Introduction: Individuals living with HIV (PLWH) sometimes experience discrimination. There is little understanding of the causes, forms, and consequences of this stigma in Islamic countries. This qualitative study explored perceptions and experiences of PLWH regarding both the quality of health care and the attitudes and behaviours of their health care providers in the Islamic Republic of Iran.

Materials & Methods: In-depth, semi-structured interviews were held with a purposively selected group of sixty-nine PLWH recruited from two HIV care clinics in Tehran. Data were analyzed using the content analysis approach.

Results: Nearly all participants reported experiencing stigma and discrimination by their health care providers in a variety of contexts. Participants perceived that their health care providers' fear of being infected with HIV, coupled with religious and negative value-based assumptions about PLWH, led to high levels of stigma. Participants have mentioned at least four major forms of stigma: 1) refusal of care; 2) sub-optimal care; 3) excessive precautions and physical distancing; and 4) humiliation and blaming. The participant's health care seeking behavioural reactions to perceived stigma and discrimination included avoiding or delaying seeking care, not disclosing HIV status when seeking health care, and using spiritual healing. In addition, emotional responses to perceived acts of stigma included feeling undeserving of care, diminished motivation to stay healthy, feeling angry and vengeful, and experiencing emotional stress.

Discussion & Conclusions: While previous studies demonstrate that most Iranian health care providers report fairly positive attitudes towards PLWH, our participants’ experiences tell a different story. Therefore, it is imperative to engage both health care providers and PLWH in designing interventions targeting stigma in health care settings. Additionally, specialized training programs in universal precautions for health providers will lead to stigma reduction. National policies to strengthen medical training and to provide funding for stigma reduction programming are strongly recommended. Investigating Islamic literature and instruction, as well as requesting official public statements from religious leaders regarding stigma and discrimination in health care settings, should be used in educational intervention programs targeting health care providers. Finally, further studies are needed to investigate the role of the physician and religion in the local context.

Key Words: Stigma, HIV, AIDS, IRAN, Muslim

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