HIV/AIDS Policy in South Korea

Byong-Hee Cho[a,*]

[a]School of Public Health, Seoul National University

South Korea has maintained a low prevalence of HIV/AIDS, about 2 per 10,000 adult persons. Most infections are caused by sexual contact. The ratio of men to women among HIV cases is approximately 10.5. Very few cases were found among people younger than 20 years of age. Koreans hold strong stigmatizing attitudes towards HIV/AIDS and people living with HIV/AIDS. The gay community who comprise a good proportion of the HIV/AIDS cases in South Korea, are limited in their ability to advocate for their health and for their civil rights. People living with HIV/AIDS are usually isolated from their jobs, family and friends, and even churches.

AIDS Phobia and Compulsory Measures

AIDS phobia began before the actual introduction of the HIV virus to Korea because the mass media was frequently reporting on the HIV/AIDS epidemic among Western countries. AIDS was portrayed solely as a "contagious disease." Many people were under the false impression that mere contact with a HIV positive individual would cause HIV infection. The government responded to this AIDS phobia by enforcing strong and compulsory measures of HIV testing and monitoring. The first HIV infection in Korea was reported in 1985. The early cases of HIV were concentrated among U.S. soldiers stationed in Korea and the sex workers serving them. Korean government attempted to cut off the inflow of HIV from foreign sources. The government quickly tracked down homosexual individuals and sex workers who had contact with soldiers from the US army and mandated them to take a HIV test.

The people who tested HIV positive were placed under the government's special monitoring and surveillance. Mass mandatory screening for HIV was also carried out among sex workers nationwide. The core of HIV/AIDS policy was the detection of hidden HIV cases through compulsory testing. In addition, the surveillance of HIV positive individuals was enforced as a follow-through measure. Thus, traditional public health measures were fully utilized in order to prevent the spread of HIV/AIDS. In Korea, major infectious diseases including STIs had been designated as "legal diseases" and any epidemic was strictly monitored by the government. Sex workers were required to have a health examination (STI testing) at the government's health centers once a month. The Korean government's plan for HIV/AIDS prevention utilized existing measures from STI control. The government also initiated the enactment of the AIDS Prevention Act in 1987. It was very unusual to enact a special law for the purpose of HIV/AIDS prevention in the world. This law gave the government additional power to inspect and test the people who they suspected might have HIV, especially family members of people living with HIV/AIDS. The law also imposed the responsibility on people living with HIV/AIDS to report monthly to government's health centers on their health status and their observance of safer sex regulations. They were prohibited to work at bars and restaurants where they would serve to customers. Blood donation was also prohibited. If they violated any of these regulations, they were to be punished as a criminal, leading up to three years of imprisonment.

Achievements and Challenges

The government strategy was to define risk groups and provide HIV testing among these groups. Initially, sex workers were the target of testing. The target population enlarged year by year. Even workers of "hygiene-related jobs" such as food factories, hotels & inns, and hair shops were included in the target group. As a result, 2.3 million people were tested for HIV in 1990. The number has increased up to 4.9 million in 1996.

*Corresponding author: Email: chop@snu.ac.kr ; Office: +82.2.740.8873; Address: 28 Yongon-Dong, Chongno-Gu, Seoul, 110-799, Korea.

However, it became evident that such massive screening was not an effective HIV/AIDS measure. For example, in 1996, only one HIV infection was detected per 58,000 compulsory tests (Yang 1997). The government allocated more than 60 percent of its HIV/AIDS budget on testing. Voluntary testing at hospitals and anonymous testing at health centers were found to be more effective in finding HIV infections.

This failure was rooted in the changes of the HIV epidemic pattern. The early HIV infections were mostly through contact with foreigners. This early pattern of HIV infection has changed since 1992. Thereafter, more infections were transmitted through domestic sexual contacts. Very few cases were found among sex workers, but HIV infections among the gay community increased in the 1990s. The government failed to adapt their policy to the changing trends of the HIV epidemic. Despite the expectation in the 1980s, HIV infection was kept at a low level. HIV/AIDS was no longer regarded as an imminent crisis by politicians and mass media. However, the government's AIDS policy has still changed very slowly.

Despite the low level of HIV/AIDS cases in South Korea, HIV/AIDS phobia has only expanded and has caused a lot of social issues in the 1990s. Although the rate of HIV infections has increased, the absolute number of infected people has not been so large. People living with HIV/AIDS were usually hiding and an anonymous and invisible population. The general population's disgust and horror towards HIV/AIDS has escalated instead of declining. It was commonplace to find HIV positive individuals who had to quit their jobs and have a difficult time finding hospitals to treat them even for other unrelated health conditions. The most extreme form of HIV/AIDS phobia was the rejection from family members. One survey in 2005 showed that only 49.9 percent of Korean respondents were willing to care for their infected family member at their home (Cho and Sohn 2005). Other examples of HIV/AIDS phobia and discrimination against HIV positive individuals are too numerous to mention. People living with HIV/AIDS experience severe depression and emotional disorders. A report by National Human Rights Commission of South Korea estimated that the suicide rate among those living with HIV/AIDS was 10 times higher than the general public.

Public advertisement and health education were delegated to civil groups such as the *Korea Federation for HIV/AIDS Prevention*. However, the tight budget only allowed for the production of one advertisement moving picture per year and the airing of a condom advertisement on TV for only one month in 2006. Public advertisement and health education have not shown any obvious effects on lowering the HIV/AIDS phobia nor any effects on promoting safer sex practices. The people continued to hold inaccurate HIV/AIDS knowledge and discriminatory attitudes. Only 40.9 percent of survey respondents were able to correctly state that HIV infection cannot be transmitted by a mosquito. In addition, only 32.9 percent of the respondents said that they would be able to have a meal with someone who has HIV/AIDS. Sexual risk taking also occurs extensively. Among people who stated that they have had a one night stand, only 20.1 percent used condoms (Cho and Sohn 2005).

The government's HIV/AIDS policy changed around 2000. Compulsory testing was abolished and instead, anonymous testing centers were established for gay individuals and migrant workers. Behavioral surveillance systems were also constructed. Within the government budget, exclusive funding for testing were reduced and funding for medical treatment and care were increased. Most HIV/AIDS patients were provided with free treatment. However, many AIDS patients are diagnosed too late. People are still hesitant to get tested for HIV, even though their physical health was slowly deteriorating. They were primarily concerned about social discrimination and disclosure issues. Current anonymous testing centers only cover a small proportion of the high risk groups.

Human rights issues are yet to be resolved. Human right groups have requested the government to abolish the AIDS Prevention Act and to enact the HIV/AIDS Victims Human Rights Act in 2006. This proposed Act would prohibit HIV testing without proper consent, punish offenders of discrimination and those who disclose the identity of those living with HIV/AIDS, and require firms, schools, and medical professionals to have human rights education. The government decided to maintain their current policy based on the reasoning that the general public were still terrified about HIV/AIDS and were fearful towards those who were living with HIV/AIDs. South Korean Human right

groups are having a difficult time organizing and mobilizing the support from the general population to defend the dignity and honor of those living with HIV/AIDS.

As of today, medical considerations dominate the South Korean's government HIV/AIDS policy. There is no sincere regard to issues relating to sexuality and risk taking in policy making. The discourses of sexual health promotion, empowerment and self reliance, and community oriented HIV/AIDS policy are almost ignored by the medical circle and the government. No significant measures to combat HIV/AIDS stigma and discrimination have been attempted. On the other hand, the incidence rate of HIV keeps increasing. Without a solid plan in place, the HIV/AIDS situation in South Korea is left in a foreboding, vulnerable place.

References

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