



EDITORIAL

Discrimination and Stigma

In June 2012 issue of *Osong Public Health and Research Perspective*, we have raised a question that stigma and discrimination can affect aspect of HIV/AIDS in Korea [1]. Since the first reported case of AIDS, the United Nations Programme on HIV/AIDS (UNAIDS) estimated the global people living with HIV/AIDS (PLWHA) to be 35.3 million in 2012 [2]. The cumulative total number of diagnosed PLWHAs in Korea is 9,410 in 2012, relatively low in global standard since its first diagnosis of the HIV infection in 1985 [3].

The study tracks on HIV/AIDS in Korea are varied. The Korea National Institute of Health conducted consistent lab-based researches on HIV highly active antiretroviral therapy patients [3]. Since the establishment of the Korean HIV/AIDS Cohort in 2006, Korea has produced various papers on HIV/AIDS incidence, seroprevalence [4,5]. Social science approaches deals with the status of PLWHA under social context in various social settings [6–9].

The prevalence of HIV among the men who have sex with men (MSM) population continues to increase, particularly in certain parts of Asia [4–6]. This includes the Republic of Korea and is partly due to the number of HIV transmission transmissions among MSM, which has increased from just two cases in 1985 to more than 1,000 new cases per year in 2013 [6]. In Korea, transmission is believed to be most likely due to direct sexual contact rather than other causes such as intravenous drug use or mother-to-child transmission (MTCT), both of which are commonly observed in other countries. In fact, although a certain level of incidence is seen in both homosexual and heterosexual communities, social discrimination greatly contributes to the low level of cases observed in the homosexual community due to underreporting. Excluding foreign individuals, incidence rates for Korean men were shown to be 11.6 times higher than that of Korean women. Also, while the

highest infection rates were once found among individuals in their 30s, they are now more frequently seen among individuals in their 20s [7].

Throughout Asia, the topic of sexual behavior among MSM has become one of significant interest and concern to society, due mainly to an increased recognition of the increased risk of HIV infection among MSM [6]. However, although many studies among the general population have been conducted and published, information about MSM in Korea is largely unknown. Discussion of the topics of homosexuality and HIV/AIDS is considered uncomfortable. As a result, research on HIV/AIDS and MSM is at a relatively underdeveloped state in Korea. In 2011, out of 552 new cases of HIV infection, HIV infection caused by homosexual sexual encounters accounted for 42% of all cases while heterosexual sex accounted for 58% [3]. These figures, however, are based on infected individuals' self-reported sexual orientation whether homosexual or heterosexual. Due to social stigma surrounding homosexuality, there is a much greater likelihood that individuals will conceal their homosexuality. MSM are now regarded as one of the main target groups for HIV prevention programs. For individuals vulnerable to the virus, such as those within the MSM community, implementation and promotion of HIV testing has become increasingly important. HIV testing directed toward key populations at higher risk such as MSM may assist individuals with maintenance and monitoring of their sero-status and lead to earlier treatment and prevention of further transmission to others [6]. However, there is currently little information available with regard to HIV testing among the MSM population in Korea. This may be attributable, at least in part, to difficulties in identifying and contacting MSM.

There remains a question of why more research is not being conducted to combat the spread of infection and encourage better testing behavior. Furthermore, another important point with regard to the reason why there is not more information available, whether in academic or public arenas, to generate more positive feelings toward testing and homosexuality as a whole.

In this current issue of *Osong Public Health and Research Perspectives*, a study was to identify the

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

barriers to testing for MSM in Korea, something that might prove to be useful in future studies of this nature [10]. This study was conducted at gay bars national wide in Korea. After considering several offline locations (gay bars) where MSM candidates are commonly located, random recruitment was performed using Time-Location sampling (TLS). A total of 944 subjects participated in this survey. A total sample of 921 cases (23 cases were excluded) was used for analysis. A self-administered questionnaire measuring the individuals' demographics, HIV/AIDS knowledge, stigma, phobia, optimism bias, self-efficacy for condom use and sexual practices was used. About 61.8% of respondents reported having been tested at least once in their lifetime, 61.8% (N = 569), 38.9% (N = 358) within the 12 months. After adjusting age, education, and number of partners in a logistic regression analysis, awareness of testing place (OR = 4.04), exposure to HIV prevention campaign (1.54), fear (OR = 1.13) and discrimination towards people with HIV/AIDS (PWHAs)(OR = 0.94) were main factors associated with HIV testing. To accomplish widespread HIV testing for the Korean MSM, the accessibility of testing centers and advertisement of VCTs to MSM are needed.

Therefore, the principal objective of this study was to identify the barriers to testing for MSM in Korea, something that might prove to be useful in future studies of this nature. This study is one of the first major studies to identify barriers to HIV testing among the MSM population in Korea.

References

1. Cho HW, Chu C. Can stigma still distort spectrum of a disease? *Osong Public Health Res Perspect* 2012 Jun;3(2):65–7.
2. UNAIDS report on the global AIDS epidemic 2013. Geneva: UNAIDS; 2013.
3. Korea Centers for Disease Control and Prevention. Infectious disease surveillance year book. Osong: Korea Center for Disease Control and Prevention; 2012.
4. Kwon O-K, Choi J-Y, Kim E-J, et al. Infectivity of homologous recombinant HIV-1 pseudo-virus with reverse transcriptase inhibitor-related mutations from highly active antiretroviral therapy experienced patients. *Osong Public Health Res Perspect* 2011 Jun;2(1):29–33.
5. Kee MK, Lee JH, Wang J, et al. Ten-year trends in HIV prevalence among visitors to public health centers under the National HIV Surveillance System in Korea, 2000 to 2009. *BMC Public Health* 2012 Sep;12:831.
6. Kee M-Y, Hwang DY, Lee JK, et al. Estimation of HIV seroprevalence in colorectal hospitals by questionnaire survey in Korea, 2002–2007. *Osong Public Health Res Perspect* 2011 Sep;2(2):104–8.
7. Sohn A, Park S. HIV/AIDS knowledge and related behaviors and factors that affect stigmatizing attitudes against HIV/AIDS among Korean adolescents. *Osong Public Health Res Perspect* 2012 Mar;3(1):29–33.
8. Sohn A, Park S. Changes in human immunodeficiency virus-related knowledge and stigmatizing attitudes among Korean adolescents from 2006 to 2011. *Osong Public Health Res Perspect* 2012 Mar;3(2):107–12.
9. Sohn A, Cho B. Knowledge, attitudes and sexual behaviors in HIV/AIDS and predictors affecting condom use among men who have sex with men in South Korea. *Osong Public Health Res Perspect* 2012 Jun;3(3):156–64.
10. Sohn A, Cho B, Kennedy H. Identifying barriers to human immunodeficiency virus testing for men who have sex with men in South Korea. *Osong Public Health Res Perspect* 2015 Jun;6(3):192–200.

Hae-Wol Cho, PhD, Editor-in-Chief,
Professor Emeritus*

*Osong Public Health and Research Perspectives,
Korea Centers for Disease Control and Prevention,
Cheongju, Korea*

*College of Medicine, Eulji University,
Daejeon, Korea*

*Corresponding author.

E-mail: hwcho@eulji.ac.kr

Chaeshin Chu, PhD, Managing Editor**

*Osong Public Health and Research Perspectives,
Korea Centers for Disease Control and Prevention,
Cheongju, Korea*

**Corresponding author.

E-mail: cchu@cdc.go.kr