

REPUBLIC OF KOREA

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Current Status and Future Projection of the Spread of HIV/AIDS

As of December 2004, the officially reported number of cases of HIV in the Republic of Korea (hereafter Korea) was 3,153 (see table 1). A Joint United Nations Programme on HIV/AIDS (UNAIDS) estimate, however, put the number of cases as of the end of 2003 at about 8,000 (2004). This discrepancy between the official number and the UNAIDS estimate is noteworthy. People who are unaware that they are indeed living with HIV/AIDS could potentially be the main source for spreading the virus if they do not use proper protection during sexual contact. Moreover, even though the prevalence of HIV/AIDS in Korea is very low (less than 0.1%), it is not a safe zone from HIV/AIDS. People might be ignorant of or complacent about the real and present danger of contracting HIV/AIDS because of this low prevalence, and the fact that government estimates are probably significantly lower than the actual number of people living with HIV/AIDS (PLWHA) may very well be contributing to the complacency about the disease.

The most prominent feature of the HIV/AIDS epidemic in Korea is that it is predominantly affecting the male population with a current ratio between men and women of about nine to one. The number of new infections continues to rise steadily. During the year 2004, it was reported that 614

people in Korea became infected with HIV. As seen in table 2, the main mode of transmission has been through sexual contact, which constitutes 98.1% of the cases, followed by blood transfusion, vertical transmission,¹ and injecting drug use. Roughly 83% of PLWHA in Korea are between the ages of 20 and 49.

Table 1. Number of HIV/AIDS cases identified annually in Korea, 1985–2004

	1985– 1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	Total
New HIV cases	410	107	105	124	129	186	219	327	398	534	614	3,153
<i>Females</i>	45	19	12	17	18	26	25	35	35	32	54	318
New AIDS diagnoses	27	14	22	33	35	34	32	42	88	62	80	469
AIDS-related deaths	55	21	33	36	46	43	52	58	76	96	115	631

Source: Korean Center for Disease Control and Prevention (KCDC; 2005).

Table 2. HIV/AIDS cases by mode of transmission

	Total		Male		Female	
	PLWHA	%	PLWHA	%	PLWHA	%
Sexual contact						
<i>Heterosexual</i>	1,646	61.5	1,376	57.4	270	97.5
<i>Homosexual</i>	978	36.6	978	40.8	0	0.0
Blood transfusion	44	1.6	40	1.6	4	1.4
Vertical transmission	5	0.2	2	0.1	3	1.1
Injecting drug use	2	0.1	2	0.1	0	0.0
Total	2,675	100.0	2,398	100.0	277	100.0

Source: KCDC (2005).

Note: The results in the table are based on information gathered by government officials on 2,675 people whose epidemiological investigations were complete at the time of this report.

1. “Vertical transmission” refers to the passage of a disease-causing agent (a pathogen) vertically from mother directly to baby during the perinatal period (the period immediately before and after birth).

Table 3. Age at time of HIV diagnosis, as of December 2004

Age	Number of patients	Percentage of total
0–9 years	12	0.4
10–19	53	1.7
20–29	819	26.0
30–39	1,099	34.8
40–49	685	21.7
50–59	342	10.8
over 60	143	4.6
Total	3,153	100

Source: KCDC (2005).

Most Vulnerable Population Groups

Men Who Have Sex with Men

The estimated number of men in Korea who identify themselves as homosexual or bisexual is 10,000–34,400.² Based on this number, the HIV infection rate among them is 5.5%. That is 66 times higher than the HIV infection rate among those in the general population who have sexually transmitted infections, a group that is generally considered to be at high risk for HIV as well (Goh 2001). In 36.6% of the known cases of HIV infection, the virus was transmitted through homosexual contact. However, many AIDS experts in Korea warn that the rate of homosexual transmission may be much higher than the official record shows. The reason is that prejudice and discrimination against homosexuality are so great that newly diagnosed people might not reveal their true sexual orientation during an epidemiological investigation. This theory is plausible for a few reasons. First, as noted above, the ratio between men and women is nine to one, which indicates that the epidemic is largely confined within a specific population. Second, the prevalence of HIV among prostitutes is still low. Third, the number of HIV infection cases among pregnant women is very low, which indicates that heterosexuals have not yet been hit very seriously by the HIV/AIDS epidemic.

2. This constitutes the population that openly acknowledges their sexuality as homosexual or bisexual, as opposed to the numbers in table 4, which is an estimate of all men who have sex with men.

Correctly estimating the actual size of the population of men who have sex with men (MSM) in Korea and developing effective AIDS prevention programs for this group remain challenges for the government and for non-governmental organizations (NGOs). In an attempt to solve this problem, a counseling center for MSM will be opened in 2005. The center will provide safe sex education and promotion, anonymous HIV/AIDS testing, counseling services, and free condom distribution programs. The program will be funded mainly by the Korean government. Up until now, there have been sporadic AIDS programs for MSM, but this new center will become the main site for AIDS prevention in Korea that targets MSM.

Table 4. HIV estimates by population subgroup, 2003 (range in parentheses)

Subgroup	Estimated size of population	Estimated number of HIV infections	HIV infection rate (%)
Population at high risk			
MSM	70,854–155,879	5,668 (3,188–8,573)	4.5–5.5
Sex workers (CSWs)	200,711–208,740	255 (167–347)	0.08–0.17
Clients of CSWs	1,404,978–2,087,396	1,277 (686–2,035)	0.05–0.10
Population at lower risk			
Female partners of MSM	35,427–109,115	361 (159–600)	0.45–0.55
Partners of clients of CSWs	842,987–1,252,438	368 (206–611)	0.02–0.05
Total	2,554,958–3,813,568	7,945 (4,406–12,166)	0.03% (0.02–0.04%)

Source: Yang and Choi (2004).

Commercial Sex Workers

Although the sex trade in Korea is illegal, the Korean government has required commercial sex workers (CSWs) to test regularly for sexually transmitted diseases (STDs) since 1984. After HIV/AIDS was introduced to Korea in 1985, the government mandated that all registered CSWs should be tested for HIV every six months. The following year, three CSWs were found to be HIV-positive via screening tests. The official number of

HIV-positive people among this population is not known since the government does not announce the profession of those who are infected with HIV/AIDS. Goh's 2001 study postulated from several studies that the size of the CSW population in Korea is between 514,907 and 1,200,000.³ The surveillance system operated from 1999 to 2001 showed the prevalence of HIV/AIDS among CSWs to be 0.0375%. However, the HIV infection rate among those who do not go to public healthcare centers for regular STD and HIV/AIDS testing is presumed to be higher.⁴

As of September 23, 2004, a new antiprostitution law came into effect in Korea. In short, the law states that clients, brothel owners, pimps, and CSWs can be sentenced for involvement in the sex trade. Six months after the law came into effect, the number of known CSWs decreased from 5,567 to 2,736 women.⁵ Several news reports have shown that the sex trade is relying more and more on the Internet to arrange transactions. This makes it harder to reach people for AIDS prevention. More active and innovative HIV/AIDS prevention programs need to be developed and applied to this population.

Injecting Drug Users

In Korea, there are only two known cases of HIV/AIDS transmission through needle sharing. One of the reasons for this low number is that any person in Korea can purchase a needle and syringe at a drugstore without a prescription. In other words, needle sharing is not common among injecting drug

3. It should be noted that the resources to which Goh referred differ from those used by Yang and Choi (see table 4), and thus the estimates are quite different.

4. The Food Sanitation Act designates places for entertaining clients (e.g., massage parlors and karaoke bars) and requires them to have employees get regular testing for infectious diseases including STDs and HIV/AIDS. Women who work in other places, however, such as the web-based or illegal sex trade, are not within governmental reach and these patterns in the sex trade have become increasingly prominent since the new antiprostitution law came into effect.

5. These numbers, given by NGOs and regional police headquarters, apparently underestimate the actual size of the CSW population, but they show that the population is understood to be decreasing. Some reports have indicated that many CSWs are leaving the country to get jobs in Canada, the United States, Japan, and Australia. In addition, the official numbers do not reflect those CSWs who are going "underground," working through the Internet or other illegal methods.

users in Korea. The relatively low prevalence of illicit drug use is another reason for the low number of HIV/AIDS cases among this population. The estimated prevalence of illicit drug use is just 0.7% of the Korean population (roughly 200,000–400,000 people), whereas the prevalence worldwide is 4.7% according to the Korean Association Against Drug Abuse.

Migrant Workers

Since the late 1980s, non-Korean migrant workers have come to Korea to pursue their dreams. Currently, more than 280,000 migrant workers reside in Korea. As of 2004, there had been 459 HIV/AIDS cases reported among foreigners in Korea. Once a non-Korean is found to be HIV-positive, he or she is forced to leave the country without any care or counseling. Between 1985 and 2002, more than 200 foreigners were deported from Korea under the Immigration Control Law (Article 2, Paragraph 1) after their HIV/AIDS diagnoses became known. Because of this compulsory expulsion, migrant workers usually do not come forward for HIV/AIDS testing, and those who know their HIV status do not seek medical care for the same reason. The actual number of HIV/AIDS cases in this population is therefore likely to be higher than the official figure. Compounding the problem is the fact that the average wage migrant workers receive is far below that of Korean citizens. Accessibility to medical care is hindered due to long hours of work, lack of insurance coverage, and expensive medical costs. As a result, migrant workers only go to the hospital when the illness is extremely advanced or when they are rushed to an emergency room.

A counseling center for migrant workers with HIV/AIDS was set up in 2003. However, there are no legal HIV/AIDS policies in Korea that target the care of this specific population. Training HIV/AIDS educators and counselors to care for migrant workers with HIV/AIDS is a continuing challenge given the multitude of nationalities represented among the migrant workers in Korea today, each with its own culture and language. Culturally appropriate methods are needed when disseminating information to this diverse group of people. Chinese workers represent the greatest portion of migrant workers in Korea, followed by those from Bangladesh and Mongolia (KUISC 2004). It would be helpful to develop a network with various NGOs and churches that aid these populations so that they can incorporate AIDS prevention and HIV/AIDS care into their existing programs.

The Social and Economic Impact of HIV/AIDS

Because of the relatively low prevalence of HIV/AIDS in Korea to date, the macroeconomic impact and the social impact have been insignificant at the national level. There have been no signs of population decrease, lower labor productivity, or a deteriorating health and educational system.

That may gradually change. A recent study suggests that the Korean government will need to spend more than 3 trillion won (US\$3 billion) to cover the life-time expenses of the currently identified PLWHA. This life-time cost includes such things as medical fees and loss of wages due to hospitalization (Yang and Choi 2004). However, given the current rate of new infections, which is steadily rising each year, the Korean government will have to spend far more than this amount.

At the same time, while the impact of the AIDS epidemic has not yet been felt at the national level, it has been strongly felt at the personal level as individual PLWHA suffer from social isolation and discrimination (Cho 2004). In 2003, the Korean Anti-AIDS Federation conducted a survey on AIDS awareness. Some of the responses reflect the seriousness of discrimination toward PLWHA. For example, when asked, "Would you allow your children to go to a school where PLWHA children attend?" a total of 50.4% (974 persons) answered that they would not; 52% (1,007 persons) of the respondents replied affirmatively when asked, "Do people bring this disease upon themselves?"; and 41.1% (794 persons) answered "Yes" to the question, "Would you agree to fire a person with HIV/AIDS if he/she was one of your co-workers?" (Cho 2003).

Before HIV/AIDS came to Korea, most Koreans learned about the disease from the news media. The images shown on TV were dramatic enough to raise people's fears about their own mortality. The low number of PLWHA in Korea has led people to think that this small group of people can be separated from the mainstream. HIV/AIDS is no longer a fatal disease, but rather a chronic manageable disease. However, the general public in Korea still tends to believe that HIV/AIDS is untreatable. Because of these preconceptions, it is common for PLWHA to become estranged from their families, be laid off from work, and be discriminated against by the healthcare system once their HIV status is revealed. Even when PLWHA receive unfair treatment from society,

however, they do not come forward to protest out of fear that their identities might become known.

Stigma and discrimination toward HIV/AIDS has also greatly hindered prevention efforts. For example, the HIV/AIDS testing rate in Korea is low because people are afraid of the stigma attached to the disease. Private donations and funding for HIV/AIDS education from the public and corporate sectors are virtually nonexistent. Thus, educating the public about HIV/AIDS is very difficult and is accorded low priority among other health-related issues.

Government Response

The Domestic Context

At the beginning of the epidemic, the main policy of the Korean government on HIV/AIDS was to find HIV-positive individuals and register them so that the government could have control over all PLWHA. The Korean government allocated a large portion of its budget for this purpose. Some experts consider the government's early HIV/AIDS intervention policy a failure. At the beginning of 1990, however, Korea changed its policy. It began to focus on providing medical care and support for PLWHA and on strengthening AIDS prevention programs for the public in order to minimize the impact of HIV/AIDS within Korean society.

In 1985, the first case of HIV infection in Korea was reported when a foreigner residing in the country was diagnosed with AIDS. The government immediately required all imported plasma and blood components to be antibody-free. In addition, the Korean Center for Disease Control and Prevention (KCDC) at the National Institute of Health (KNIH), the focal point of Korea's AIDS efforts, initiated and has since coordinated a wide range of activities directed toward AIDS prevention and control. An AIDS center was established within the KNIH as well, which later became the Center for AIDS Research, and that has become a focal point for providing technical support for AIDS control, especially in the areas of laboratories, training, and research.

In 1987, the National AIDS Committee (NAC) was established under the newly enacted AIDS Law (AIDS Prevention Act). The 15-member

committee is chaired by the head of the KCDC, and all members are AIDS experts, public health scholars, or high-ranking government officials. The committee makes proposals on AIDS prevention activities and the health and welfare of PLWHA. The NAC presents its proposals to the Korean National Assembly, which has to review and approve the proposals before the NAC committee can proceed.

The AIDS Law of 1987 provides a legal basis for various AIDS prevention activities in addition to the NAC. The law assigns responsibilities to the federal and local governments and citizens, protects individuals against undue discrimination, ensures the privacy of individuals with HIV/AIDS, and stipulates mandatory HIV testing for certain groups of the population and for donated blood. The law also commissions the government to have PLWHA register at a public health center and report their whereabouts, and to require that they receive treatment from designated care facilities. The law also prohibits PLWHA from working in certain places such as pubs, massage parlors, and red light districts.

Even though the law has been revised five times, it still contains serious human rights violations for PLWHA. For example, Article 19 states that to prevent the spread of the HIV virus, people must inform their sex partners of their HIV status. If they do not, Article 25 states that the HIV/AIDS-infected person should be sentenced to a maximum of three years of incarceration. In other words, if a person who is HIV-positive tells their partner about their HIV status and then proceeds to have sex with that partner, the person should not be penalized. In reality, the applicability of Article 19 is doubtful. Article 6 requires PLWHA to register with the government and to report regularly throughout their lifetime to a healthcare officer in their local district. This regulation should be abolished because it represents a serious invasion of privacy and is also one reason why people are reluctant to be tested for HIV. Articles 14 and 15 require PLWHA to receive treatment or face penalties of up to one year incarceration or a 3 million won (US\$3,000) fine. A person who is sick most likely wants to receive treatment, so these regulations are unnecessary. They also infringe upon a person's privacy and free will. The government has been criticized as a result of this law and is now in the process of holding consultations to revise it again.

The KNIH monitors the immunological status of PLWHA free of charge, and the Korean government pays for 100% of the cost of highly active

antiretroviral therapy medication for Korean PLWHA. Seven AIDS shelters throughout the Korean peninsula are available for PLWHA. The shelters provide board, counseling, rehabilitation services, and education. Empowerment programs for PLWHA such as monthly AIDS education sessions, websites, and peer counseling services are also available through NGOs.

There have been 44 reported cases of HIV infection through blood transfusions. One significant fact is that all cases of infection through domestic transfusions took place when the donors gave blood during the window period of infection, during which it was impossible to detect the antibody with the existing detection system. Since 2004, in order to help ensure a safer blood supply in Korea, blood centers have been required to use nucleic acid amplification testing, which shortens the window period from 21 days to 11 days. The Republic of Korea National Red Cross deals exclusively with the blood supply in Korea (with the exception of hospitals that operate their own blood banks).

HIV/AIDS was categorized as a rare incurable illness in 2004. As a result, PLWHA now receive better healthcare benefits from the government and more health insurance coverage than before. Anonymous HIV testing is available for the public. Anyone (Koreans and non-Koreans) who would like to undergo HIV testing can go to public healthcare centers and counseling sites operated by NGOs. There are currently five testing sites including one MSM-specific site. In order to improve the HIV testing rate and the accessibility to testing centers, the Korean government operates the existing anonymous testing sites located at healthcare centers and also supports NGOs that run such centers. NGO-run testing centers offer rapid testing with pre- and post-test counseling so that people who take the test get the results right away and receive appropriate education about HIV/AIDS. Public healthcare centers, on the other hand, usually notify the individual of the result a week after the test is conducted.

The International Context

The Korean government donated US\$500,000 to the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2004. The Korea International Cooperation Agency and the Planned Parenthood Federation of Korea have helped the Vietnam Family Planning Association (VFPA) with HIV/AIDS prevention activities. In 2004, Korean organizations donated

102 million won (US\$102,000) to the VFPA and took part in monitoring HIV/AIDS testing centers, programs for youth, and HIV/AIDS awareness programs and evaluation. In 2005, the goal for assistance to the VFPA is US\$120,000.

Civil Society Response

The Korean Alliance to Defeat AIDS, the Korean Anti-AIDS Federation, the Salvation Army, and the Republic of Korea National Red Cross are the main NGOs dealing with AIDS in Korea, and a brief description of each is given below. These organizations develop AIDS prevention programs that include such activities as publishing leaflets and other educational materials; promoting programs that target MSM; operating an automated phone service and websites that provide information on HIV/AIDS; conducting educational programs for military conscripts, students, and others; and offering counseling services and shelters for PLWHA. The government endorses these organizations, and the NGOs depend heavily on government funding because support from the general public and the corporate sector is very low. As a result of that heavy reliance on government funding, the government in fact has a strong say in the direction of the AIDS prevention activities in each organization. In order to provide timely and appropriate HIV-related services and innovative programs to the public, NGOs need to become financially independent from the government and raise more funds from other sectors.

Korean Alliance to Defeat AIDS (KADA)

KADA was established in 1993 to promote the human rights and welfare of PLWHA and their families and to prevent the spread of HIV/AIDS. Specifically, KADA promotes HIV/AIDS awareness, educates the public, regularly publishes an AIDS-specific magazine, runs programs to improve the social welfare of PLWHA, conducts research on HIV/AIDS, participates in international programs on AIDS, and conducts other programs to meet the goal of AIDS prevention. KADA is the exclusive operator of AIDS shelters throughout the peninsula.

Korean Anti-AIDS Federation (KAAF)

KAAF was set up in 1993 to contribute to the improved welfare of Korean PLWHA, promote a sense of morality via education, carry out research on HIV/AIDS, and cooperate internationally with other HIV/AIDS organizations. KAAF educates students and the general public about HIV/AIDS. It promotes awareness of HIV/AIDS through TV, magazines, and other mediums; runs programs for MSM; and operates one HIV/AIDS center for migrants.

Salvation Army: Redribbon Center

After an extensive preparation period (1995–1998), the Redribbon Center was established in 1999. The center runs various programs geared toward preventing the spread of HIV/AIDS. The center also promotes the welfare of PLWHA using a community-based approach. For example, they educate the public about HIV/AIDS and at the same time promote the welfare of PLWHA.

Republic of Korea National Red Cross

Along with other healthcare services, the Korean Red Cross provides AIDS education to its members and organizes major prevention campaigns nationwide twice a year.

Corporate Response

As stated above, the national burden due to HIV/AIDS is minimal. The private sector does not sense the need for AIDS education or feel any responsibility to share the burden of the AIDS epidemic. Thus, it is almost impossible to get funding from the private sector. The story would be different if there were more people affected with HIV/AIDS in Korea. Then, perhaps, people would feel the need for HIV/AIDS education and be more willing to support prevention programs. However, this is not currently the scenario and the support of HIV/AIDS programs thus remains a low priority.

Media Response

From the beginning of the epidemic, the Korean media has mainly focused on broadcasting dramatic photos of AIDS patients in order to attract viewers. These images played upon people's fear of death and created a mass, unconscious effort to avoid PLWHA. The job of shifting these public perceptions falls to both NGOs and the government, and it is a tough challenge for them to undo the damage that the media has done.

In 2004, a 30-second TV commercial promoting condom use and safe sex was aired by the Mun Hwa Broadcasting Company, one of Korea's major broadcasting stations. The commercial, which targeted general audiences was significant for several reasons. First, although the advertisement failed to show an actual condom to the viewers, the word "condom" was on the screen for two seconds and a condom box was also shown for the first time in Korean media history. Second, the commercial reached an estimated 6,580,000 people, and it appears that it had an impact. A subsequent survey showed that the intention to use condoms for protection among people who saw the advertisement was high. Finally, the commercial was able to draw the attention of many sectors, including the media, the general public, and Internet users, to the HIV/AIDS issue (EyeClick 2004).

A 30-second advertisement, however, can only contain so much information on condom use. It can convey only a simple message to the audience—that AIDS is a terrible disease and that there is only one way to protect oneself from it. But it is the stigma, discrimination, and prejudice related to HIV/AIDS and PLWHA that remain the main obstacles to carrying out further AIDS prevention efforts in schools, the corporate sector, and even through TV, radio, and newspapers. The lessening of discrimination should be the focal point for future HIV/AIDS promotions through the media.

Future Perspectives

Even though the current prevalence of HIV/AIDS is less than 0.1%, Korea can expect to see a significant increase of HIV/AIDS cases in the future if recent trends persist. It took 14 years for the first 1,000 HIV/AIDS

cases to appear in Korea, but it took only two years (2002–2004) to jump from 2,000 to 3,000 cases. Low public awareness about HIV/AIDS, the high prevalence of infection among MSM, and the low HIV testing rate are the key factors that will unquestionably lead to further increases in HIV/AIDS cases.

Public awareness about HIV/AIDS remains low, as does the understanding of how the disease is transmitted. Due to the small number of HIV/AIDS cases in Korea, people perceive the disease as somebody else's problem and not theirs. Students do not learn about HIV/AIDS at school because such education is not a priority. Big corporations take no action to teach their employees about HIV/AIDS. And the media provides sensational stories rather than accurate knowledge on the subject. Moreover, because a person in Korea actually has very little chance of meeting someone who is HIV-positive, there is little incentive for them to learn about HIV/AIDS on their own.

As noted above, the prevalence of HIV/AIDS among MSM is high, and the statistics strongly suggest that the epidemic is still concentrated within the MSM population. During the year 2004, a total of 434 new cases of HIV infection occurred as a result of sexual contact. Although 228 of those cases were said to have occurred through heterosexual contact and 206 via homosexual contact, the ratio between men and women was still nine to one, leading one to conclude that the actual rate of MSM transmission is higher than officially reported. In any society, it is hard to estimate the actual number of MSM because homosexuality is not generally accepted. Particularly in Korea, there is a scarcity of research on the MSM community, the size of the community, or the sexual behavior of MSM, and there are no studies on how to promote HIV/AIDS prevention or to educate MSM effectively.

The HIV testing rate in Korea is low. Saving face in Korean culture is very important, and the combination of low public awareness and the potential stigma associated with a positive diagnosis leads many people to not check their HIV/AIDS status. Once a person is diagnosed with HIV/AIDS in Korea, their name is on a government list and they are monitored by the government. Prejudice and discrimination are among the worst fears of PLWHA. As long as stigma, prejudice, and discrimination persist in society, it is easy to imagine that the HIV testing rate will remain low.

It is critical, then, that the Korean government develop policies and programs to deal with the current low public awareness of HIV/AIDS, the high prevalence of the disease in the MSM community, and the low HIV testing rate. Perhaps most importantly, aggressive efforts to mitigate the stigma and discrimination attached to this disease must be implemented if Korea is to successfully control the AIDS epidemic.

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