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EDITORIAL

Can Stigma Still Distort the Spectrum of a Disease?

We are witnessing an influx of social scientists' articles in the public health area. Numerous requests from researchers and readers in public health communities in Korea have continuously knocked on the door of PHRP. We are happy to reflect their hope shining in this issue and believe that this will give our readers more reading flavor to their taste.

Researchers of HIV/AIDS in Korea are in a quandary regarding the mysterious ration of male dominance (92%) of HIV infected persons in Korea since its introduction in 1985 [1]. Are men who having sex with men (MSM) concealing their true sexual orientation in Korean society for cultural reasons? Or can the national HIV/AIDS cohort data reveal the truth?

The stigma of HIV/AIDS has interfered with effective responses and presents major barriers to HIV/AIDS prevention and treatment. According to Deacon's definition of the stigma associated with HIV/AIDS, immoral behaviors causing this preventable or controllable illness are identified. These behaviors are associated with carriers of the illness in other groups, drawing on existing social constructions of the other. Certain people are thus blamed for their own infection, and loss of status is projected onto the other peson, which results in disadvantages to them. These factors can lead to stigmatizing people with HIV/AIDS (PWHAs), to blaming, shaming, and status loss [2]. Therefore, these stigmatizing attitudes often lead to PWHAs hiding their condition. This has been linked with increased depression, increased transmission rates, and lower HIV testing [3,4]. Feelings of isolation, shame, and fear have deterred people from being tested for HIV and from disclosing their positive status to sexual partners, family, and friends [5,6]. This stigma has even been linked to early death [2]. Finally, stigma and discrimination have been associated with HIV risk, and found to be a barrier to HIV prevention interventions [7].

Stigmatizing attitudes are strongly associated with the misconception of HIV transmission and negative attitudes toward certain social groups, particularly homosexuals and sex workers [5,7,8]. Knowledge is an important prerequisite for prevention in other areas of HIV transmission. Most national programs have made considerable efforts to increase the knowledge of HIV, increase knowledge of the behaviors that spread the disease and the ways it can be avoided, and reduce the stigma against PWHAs [5].

Dealing with discrimination and stigma are particularly difficult throughout Asia because it addresses so many taboo, shameful, or uncomfortable topics, such as HIV/AIDS, sexual behavior, and homosexuality [9]. Widespread education and programs that promote discussions on the topics surrounding HIV have been found to reduce stigma and discrimination, but doing so is deeply uncomfortable for many Asian people, including Koreans. In China, it's reported that schools don't provide sex education, and that talking to parents or other adults (and in many cases even sexual partners) is culturally prohibited, leaving the information sources available to those who seek them of unknown quality at best, and simply wrong at the worst [9]. The common avoidance of talking about this topic can actually increase discrimination and stigma, as ignorance and misconception leads to the common belief that sexually transmitted infections (STIs) happen only to drug users, prostitutes, and other stigmatized groups [9].

This stigmatization on a community and societal level is necessary for maintaining social order and reinforcing social inequalities, with the stigmatized groups representing a negative, unwanted value. When working with Korean society, decreasing or changing the stigma and discrimination cannot occur by focusing on individuals, but must be based on changing the broader societal forces and inequalities at the root of the problem. Since 2000, most Korean national programs

supported by the government have made considerable efforts to increase knowledge about HIV, the behaviors that spread the disease, and the ways it can be avoided in order to reduce the stigma against people with HIV/AIDS (PWHAs) [5].

School-based sex education started in the early 1990s in Korea, which was precipitated by previous studies showing a lack of HIV knowledge, misconceptions about HIV transmission, and negative attitudes toward HIV-positive persons among young people. Despite such preventive efforts during the past two decades, the Ministry's reported number of HIV-positive persons in Korea has increased continuously from 2,470 in 2003 to 7,835 in 2011. Of those, approximately one-fourth (24.5%) of this population consists of young people between the ages of 10 and 29 years old [7,10].

However, there are few reports that include empirical data about the extent to which the stigma actually persists, or changes in stigmatizing attitudes and misconceptions about HIV transmission among Korean adolescents. These are important determinants to change HIV-related behaviors. Empirical data on the prevalence of HIV/AIDS stigma would be useful not only for designing and evaluating HIV/AIDS prevention programs, but also for formulating a health policy about HIV/AIDS and other HIV/AIDS-related issues. The present study describes the trends, prevalence, and nature of HIV/AIDS-related stigmatizing attitudes in Korea, using data from surveys conducted with probability samples of Korean adolescents in 2006, 2008, and 2011.

In this issue, Sohn and Park have concluded that public health policy should recognize that HIV stigmatizing attitudes persist in Korean adolescents [11]. Although this study is limited to adolescents, it can show the nationwide stigma connected with HIV/AIDS. Further study with groups of adults would reveal interesting aspects of this stigma.

Since the first HIV infection was identified in 1985, 8,535 HIV-infected individuals have been identified by December 2011, and 7,032 people living with and infected with HIV/AIDS (PLWHA, 82%) are in Korea [12]. Recently, approximately 700 to 800 HIV-infected individuals have been identified each year and it is expected that the number of PLWHA will exponentially increase in the future. HIV infection causes life-long loss costs of approximately 400,000 US dollars per individual, causing both personal and national socio-economic burdens [12]. Therefore, it is important to develop strategies to prevent HIV infection.

In Korea, the national and local governments support the costs associated with AIDS treatment and HIV-related tests and managed the HIV-infected persons. However, the clinical information and treatment data obtained are managed by hospitals, whereas their diagnostic and epidemiologic data are managed by the Korea Centers for Disease Control and Prevention (KCDC). Thus, the national statistics calculated by integrating the data from HIV-infected individuals and the utilization of relevant information for HIV/AIDS research has been limited [12]. With the introduction of the Korean HIV/AIDS Cohorts in 2005, both systems can be systematically matched [12].

In this issue, Lee et al. have concluded that the Korean HIV/AIDS cohort data collected since 2005 fully represent HIV-infected persons in Korea [12]. Therefore, the data can be used as a basic reference for any analysis and/or HIV/AIDS study in Korea.

We expect to see more HIV/AIDS papers dealing with the stigmatizing aspects of this disease by adults in Korean society utilizing the Korean HIV/AIDS cohort data.

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