culture/lack of training of women regarding the disease process/lack of parental role training in the family/lack of training for children/lack of knowledge of desires/lack of comfort for citizens/lack of media use for cultural training/lack of attention to happiness in life/lack of attention to cultural democracy/lack of attention to culture making in the family and school/using intelligent people for training and curative planning/changing the attitudes of managers to change the organizational structure/cultural democracy/using culture to cope with social damages/lack of attention to HIV treatments in society/production of cultural need for knowing and understanding/lack of attention to the results of drug and alcohol use/lack of social and personal rules for women/sexual health training/personal skills training for a parental relationship/ training for children /living skills training/ healthy sexual relations/sexual aggression/healthy sexual behavior and safety training for husbands/lack of attention to the rules and national, Iranian, and religious beliefs of the family and women/lack of healthy sexual training for women/lack of safety and healthy sexual relation's training	for women after divorce and family breakup/homelessness as a cause of AIDS among women/women's sexual activity due to lack of leisure/exclusion and rejection by family and society/lack of group activities and immigration/avoidance of treatment by women due to the psychological and social damages of HIV/effectiveness of family education on women with AIDS/training employees and stakeholders /psychological and social support to prevent HIV in women/attention to the movies mostly watched by girls/motivating women to seek treatment/international experiences/individuality/scientific update/reforming of health structures /poverty/social exclusion/drugs use/replacement of problematic social roles for women/length of disease and expense of medicine avoid women to treat/nuclear family/failed marriage and separation as the cause of multiple sexual relationships to reduce the divorce rate /gender preferences in sex/earning money through prostitution /strict parents' traditional beliefs and lack of acceptance of youth lifestyle/ women's lack of knowledge of personal skills/violence in sex and lack of attention to women's sexual and emotional needs/inattention to educational systems for adulthood/impact of traditional or religious values and beliefs on HIV prevention /homosexuality/polygamy	cultures/damages/family education/training employees and stakeholders/attention to audience in film making/increased expectancy/utilization of international experiences/ scientific update/educated elite/reformation of the health structures/education /homosexuality/lack of knowledge about the way of disease transmission/shame in talking about sexual issues

It was revealed that lack of information and sexual awareness within the mentioned group, educational level of parents and children, unprotected sexual intercourse of polygamous partners, prostitution, homosexuality, divorce, cultural shift in women's role in the family, discrimination, poverty, marginalization, men's dominance in intercourse, and unprotected sexual intercourse by the partner are the most important sociocultural factors (Table 3).

These results were verified through comparison with similar research conducted by the Preventive center of HIV in USA in Today world and the HIV groups who were infected by share needles and unprotected sexual intercourse and its relation with social- cases in Gorgan and Gonbad Kavoos (Etemad, Heydari, Eftekhar, Kabir, & Sedaghat, 2010). It seems that men are typically the dominant partner in Iran and are aggressive toward their partner, and women are the victims of this aggression. This domestic aggression combined with the lack of rules and regulations render women insecure in the society. Thus, this may propel them toward drug use in order to forget and free their mind (Table 2).

Lack of knowledge about HIV transmission ways among women is another cause of HIV infection. Lack of knowledge of the interviewees showed that there is a large gap in sexual behavior training. Early marriage (teenage girls are forced to get married) is one of the cultural issues from which some regions in Iran are still suffering. In some subsections of the Iranian society, divorce is not a norm; hence, a divorced woman must get into a religious contract with another man after divorce in order to secure her life. Since these contracts are not regulated, women are vulnerable to aggression and sexual intercourse with multiple sex partners (HIV) (Table 2).

Having HIV is another problem in Iran. This is due to increasing life expenses, unsuitable jobs, and preference for polygamy instead of monogamy. This combined with unprotected sex will result in the transmission of HIV virus among youngsters (Table 3).

The experts' and physicians' statements regarding lack of knowledge about safe sex, level of education, and divorce among women, which are effective cultural factors, were confirmed by the participants. The experts believed that cultural changes in women's role in the society, family structure, male dominance in partnership and sex, the lifestyle imposed by parents, dependency, low availability and accessibility of social benefits, health insurance, and consultancy affect the risk of HIV infection among women (Table 3).

In addition, similar social factors were reported in other researches. For example, the research by Stephani Scott (2010) in South Africa revealed that polygamy, men's negative attitude toward condom use, preference of having a large number of children in the society, and gender discrimination are the possible influencing factors. Factors such as poverty and prostitution of HIV infected women, which increase the chance of infection, can be added to the abovementioned factors (Table 3).

Homelessness, poverty, obsolete and old traditions, immigration from rural areas to cities, unemployment, consideration of sexual matters as a taboo subject within families, social discrimination and unfair distribution of social benefits, and homosexuality increase the risk of infection. Moreover, it was shown that the lack information and training for different HIV transmission ways play a pivotal role in the risk of infection. Another influencing factor was the studied women's level of education; the majority had a high school diploma or pre-diploma degrees (Table 3).

Poverty and low financial status are often accompanied by prostitution as a solution to earning money; this also increases the risk of HIV infection. Poverty can play a key role in this regard because they take on MSP to earn money (Table 3).

The results of the interviews with the experts and women were in agreement in terms of the mentioned factors. Furthermore,

homosexuality among HIV infected women, and drugs and alcohol abuse increase the risk of infection. In addition, any type of discrimination (social) may cause social frustration, and consequently, result in vulnerability toward MSP and the risk of HIV infection (Table 3).

From the experts' point of view, sexual tourism is an influencing factor in this respect. Moreover, the lack of knowledge about HIV transmission ways is a reason for unprotected sexual intercourse. Another influencing factor is unregulated marital contracts, which render women vulnerable to MSP. Ultimately, women play an important role in reducing vulnerability to HIV. Therefore, providing them with training and a secure social system will decrease the risk of HIV spread among them. This will also help to decrease this risk permanently for future generations through parents educating their children (Table 3).

Conflict of Interests

Authors have no conflict of interests.

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