

# Migration and HIV: vulnerability assessment among foreign migrants in South Korea

(A study conducted among Bangladeshi, Han Chinese, Korean  
Chinese and Mongolian migrants in Seoul, Gyunggi-Inchon region  
and Daegu-Gyungbuk region)

<Picture or design>

June 2004

Korea UNAIDS Information Support Center

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## **I. Study Background**

### ***I.I Context.***

With rapid and steady economic growth since the mid 1980s, the South Korean work force is increasingly avoiding the so-called 3D (difficult, dirty, and dangerous) jobs, causing an imbalance in the supply and demand of labor. This situation has attracted a great number of migrant workers to the Republic of Korea (here after referred to as Korea) since the late 1980s.

### ***1.2 Migrant numbers, ethnicities, earnings and visa status.***

As of November 2003 there were 284,199 migrant workers in Korea<sup>1</sup>. Of those, 184,199 are legal migrant workers registered with the Ministry of Justice. Registered migrants include legal trainees who have been allowed to work continuously since July 2003. They are employed mainly in medium and small-sized enterprises, usually in manufacturing industries. The remaining 100,000 workers are migrants who have terminated their contracts, and who are therefore expected to leave Korea. Some of these migrants have left their jobs thereby breaking their work contracts, without their employer's consent, in order to make more money in the informal sector. Among the total documented migrant workers, an estimated 174,669 are Chinese, 8,816 Bangladeshi, and 8,000 Mongolian<sup>2</sup>.

The actual average wage for legal trainees is 500,000 Won (US\$400) per month; this figure almost doubles for unregulated workers. The wages of industrial trainees are lower than those of undocumented workers. There are three reasons for the difference. First, the wages of industrial trainees are decided by Korea Federation of Small Business (KFSB), which import and

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<sup>1</sup> Press Release of Ministry of Justice, Nov. 2003.

<sup>2</sup> Press Release of Ministry of Justice, Nov. 2003.

allocate industrial trainees. When KFSB fixes the wages of industrial trainees they regard industrial trainees as trainees not workers even though the industrial trainees work at workplace without receiving much training. However, in labor market there is a great demand for migrant workers and there are many employers who are willing to pay higher wages to migrant workers than the current wages of industrial trainees. The second reason is that undocumented workers tend to work in the service sector where average wages are higher than those in the manufacturing sector where most industrial trainees work. Thirdly, undocumented workers tend to work more hours than industrial trainees. Therefore, many industrial trainees leave their assigned workplace in search of a higher pay. Between 1993 and 1997, one out of three industrial trainees left the designated workplace or did not go back to their home country after a termination of contract (Lee *et al.* 1998). Legally, industrial trainees are not allowed to leave the designated or contracted workplace before their contracts expire. If they do, their stay becomes 'illegal'.

The conditions and prerequisites for a work permit differ considerably with regard to occupation. For language teachers, an E2 visa requires no health checks or certification. The majority of these migrants come from developed countries. In contrast, D3 and E8 visas, which allow participation in the legal trainee system, and which are required for workers in the industrial sector, require a pre-departure blood test. The majority of these migrants come from developing countries. An additional post-arrival test is also required for migrants falling into the latter visa categories. Recently, a new category of E9 visa for documented migrants has been initiated. A health check (for AIDS, Hepatitis, Syphilis) is required for the renewal of an E9 visa.

The new law regulating the employment permits system passed on July 31, 2003 to be enforced by August 1, 2004, has some characteristics in common with the industrial trainee system. However there are improvements. The period of employment is longer and workers' allocation is easier than the

industrial trainee system. Especially many documented migrant workers can work at the same conditions of local workers because of this new system.

Unregulated workers who previously sent remittances through their legal colleagues, friends or some brokers can also due to the new law, send money to their countries themselves without any problem.

### ***1.3 Non-governmental migrant services in Korea.***

There are various community groups for migrant workers in Korea, some with memberships of up to 100 individuals. While some are independently organized, others are affiliated with religious organizations, such as Catholic and Protestant churches, Islamic mosques, and Buddhist temples. These religious organizations usually provide nominal counseling and/or medical services free of charge. There are also about 120 shelters and support centers around the country, of which 90% are operated by religious groups. The specific aim of many of these support groups and shelters is to address migrant workers' legal, cultural, financial, health and employment issues. These services include providing assistance with immigration procedures, representing migrant workers in labor disputes, assisting migrants in remitting money to their source communities, and health care provision and/or referral.

### ***1.4 HIV/AIDS and non-nationals in Korea.***

If a non-Korean citizen is found to be HIV- positive, he or she does not usually receive any medical attention or care, and is repatriated most often, involuntarily. This policy of deportation is outlined in the Korean Immigration Control Law (Article 2 Para 1 Restriction of Entry). This law applies to all migrants, regardless of their nationality. The classification of HIV/AIDS by the Ministry of Health as a third tier epidemic gives immigration authorities provision to forcefully deport any migrant worker who has tested positive for HIV. Official statistics place the number of deportations between 1985 and 2002 at over 200.

NGO leaders and workers in migrant communities estimate the actual number to be much higher. This policy of expulsion is a serious impediment to rights initiatives focused on bridging the social and economic disparities between migrant and native labor forces.

In this climate, the Korea UNAIDS Information Support Center (KUISC) has become the main Korean advocacy group campaigning for law reform that grants migrant workers living with HIV/AIDS the right to appropriate care and treatment. KUISC has also been offering voluntary anonymous testing along with pre- and post- testing counseling to non-nationals since February 2003. This service has also been provided by other NGOs, but on a much smaller scale. KUISC acts as a forum for the dissemination of HIV/AIDS information among NGOs dealing with migrant workers and conducts workshops and seminars on various issues related to HIV/AIDS prevention and care.

### ***1.5 Migrants' living and working conditions, health and access to care.***

The general health standard of migrants remains far below those of the native Korean population. Work related illnesses, such as chemical poisoning, are commonly reported. Migrant workers also experience a high rate of work related accidents. Overall, work related injury is estimated to affect almost one third of the migrant community<sup>3</sup>. Sub-standard working conditions and long working hours put further strains on the general health of migrants.. The average migrant works over 62 hours per week in Korea. In addition, their mental health may be negatively affected by intimidation and/or physical violence in the workplace, and by exploitation in the form of unpaid or underpaid wages.

This situation is further compounded by the difficult living conditions faced by many migrants. In keeping with immigration law, companies employing

migrant workers are required to provide housing. Since most companies are small or medium enterprises that utilize migrant labor in order to cut production costs, most migrant workers tend to live together. This practice increases their susceptibility to various diseases and infections. Health problems such as bacterial protozoan and worm infections are commonly reported. Poor sanitation also often results in respiratory illnesses such as tuberculosis, bronchitis and pneumonia. In addition, the unique hardships of migrant workers, including but not limited to exclusion and discrimination, are the cause of many psychological problems.

The language barrier is also a disadvantage for migrants in Korea. Most of the migrant workers in this study have no Korean or English language skills. Existing medical services and necessary health information in Korea is usually provided in Korean, and in some cases, English. Consequently, the most basic of medical needs are not met and HIV/AIDS care services are legally denied to migrants.

### ***1.6 Migrant constants and local factors.***

Although mobility and migration are not HIV/AIDS risk factors in themselves the adverse conditions in which migration takes place - a consequence of migration policies - tend to increase vulnerability to the disease. Such conditions include separation from one's spouse, family, peer groups and socio-cultural norms, and the resulting feelings of isolation, loneliness and a sense of anonymity. Disempowerment and exploitation equally increase the HIV/AIDS vulnerability of migrant workers. Korea poses a unique and complex socio-cultural and legal challenge with regard to HIV/AIDS responses and care systems for migrant workers.

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<sup>3</sup> Seok, H., Chung, K., Lee, J., Lee, H. and Sudol Kang 2003, *Workplace and Life of Foreign Workers in Korea*, Seoul: Jisikmadang.

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## **II. Objectives of the study**

The study built on an exploratory design aimed at gathering preliminary information on the social and health issues that are impacting the spread of HIV/AIDS amongst Korea's migrant community. The specific objectives of the study were as follows:

1. To analyze the situation of ethnic groups related to HIV/AIDS intervention, and to conduct a needs-based assessment of their situation.
  - A. To collect information about their geographic location.*
  - B. To assess the feasibility of anonymous VCT services through outreach shelters.*
  - C. To assess the effectiveness of intervention tools and approaches.*
2. The ultimate objective was to use the information gathered to design potential intervention programs that meet the basic needs of migrant workers and that provide care, counseling and support services.

## **III. Study Methods**

This study was initiated by the Korea UNAIDS Information Support Center, and proposed to the UNDP Regional HIV and Development Programme (REACH) in New Delhi. After a few gatherings of researchers, the research proposal was readjusted and refined to the final version.

### ***1. Study methodology***

This study consisted of a self-administered questionnaire for migrant workers in Korea. Questionnaires were translated into four languages: Chinese

(Han- and Korean-), Mongolian, and Bangladeshi and were administered between December 15th, 2003 and January 15th, 2004.

The samples were drawn from two regions, Seoul Gyunggi-Inchon region and Daegu-Gyungbuk region, where over two thirds of all migrant workers are presumed to reside. These are highly industrialized areas and provide more job opportunities for migrants than other urban areas, and there are established migrant communities of many nationalities in both of these regions. Because there is no list of migrant workers' locations available, we used two sources to make sampling frames from which samples were drawn, one from NGOs assisting migrant workers, and the other from migrant hiring companies.

Two steps were taken to compile the list of NGOs. First, with the assistance of NGO leaders and scholars who specialize in working with migrant workers, a list of all the migrant-related NGOs in the two regions was compiled. Then, by either calling or visiting every NGO on the list, 32 NGOs in Seoul and Gyunggi-Inchon region, and 10 NGOs in Daegu-Gyungbuk region, providing services to at least one of the four ethnic groups, (Korean-Chinese, Han-Chinese, Mongol, and Bangladeshi), were identified.

For a list of companies employing migrants, four industrial areas where migrant workers are concentrated were sampled, and then companies employing migrant workers of the above mentioned four ethnic groups in the sampled areas were selected. Eleven companies were located. Migrant workers from the NGOs and companies were randomly selected, and questionnaires were distributed to the selected migrant workers. 878 questionnaires (667 for migrant workers through NGOs, 211 for migrant workers through companies) were distributed and collected. 773 completed questionnaires were used for data analysis. Respondents of the questionnaires included Korean-Chinese, Han-Chinese, Mongol, and Bangladeshi. In addition, focus groups, (overall consisting of 10 Chinese, 6 Bangladeshi, and 6 Mongols), were conducted after the draft analysis of the survey.

## **2. Data analysis**

Collected data was checked for missing data. Data was also cleaned, edited, and coded. Coded raw data of each ethnic group was e-mailed to each researcher for analysis and interpretation, and then pooled. The computer package used for the analyses was SPSS.

## **VI. Results**

### **1. General characteristics of the study population**

The 773 study population comprised of 187 Korean-Chinese, 219 Han-Chinese, 178 Mongolians, and 189 Bangladeshi respondents. Baseline demographic and other characteristics of respondents are presented in Table 1.

Overall, 70.3 percent of respondents were male. In Han-Chinese and Bangladeshi migrant communities, more than 80 percent of the sample population were male. In total, 45.4 percent of all males were between the ages of 30 and 39 years. Those aged 25 to 29 years made up 24.6 percent of the total respondents. With regard to education, 49.2 percent of participants had 10 to 12 years of schooling, indicating high school level education. 31.7 percent of Mongolians had completed over 13 years of education, significantly more than the other ethnicities surveyed.

About 68 percent of all respondents were married. There was no significant difference in the proportion of marital status by ethnicity, with the exception of Bangladeshis, most of whom were unmarried. In total, 47.1 percent of all respondents have been in Korea more than 37 months. Shorter stays of less than 12 months to 36 months accounted for only 19.3 percent of respondents. The proportion of people staying more than 37 months was somewhat lower among Han-Chinese (16.0%) compared with other ethnic groups (range from 50.3% to 71.5%).

### 1.1. Source communities and previous professions

To determine migrants' source areas, key informants were used. The majority of Korean-Chinese migrants are believed to be from Jilin, Liaoning and Heilongjiang Provinces. Many Han-Chinese also come from these areas but also from Shandong and Tianjin provinces. Mongolian migrant workers are considered to come mostly from Ulaanbaatar, and Bangladeshi migrants come from Dhaka, Noakhali and Norshingdi. The respondents previous occupations were varied (Table 1-1). Skilled and unskilled workers accounted for the largest proportion. Previously unemployed people, clerical workers and students also comprise sizable proportions of these migrant communities.

<Table 1> **Socio-demographic Characteristics of Respondents**

		Ethnicity				Total	X <sup>2</sup>
		Korean Chinese	Han Chinese	Mongol	Bangladeshi		
Sex	Male	60.6	80.8	42.9	93.5	70.3	131.546***
	Female	39.6	19.2	57.1	6.5	29.7	
Total		100.0(187)	100.0(219)	100.0(175)	100.0(186)	100.0(767)	
Age (years)	29 and less	9.2	28.8	18.2	41.2	24.6	227.686***
	30~39	28.6	52.8	45.9	53.3	45.4	
	40~49	27.6	15.6	30.0	4.9	19.2	
	50 and more	34.6	2.8	5.9	0.5	10.8	
Total		100.0(185)	100.0(212)	100.0(170)	100.0(182)	100.0(749)	
Education (years)	9 and less	43.9	40.3	13.4	33.3	33.3	77.224***
	10~12	44.5	54.4	54.9	42.6	49.2	
	13 and more	11.6	5.3	31.7	24.0	17.5	
	Total	100.0(173)	100.0(206)	100.0(164)	100.0(183)	100.0(726)	
Marital Status	Single	11.8	18.4	18.5	54.5	25.7	134.898***
	Married	80.7	80.2	68.5	41.3	68.1	
	Divorced/Widowed	7.5	1.4	12.9	4.2	6.2	
Total		100.0(187)	100.0(217)	100.0(178)	100.0(189)	100.0(771)	
Stay-Duration (months)	12 and less	15.7	24.2	14.7	8.8	16.3	173.197***
	13~24	16.8	36.1	10.7	9.9	19.3	
	25~36	17.3	23.7	23.7	9.9	18.9	
	37 and more	50.3	16.0	50.8	71.5	45.7	
Total		100.0(185)	100.0(219)	100.0(177)	100.0(182)	100.0(763)	

<Table 1-1> **Occupation at home**

Occupation	%
Farmer, miner, fisher, etc.	11.4
Unskilled worker (cleaner, vender, porter, etc.)	16.6
Skilled worker (electrician, machine operator carpenter, etc.)	19.8
Sales or service worker (salesperson, cook, waitress, etc.)	8.6
Professional or technical worker (engineer, teacher, etc.)	4.2
Clerical worker (bookkeeper, cashier, secretary, etc.)	10.7
Managerial or administrative worker (senior official, manager, etc.)	4.6
Housekeeper	0.9
Student	10.6
Unemployed	10.7
Others	1.8
Total	100 (773)

## 2. General concept regarding HIV/AIDS

The general awareness about AIDS was measured by two questions asking the time and manner in which migrant workers first heard about AIDS (table 2 and 3). In total, 88.8 percent reported that they had heard about AIDS before coming to Korea. When the data was disaggregated, women from Mongol and Han-Chinese migrant groups appeared to have had less access to information than men in their source communities (Table 2, 3). As for the source of information, the study population reported that they received information regarding AIDS from posters, leaflets, and pamphlets (10.1%), government health workers (3%), schools (7.3%), and friends (6.9%).. Mass media, however, was the most common source AIDS information (72%). The women among Mongol and Han-Chinese communities, however, were more than twice as likely to learn about AIDS in school (Table 3.1)

&lt;Table 2&gt; First time hearing about AIDS

ethnicity	First hearing about AIDS			Total	$\chi^2$
	Before	After	Never		
	coming to	coming to	heard		
	Korea	Korea			
Korean Chinese	76.8	15.5	7.7	100.0(181) <sup>1)</sup>	58.282 <sup>*** 2)</sup>
Han Chinese	96.8	1.4	1.8	100.0(218)	
Mongol	94.9	3.4	1.7	100.0(175)	
Bangladeshi	85.6	13.3	1.1	100.0(188)	
Total	88.8	8.1	3.0	100.0(762)	

Note: 1) The numbers in ( ) indicates frequency.

2) n.s: Not significant \* : p<.05 \*\* : p<.01 \*\*\* : <.001

3) The items of 1), 2) are applied to every table in the report.

&lt;Table 3&gt; Ways of first hearing about AIDS

Ethnicity	way of hearing						Total	$\chi^2$
	Mass media	Poster Leaflets	Gov. Health	Schools	From friends	Others		
Korean Chinese	74.9	15.0	3.6	3.0	3.6	0.0	100.0(167)	64.964 <sup>***</sup>
Han Chinese	68.7	14.7	3.3	3.8	9.5	0.0	100.0(211)	
Mongol	71.9	9.9	4.1	11.1	1.8	1.2	100.0(171)	
Bangladeshi	73.7	1.1	1.1	11.8	11.8	0.5	100.0(186)	
Total	72.1	10.2	3.0	7.3	6.9	0.4	100.0(735)	

&lt;Table 3-1&gt; Ways of first hearing about AIDS by sex

Sex	way of hearing						Total	$\chi^2$
	Mass media	Poster Leaflets Pamphlets..	Gov. Health workers	Schools	From friends	Others		
Male	72.2	15.3	3.4	4.0	4.5	0.6	100.0(176)	11.900*
Female	74.8	9.4	4.4	10.1	0.6	0.6	100.0(159)	

### 3. Knowledge of HIV/AIDS transmission

To assess migrant workers' knowledge on STD/HIV, we asked several questions related to possible means of HIV transmission. Surprisingly, a vast majority of the respondents in the study, with the exception of Mongolians, tended to disagree with the statement that sexual contact was the primary means of transmission: 82.5 percent (79.9% strongly disagree, 2.6% partially disagree) of Korean-Chinese, 76.8% of Han-Chinese and 87.7 percent of Bangladeshis, compared with 14.4 percent of Mongolians. As for blood transfusion, roughly 42 percent of migrants surveyed shared the misconception that blood transfusion did not affect HIV/AIDS transmission. A similar proportion, 44.3 percent, strongly agreed that it was one of the major means of AIDS infection (Table.4). 25.6 percent of participants believed that shaking hands with HIV/AIDS patients could act as a source of HIV/AIDS infection. This misconception was significantly higher among Bangladeshis and Han-Chinese respondents.

Disaggregated data however indicates that among Han-Chinese and Mongolian communities, women are more informed about potential transmission routes of HIV/AIDS (Table 4.1). One possible reason for this may be the higher rate of education of women in schools as opposed to their male peers who display a higher rate of exposure through friends and advertising campaigns. In general Mongolian migrants appear to have a comparatively better idea of HIV/AIDS transmission than the other ethnicities. This is possibly a reflection of their relatively higher level of education.

&lt;Table 4&gt; AIDS Knowledge

Ethnicity	agree or disagree				Total	X <sup>2</sup>
	Strongly agree	Partially agree	Partially disagree	Strongly disagree		
1) Korean Chinese	13.9	24.1	22.2	39.9	100.0(158)	114.202***
Han Chinese	20.6	29.6	20.6	29.1	100.0(189)	
Mongol	13.0	12.2	28.7	46.1	100.0(115)	
Bangladeshi	50.6	8.3	5.4	35.7	100.0(168)	
Total	25.6	19.4	18.4	36.7	100.0(630)	
2) Korean Chinese	14.6	4.5	3.8	77.1	100.0(157)	453.674***
Han Chinese	17.9	2.1	3.7	76.3	100.0(190)	
Mongol	83.0	4.1	4.1	8.8	100.0(147)	
Bangladeshi	10.7	3.0	49.4	36.9	100.0(168)	
Total	29.8	3.3	15.4	51.5	100.0(662)	
3) Korean Chinese	38.6	6.3	5.7	49.4	100.0(158)	136.575***
Han Chinese	45.3	9.5	4.2	41.1	100.0(190)	
Mongol	76.7	9.6	6.2	7.5	100.0(146)	
Bangladeshi	20.4	3.0	9.0	67.7	100.0(167)	
Total	44.3	7.1	6.2	42.4	100.0(661)	
4) Korean Chinese	6.5	14.4	20.9	58.2	100.0(153)	83.785***
Han Chinese	10.5	15.5	30.9	43.1	100.0(181)	
Mongol	14.9	15.8	28.9	40.4	100.0(114)	
Bangladeshi	24.5	36.8	9.2	29.4	100.0(163)	
Total	14.1	20.9	22.3	42.7	100.0(611)	
5) Korean Chinese	25.9	19.0	16.3	38.8	100.0(147)	85.734***
Han Chinese	26.7	22.8	18.9	31.7	100.0(180)	
Mongol	25.2	26.1	21.7	27.0	100.0(115)	
Bangladeshi	4.3	5.6	43.5	46.6	100.0(161)	
Total	20.2	17.9	25.4	36.5	100.0(603)	
6) Korean Chinese	12.4	9.8	10.5	67.3	100.0(153)	88.855***
Han Chinese	12.0	9.2	7.1	71.7	100.0(184)	
Mongol	28.3	25.8	21.7	24.2	100.0(120)	
Bangladeshi	13.3	6.1	18.2	62.4	100.0(165)	
Total	15.6	11.7	13.7	59.0	100.0(622)	
7) Korean Chinese	15.6	1.9	2.6	79.9	100.0(154)	285.734***
Han Chinese	21.1	2.1	0.0	76.8	100.0(190)	
Mongol	84.9	0.7	4.1	10.3	100.0(146)	
Bangladeshi	10.3	2.1	13.0	74.7	100.0(146)	
Total	31.9	1.7	4.6	61.8	100.0(636)	

Note: 1) Shaking hands or touching someone who has AIDS

: 2) Sharing needle for drugs with AIDS positive person

: 3) Blood transfusion

: 4) Eating in restaurant with AIDS positive person

: 5) Mosquito/insect bites

: 6) Mouth-to-mouth contact with AIDS positive person

: 7) Sexual contact with AIDS positive person

&lt;Table 4-1&gt; AIDS Knowledge by sex

Sex	agree or disagree				Total	$\chi^2$
	Strongly agree	Partially agree	Partially disagree	Strongly disagree		
1) Male	17.0	22.4	24.5	36.1	100.0(147)	7.849*
Female	9.7	15.3	24.2	50.8	100.0(124)	
Total	13.7	19.2	24.4	42.8	100.0(271)	
2) Male	38.3	3.1	4.9	53.7	100.0(162)	14.575**
Female	57.6	5.8	2.9	33.8	100.0(139)	
Total	47.2	4.3	4.0	44.5	100.0(301)	
3) Male	53.8	3.1	7.5	35.6	100.0(160)	16.077***
Female	59.6	13.5	4.3	22.7	100.0(141)	
Total	56.5	8.0	6.0	29.6	100.0(301)	
4) Male	12.4	13.8	25.5	48.3	100.0(145)	2.772
Female	7.5	16.7	21.7	54.2	100.0(120)	
Total	10.2	15.1	23.8	50.9	100.0(265)	
5) Male	26.6	15.8	20.1	37.4	100.0(139)	7.324
Female	23.1	29.8	17.4	29.8	100.0(121)	
Total	25.0	22.3	18.8	33.8	100.0(260)	
6) Male	17.9	13.8	14.5	53.8	100.0(145)	3.482
Female Mongol Bangladeshi	20.8	20.0	16.0	43.2	100.0(125)	
Total	19.3	16.7	15.2	48.9	100.0(270)	
7) Male	39.9	0.0	4.3	55.8	100.0(163)	18.526***
Female	59.7	3.0	2.2	35.1	100.0(134)	
Total	46.8	1.3	3.4	46.5	100.0(297)	

Note: 1) Shaking hands or touching someone with AIDS positive  
: 2) Sharing needle for drugs with AIDS positive person  
: 3) Blood transfusion  
: 4) Eating in restaurant with AIDS positive person  
: 5) Mosquito/insect bites  
: 6) Mouth-to-mouth contact with AIDS positive person  
: 7) Sexual contact with AIDS positive person

#### 4. Perception on HIV/AIDS

Regarding perception of HIV/AIDS, there were different attitudes among Bangladeshi respondents and the three other ethnicities. 38.9 percent of the total thought that AIDS is an incurable disease whereas 27.9 percent thought AIDS is curable. Believing AIDS is curable was remarkable among Bangladeshis (61 percent of the total Bangladeshi participants). 49.1 percent of all participants thought AIDS was a disease exclusive to homosexuals, and 44.5 percent answered that if someone has HIV/AIDS, he or she can continue to work (Table. 5). Again examination of the data along gender lines shows women to have a much more informed perception of AIDS (Table 5.1)

<Table 5> Perception on AIDS

Ethnicity	agree or disagree				Total	X <sup>2</sup>
	Strongly agree	Partially agree	Partially disagree	Strongly disagree		
Korean Chinese	19.7	26.1	19.7	34.4	100.0(157)	139.982***
1) Han Chinese	19.1	20.2	18.6	42.0	100.0(188)	
Mongol	9.0	21.8	18.0	51.1	100.0(133)	
Bangladeshi	61.0	8.5	1.8	28.7	100.0(164)	
Total	27.9	19.0	14.5	38.6	100.0(642)	
Korean Chinese	15.9	18.5	13.2	52.3	100.0(151)	114.082***
2) Han Chinese	13.5	9.2	13.5	63.8	100.0(185)	
Mongol	19.4	12.1	25.0	43.5	100.0(124)	
Bangladeshi	3.8	7.5	55.3	33.3	100.0(159)	
Total	12.8	11.6	26.5	49.1	100.0(619)	
Korean Chinese	8.3	15.9	28.0	47.8	100.0(157)	49.150***
3) Han Chinese	8.6	18.9	23.4	49.1	100.0(175)	
Mongol	18.9	31.1	22.1	27.9	100.0(122)	
Bangladeshi	8.0	7.4	35.8	48.8	100.0(162)	
Total	10.4	17.5	27.6	44.5	100.0(616)	

Note: 1) AIDS is curable now

2) AIDS is a disease of homosexuals only

3) Even if someone has HIV/AIDS, he/she can continue to work

&lt;Table 5-1&gt; Perception on AIDS by sex

sex	agree or disagree				Total	X <sup>2</sup>
	Strongly agree	Partially agree	Partially disagree	Strongly disagree		
1) Male	19.6	23.4	16.5	40.5	100.0(158)	7.597
Female	8.5	25.6	22.5	43.4	100.0(129)	
Total	14.6	24.4	19.2	41.8	100.0(287)	
2) Male	20.1	15.4	14.1	50.3	100.0(149)	5.495
Female	13.7	15.3	24.2	46.8	100.0(124)	
Total	17.2	15.4	18.7	48.7	100.0(273)	
3) Male	14.8	18.7	25.8	40.6	100.0(155)	4.245
Female	9.9	28.1	25.6	36.4	100.0(121)	
Total	12.7	22.8	25.7	38.8	100.0(276)	

Note: 1) AIDS is curable now

2) AIDS is a disease of the homosexuals only

3) Even if someone has HIV/AIDS, he/she can continue to work

## 5. Probability of HIV/AIDS infection

Possibility of infection with AIDS in comparison with friends in Korea is shown in table 6. As a whole, 65.9 percent of the subjects marked the chance as very low while the chance of infection would be same was 17.8 percent for Korean-Chinese and 21.3 percent for Mongolian. Only 1.5 percent said the possibility is very high.

&lt;Table 6&gt; Possibility of infection with AIDS

Ethnicity	comparison of me with friends					Total	$\chi^2$
	Very low	Somewhat low	Same	Somewhat high	Very high		
Korean Chinese	65.0	15.3	17.8	1.2	0.6	100.0(163)	51.270***
Han Chinese	70.8	19.1	6.2	1.9	1.9	100.0(209)	
Mongol	55.0	21.3	21.3	1.9	0.6	100.0(160)	
Bangladeshi	70.7	23.8	2.2	0.6	2.8	100.0(181)	
Total	65.9	19.9	11.2	1.4	1.5	100.0(713)	

## 6. Sexual Activity

Participants' sexual activity is shown in table 7. Among participants, abstinence accounted for 32.6 percent, masturbation, 7.6 percent, sex with a husband/wife, 31.2 percent, sex with a friend of opposite gender, 16.5 percent, sex with sex workers, 17.5 percent, and sex with a friend of the same gender, 0.4 percent. Abstinence was the highest among Han-Chinese, masturbation and sex with sex workers were the highest among Bangladeshi, sex with a husband/wife was the highest among Mongolians, and sex with opposite gender was the highest among Korean-Chinese. Sex with a friend of the same gender was not significant. (Table.7)

<Table 7> **Ways to satisfy sexual needs**

		Ethnicity				Total	X <sup>2</sup>
		Korean	Han	Mongol	Bangladeshi		
		Chinese	Chinese				
1)	No	69.0	56.9	66.9	78.3	67.4	21.434***
	Yes	31.0	43.1	33.1	21.7	32.6	
Total		100.0(187)	100.0(218)	100.0(178)	100.0(189)	100.0(772)	
2)	No	95.7	92.2	95.5	86.2	92.4	15.515**
	Yes	4.3	7.8	4.5	13.8	7.6	
Total		100.0(187)	100.0(218)	100.0(178)	100.0(189)	100.0(772)	
3)	No	59.9	72.5	48.9	92.1	68.8	88.824***
	Yes	40.1	27.5	51.1	7.9	31.2	
Total		100.0(187)	100.0(218)	100.0(178)	100.0(189)	100.0(772)	
4)	No	71.1	82.1	85.4	95.8	83.5	42.304***
	Yes	28.9	17.9	14.6	4.2	16.5	
Total		100.0(187)	100.0(218)	100.0(178)	100.0(189)	100.0(772)	
5)	No	94.1	88.1	96.1	51.9	82.5	167.929***
	Yes	5.9	11.9	3.9	48.1	17.5	
Total		100.0(187)	100.0(218)	100.0(178)	100.0(189)	100.0(772)	
6)	No	99.5	99.5	99.4	100.0	99.6	n.s
	Yes	0.5	0.5	0.6	0.0	0.4	
Total		100.0(187)	100.0(218)	100.0(178)	100.0(189)	100.0(772)	

Note: 1) Abstinence

2) Masturbation

3) Sex with a wife or a husband

4) Sex with a friend of opposite sex

5) Sex with sex workers

6) Sex with a friend of the same sex

## 7. Having sex with sex workers and places of sex

Among respondents, Korean sex workers were the most preferred ethnicity (36.4%), followed by Korean-Chinese (12.7%), Russian (6.7%), Han-Chinese (6.5%), Mongolian (5.8%), Filipino (2.7%), and Bangladeshi (2.6%) (Table.8).

Brothels and home call girls were the most frequently utilized places for sex (Table 8). By ethnicity, the proportion of participants utilizing brothels was

the highest among Han-Chinese, and participants utilizing in home call girls was the highest among Bangladeshi (Table. 9). Interestingly Han-Chinese respondents, who prefer brothels, also have the shortest stay in Korea. Inversely, Bangladeshi's, who tend to stay in Korea for longer periods of time, favor call girls. Through focus group discussions it emerged that the reason for the Bangladeshi preference of call girls was privacy and discretion.

<Table 8> Preferred nationality of sex workers

Sex worker		Ethnicity				Total	$\chi^2$
		Korean Chinese	Han Chinese	Mongol	Banglades h		
Korean	No	52.4	66.5	74.6	60.8	63.6	20.739***
	Yes	47.6	33.5	25.4	39.2	36.4	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	
Korean Chinese	No	69.0	87.6	98.3	94.7	87.3	85.233***
	Yes	31.0	12.4	1.7	5.3	12.7	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	
Han Chinese	No	95.7	89.0	95.5	94.7	93.5	10.431*
	Yes	4.3	11.0	4.5	5.3	6.5	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	
Mongol	No	100.0	98.6	82.5	94.2	94.2	63.400***
	Yes	0.0	1.4	17.5	5.8	5.8	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	
Bangladeshi	No	100.0	98.2	96.0	95.2	97.4	10.290*
	Yes	0.0	1.8	4.0	4.8	2.6	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	
Russian	No	93.6	94.0	95.5	89.9	93.3	n.s
	Yes	6.4	6.0	4.5	10.1	6.7	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	
Filipino	No	100.0	98.6	96.0	94.2	97.3	14.582**
	Yes	0.0	1.4	4.0	5.8	2.7	
Total		100.0(187)	100.0(218)	100.0(177)	100.0(189)	100.0(771)	

<Table 9> **Places for sex with sex workers**

Ethnicity	Place for sex						Total	X <sup>2</sup>
	Karaoke	Brothel	Barber Shop	Massage Parlor	Call Girls	Others		
Korean Chinese	5.9	30.5	5.1	5.1	31.4	22.0	100.0(118)	73.828***
Han Chinese	9.6	58.7	1.9	3.8	18.3	7.7	100.0(104)	
Mongol	16.9	31.3	1.2	9.6	22.9	18.1	100.0(83)	
Bangladeshi	1.4	29.6	2.8	17.6	38.0	10.6	100.0(142)	
Total	7.4	36.9	2.9	9.6	28.9	14.3	100.0(447)	

## 8. Condom use in Korea

Condom usage in Korea, organized by ethnicity, is shown in table 10. Overall condom use rate was 30.4 percent, being the highest among Mongolians (44%).

<Table 10> **Condom use in Korea**

Ethnicity	Condom use in Korea		Total	X <sup>2</sup>
	Yes	No		
Korean Chinese	22.4	77.6	100.0(161)	31.268***
Han Chinese	20.8	79.2	100.0(207)	
Mongol	44.0	56.0	100.0(175)	
Bangladeshi	35.1	64.9	100.0(185)	
Total	30.4	69.6	100.0(728)	

To get condoms, 65.2 percent of the participants who indicated condom use visited a drugstore. The proportion of the respondents who utilized drugstores was higher among Mongolians (75.7%) and somewhat lower among Han-Chinese (50%). Other ways to get condoms were through vending machines (18.8%). 16.7 percent of Han-Chinese used other friends to get condoms, a trend notable also among other ethnicities.

<Table 11> **Places to get condoms**

	Ethnicity				Total	$\chi^2$
	Korean	Han	Mongol	Bangladeshi		
	Chinese	Chinese				
KC,HC,M,B friends	8.8	16.7	2.7	1.6	5.8	41.175**
Korean friends	2.9	8.3	0.0	1.6	2.4	
Workplace	8.8	0.0	0.0	1.6	1.9	
Vending machines	17.6	22.2	17.6	19.0	18.8	
Drug stores	58.8	50.0	75.7	65.1	65.2	
Convenient stores	2.9	0.0	1.4	6.3	2.9	
Total	100.0(34)	100.0(36)	100.0(74)	100.0(63)	100.0(207)	

Note: 1) KC: Korean Chinese    2) HC: Han Chinese  
 3) M: Mongol                    4) B: Bangladesh

Participants' opinion of condom cost was shown in table 12. As a whole, 87.1percent of the subjects considered condoms not to be expensive at all or not too expensive. This trend was also applied to the four major ethnicities; however, Han-Chinese ranked the highest on both 'not very expensive (62.9%, ranging from 38.4 percent to 62.9 percent by ethnicity)' and 'very expensive (2.9%, ranging from 0 percent to 2.9 percent by ethnicity).'

<Table 12> **Condom availability**

Ethnicity	Cost of Condom					Total	$\chi^2$
	Not expensive at	Not too expensive	Somewhat	Expensive	Very expensive		
Korean Chinese	54.8	22.6	22.6	0.0	0.0	100.0(31)	34.263**
Han Chinese	62.9	25.7	2.9	5.7	2.9	100.0(35)	
Mongol	38.4	49.3	9.6	2.7	0.0	100.0(73)	
Bangladeshi	73.0	17.5	7.9	0.0	1.6	100.0(63)	
Total	55.9	31.2	9.9	2.0	1.0	100.0(202)	

When participants were asked for reasons for not using condoms among those who didn't use condoms, about 72 percent reported that because they did

not have sex, they did not have the opportunity to use condoms. The second most common explanation for not using condoms was that they reduced sexual pleasure (10.1%), except in the case of Korean-Chinese migrants, whose second most common response was that they did not know how to use condoms.

<Table 13> **Reasons for not using condoms**

	Ethnicity				Total	$\chi^2$
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
①	57.9	83.9	54.1	79.6	71.6	74.615**
②	15.8	1.6	1.6	0.9	4.9	
③	1.1	3.2	3.3	0.9	2.1	
④	2.1	0.0	4.9	0.0	1.3	
⑤	12.6	4.0	18.0	10.2	10.1	
⑥	3.2	4.0	6.6	0.9	3.4	
<b>Total</b>	<b>100.0(95)</b>	<b>100.0(124)</b>	<b>100.0(61)</b>	<b>100.0(108)</b>	<b>100.0(388)</b>	

Note:① I did not have sex

:② I do not know how to use a condom

:③ I do not know where I can get condoms

:④ Condoms are expensive

:⑤ Using condoms reduce sexual pleasure

:⑥ Using condoms is troublesome

:⑦ I cannot find right size of condoms

:⑧ My partner does not like using condoms

## 9. Getting support for HIV/AIDS

To get help regarding HIV/AIDS problems, 48.5 percent of total participants perceived AIDS service organizations to be their primary source of potential assistance. The proportion of participants willing to utilize these organizations was markedly higher among Bangladeshis (63.1%) and almost the same among other ethnic groups in the sample. Other sources of medical help were hospital/health centers (21%) and Korean social/religious

organizations (Table 14). 2.8 percent of respondents claimed that if they tested positive for HIV, they would not seek, or know where to seek, care and/or treatment. This proportion was comparatively higher among Korean-Chinese (4.5%).

<Table 14> **Support for PLWHA**

	Ethnicity				Total	X <sup>2</sup>
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
KC,HC,M,B friends/relative	7.0	14.1	6.6	6.9	8.8	64.000***
KC,HC,M,B social/religious	2.5	8.7	6.0	0.6	4.6	
Korean friends	0.0	1.6	1.2	1.3	1.0	
Korean social/religious org.	15.9	10.9	7.8	8.1	10.6	
AIDS service org.	43.3	42.9	45.5	63.1	48.5	
Hospital/health center	26.1	14.1	28.7	15.6	21.0	
Total	100.0(157)	100.0(184)	100.0(160)	100.0(160)	100.0(668)	

Note: 1) KC: Korean Chinese    2) HC: Han Chinese  
 3) M: Mongol                    4) B: Bangladesh

About 79.5 percent of the participants responded that they did not intend to get tested for HIV (Table.15). This may be seen as a reflection of participants' perceptions of AIDS (Table 5) and the perception of the possibility of infection (Table 6).. This did not differ in regard to gender (Table 15.1). About 34 percent of the total participants reported AIDS service organizations as a means of testing; however hospital/health centers were predominant among Korean-Chinese (39.5%). They also reported Korean social/religious services as a way to get tested (16 %). As for Han-Chinese and Bangladeshi, the work place was a potential place to have an HIV/AIDS test (16.2% for Han-Chinese and 16% for Bangladeshis) (Table.16).

<Table 15> **Choices on anonymous AIDS test**

Ethnicity	AIDS test in Korea		Total	X <sup>2</sup>
	Yes	No		
Korean Chinese	22.6	77.4	100.0(168)	10.419*
Han Chinese	19.3	80.7	100.0(202)	
Mongol	27.0	73.0	100.0(174)	
Bangladeshi	13.7	86.3	100.0(183)	
Total	20.5	79.5	100.0(727)	

<Table 15-1> **Choices on anonymous AIDS test by sex**

sex	AIDS test in Korea		Total	X <sup>2</sup>
	Yes	No		
Male	26.1	73.9	100.0(176)	0.362
Female	23.3	76.7	100.0(163)	
Total	24.8	75.2	100.0(339)	

<Table 16> **Preferred places to get AIDS test**

	Ethnicity				Total	X <sup>2</sup>
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
Workplace	5.3	16.2	6.8	16.0	10.4	n.s
KC,HC,M,B social/religious	5.3	0.0	4.5	0.0	2.8	
Korean social/religious org.	15.8	13.5	18.2	16.0	16.0	
AIDS service org.	31.6	37.8	36.4	28.0	34.0	
Hospital/health center	39.5	21.6	34.1	20.0	29.9	
Embassy	0.0	10.8	0.0	16.0	5.6	
Total	100.0(38)	100.0(37)	100.0(44)	100.0(25)	100.0(144)	

Note: 1) KC: Korean Chinese    2) HC: Han Chinese  
 3) M: Mongol                    4) B: Bangladesh

To manage testing, more than half of the willing participants preferred to be tested during the weekend (Table.17). 44.5 percent of total participants

preferred weekend daytime, and 21.2 percent preferred weekend nights for HIV/AIDS testing. Weekdays were also preferred (24.1%). However, Mongolians showed relatively a low preference for testing on weekdays (11.6%).

<Table 17> Preferred time for AIDS test

	Ethnicity				Total	$\chi^2$
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
Weekdays daytime	24.2	29.7	11.6	37.5	24.1	n.s
Weekdays night	9.1	5.4	2.3	4.2	5.1	
Weekend daytime	30.3	45.9	55.8	41.7	44.5	
Weekend night	30.3	16.2	23.3	12.5	21.2	
Total	100.0(33)	100.0(37)	100.0(43)	100.0(24)	100.0(137)	

Concerning reluctance of getting an HIV/AIDS test, 78.8 percent of those unwilling to receive a test reported there was no probability of AIDS infection as the major reason. This is a result of a number of factors. A general lack of knowledge of the means of HIV/AIDS transmission (Table 4) tempered by perceptions of AIDS (Table 5), and their own estimation of the possibility of infection (Table 6) covering limited awareness among the respondents of their vulnerability to HIV/AIDS infection. This effect becomes evident again in reported condom usage (Table 27). 9.7 percent answered they did not have time for the test, particularly Korean-Chinese (22.5%). (Table.18)

<Table 18> **Reasons for not taking AIDS test**

	Ethnicity				Total	X <sup>2</sup>
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
①	60.4	69.8	87.	94.6	78.8	
②	3.6	3.9	1.9	0.0	2.2	
③	0.0	4.7	0.9	1.4	1.8	
④	3.6	1.6	0.0	0.0	1.2	81.022***
⑤	3.6	6.2	2.8	0.0	3.0	
⑥	22.5	10.9	2.8	4.1	9.7	
⑦	6.3	3.1	4.6	0.0	3.2	
Total	100.0(111)	100.0(129)	100.0(108)	100.0(147)	100.0(495)	

Note: ① No probability of AIDS infection

: ② No privacy on the testing result

: ③ Inhumane testing method

: ④ Fear of testing result

: ⑤ Fear of my illegal sojourn status

: ⑥ No time

: ⑦ Others

## 10. Education on HIV/AIDS

Regarding participants' previous AIDS education in their home countries, about 50 percent of the total participants reported that they had learned about AIDS before they came to Korea (Table.19). This trend was prominent among Mongolians (72%), probably in part due to their relatively higher level of education. 77.6 percent answered they had received some exposure to information about AIDS in Korea (Table.20). As for the higher percentage of previous education among Mongolians, they showed a lower percentage on this question. Focus group discussions probed the nature of migrants' education on HIV/AIDS both in Korea and in source communities. The members of all communities, with the notable exception of Mongolians, explained their experiences of learning about HIV/AIDS in terms of presentation with, and exposure to, information rather than an organized and explanatory educational program designed to educate participants about the disease. In terms of both

their source communities and Korea, women appear to have less access to HIV/AIDS information than men.

<Table 19> **Previous AIDS education in one's country**

Ethnicity	Education on AIDS in my country		Total	$\chi^2$
	Yes	No		
Korean Chinese	32.4	67.6	100.0(170)	70.852***
Han Chinese	38.0	62.0	100.0(200)	
Mongol	72.0	28.0	100.0(168)	
Bangladeshi	58.7	41.3	100.0(184)	
Total	49.9	50.1	100.0(722)	

<Table 19-1> **Previous AIDS education in one's country by sex**

Sex	education on AIDS in my country		Total	$\chi^2$
	Yes	No		
Male	54.0	46.0	100.0(174)	0.544
Female	50.0	50.0	100.0(162)	
Total	52.1	47.9	100.0(336)	

<Table 20> **AIDS education after arriving in Korea**

Ethnicity	Education on AIDS in Korea		Total	$\chi^2$
	Yes	No		
Korean Chinese	86.2	13.8	100.0(167)	163.152***
Han Chinese	88.3	11.7	100.0(196)	
Mongol	41.6	58.4	100.0(166)	
Bangladeshi	91.2	8.8	100.0(181)	
Total	77.6	22.4	100.0(710)	

<Table 20-1> **AIDS education after arriving in Korea by sex**

Sex	education on AIDS in Korea		Total	$\chi^2$
	Yes	No		
Male	67.3	32.7	100.0(168)	1.530
Female	60.7	39.3	100.0(163)	
Total	64.0	36.0	100.0(331)	

Overall, 40.8 percent of respondents stressed the need for AIDS education in their communities. Bangladeshi participants were most aware of this need (69.9%) (Table.21). As for the best place for AIDS education, 33.4 percent of the participants pointed to AIDS service organizations, 18 percent to work places, and 17.7 percent to their given social/religious communities (Table.22).

<Table 21> **Level of need on AIDS education in one's community**

Ethnicity	Need of AIDS education for my community					Total	$\chi^2$
	Very much	Pretty Much	Some What	Little	Not at all		
Korean Chinese	37.6	33.1	14.0	5.7	9.6	100.0(157)	181.388***
Han Chinese	34.7	39.3	8.7	8.7	8.7	100.0(173)	
Mongol	19.4	23.0	44.2	6.1	7.3	100.0(165)	
Bangladeshi	69.9	21.6	2.8	1.7	4.0	100.0(176)	
Total	40.8	29.2	17.1	5.5	7.3	100.0(671)	

The best time for education showed similarities with the best time for HIV/AIDS test on question 50-2 (Table 17). 38.7 percent of total participants wanted weekend daytime and 27.9 percent wanted weekend nights for HIV/AIDS test. Weekdays were also preferred (20.3%); however, Mongolians showed a relatively low desire for testing on weekdays (7%) (Table.23).

<Table 22> Preferred places for AIDS related education

Best place for AIDS education	Ethnicity				Total	$\chi^2$
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
Workplace	18.1	32.7	11.4	9.9	18.0	167.405***
KC,HC,M,B social/religious	23.6	28.1	15.9	5.3	17.7	
Korean social/religious org.	18.9	9.8	11.4	7.0	11.3	
AIDS service org.	18.1	16.3	36.4	57.9	33.4	
Hospital/health center	17.3	10.5	17.4	7.6	12.7	
Embassy	0.0	2.6	3.0	12.3	5.0	
Total	100.0(127)	100.0(153)	100.0(132)	100.0(171)	100.0(583)	

Note: 1) KC: Korean Chinese 2) HC: Han Chinese  
3) M: Mongol 4) B: Bangladesh

<Table 23> Available time for AIDS related education

Best time for AIDS education	Ethnicity				Total	$\chi^2$
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
Weekdays daytime	19.3	31.5	7.0	21.2	20.3	86.667***
Weekdays night	3.4	8.7	7.8	12.1	8.4	
Weekend daytime	27.7	26.8	48.8	49.7	38.8	
Weekend night	41.2	32.2	25.6	16.4	27.9	
Total	100.0(119)	100.0(149)	100.0(129)	100.0(165)	100.0(562)	

### 11. Educational material for HIV/AIDS

72.5 percent participants expressed a desire for HIV/AIDS education materials (Table.24). Printed information about AIDS ranked the highest (60.3%), visual information second (27.1%), and audio aids third (11.2%) (Table.25).

<Table 24> **Perceived need for AIDS prevention materials**

Ethnicity	Need for AIDS preventive materials		Total	$\chi^2$
	Yes	No		
Korean Chinese	66.9	33.1	100.0(163)	22.685***
Han Chinese	69.3	30.7	100.0(192)	
Mongol	66.9	33.1	100.0(163)	
Bangladeshi	85.9	14.1	100.0(184)	
Total	72.5	27.5	100.0(702)	

<Table 25> **Desired AIDS prevention materials**

Ethnicity	Type of AIDS prevention materials				Total	X <sup>2</sup>
	Printed	Audio	Visual	Others		
Korean Chinese	60.4	13.2	23.6	2.8	100.0(106)	57.374***
Han Chinese	75.6	5.3	19.1	0.0	100.0(131)	
Mongol	45.8	25.2	25.2	3.7	100.0(107)	
Bangladeshi	57.3	5.1	37.6	0.0	100.0(157)	
Total	60.3	11.2	27.1	1.4	100.0(501)	

Printed material on basic HIV/AIDS knowledge was desired by 56.1 percent of participants overall, ranging from 31.6% to 81.5 percent by ethnicity (Table.26). The next most requested educational material for HIV/AIDS was knowledge on sexually transmitted disease (38.6%). Other contents desired by respondents included information on organizations caring for AIDS infected persons (17.7%), information on various health issues (17.3%), and knowledge on contraception (16.5%). Nonetheless, the percentage of respondents requiring knowledge on AIDS was much higher among Korean-Chinese (81.5) and Han Chinese than among Mongolians (44%) or Bangladesh (31.6%). There was still a higher percentage requiring knowledge on sexually transmitted disease among Korean-Chinese (52.8%) compared to the three other ethnicities (30.1% for Han-Chinese, 45.9% for Mongolian, and 31.6% for Bangladesh).

<Table 26> **Desired content of AIDS prevention materials**

		Ethnicity				Total	$\chi^2$
		Korean	Han	Mongol	Bangladeshi		
		Chinese	Chinese				
1)	No	18.5	25.6	56.0	68.4	43.9	91.215***
	Yes	81.5	74.4	44.0	31.6	56.1	
Total		100.0(108)	100.0(133)	100.0(109)	100.0(158)	100.0(508)	
2)	No	47.2	69.9	54.1	69.0	61.4	19.511***
	Yes	52.8	30.1	45.9	31.0	38.6	
Total		100.0(108)	100.0(133)	100.0(109)	100.0(158)	100.0(508)	
3)	No	75.9	87.2	78.0	89.2	83.5	11.999**
	Yes	24.1	12.8	22.0	10.8	16.5	
Total		100.0(108)	100.0(133)	100.0(109)	100.0(158)	100.0(508)	
4)	No	89.8	91.0	78.9	72.2	82.3	23.080***
	Yes	10.2	9.0	21.1	27.8	17.7	
Total		100.0(108)	100.0(133)	100.0(109)	100.0(158)	100.0(508)	
5)	No	84.3	82.7	69.7	90.5	82.7	19.719***
	Yes	15.7	17.3	30.3	9.5	17.3	
Total		100.0(108)	100.0(133)	100.0(109)	100.0(158)	100.0(508)	

Note: 1) Knowledge on AIDS

- : 2) Knowledge on sexually transmitted disease
- : 3) Knowledge on contraception
- : 4) Information on organizations caring for AIDS infected persons
- : 5) Information on various health issues

## 12. Frequency of condom use

Only 27.3% of the participants claimed to need condoms; this was predominant among Mongolians (48.8%). When disaggregated, the data showed that women in Korean-Chinese and Mongolian communities perceived less of a need for condoms (Table 27.1). This may be due to marital status or involvement in a monogamous relationship, but it may also be related to issues of sexual empowerment. As for the number of condoms used in a month, 7-8 condoms were most frequently answered category, followed by 4-6 (20.2%) and 1-3 (20.2%) (Table 28). However, the quantity of condoms used was highest among the proportion of Bangladeshis who chose to use condoms. As evident

from the demographic profile of this community (Table 1), the majority are males in the most sexually active age group (76.9%).

<Table 27> **Necessity of condoms**

Ethnicity	Need for condom		Total	$\chi^2$
	Yes	No		
Korean Chinese	23.0	77.0	100.0(122)	53.653***
Han Chinese	18.4	81.6	100.0(136)	
Mongol	48.8	51.2	100.0(164)	
Bangladeshi	17.5	82.5	100.0(183)	
Total	27.3	72.7	100.0(605)	

<Table 27-1> **Necessity of condoms by sex**

Sex	Need for condom		Total	$\chi^2$
	Yes	No		
Male	49.6	50.4	100.0(137)	17.873***
Female	25.3	74.7	100.0(146)	
Total	37.1	62.9	100.0(283)	

<Table 28> **Monthly condom usage**

Ethnicity	How many condoms			Total	$\chi^2$
	1-3	4-6	7-8		
Korean Chinese	31.8	31.8	36.4	100.0(22)	13.218*
Han Chinese	31.3	31.3	37.5	100.0(16)	
Mongol	18.8	15.0	66.7	100.0(60)	
Bangladeshi	7.7	15.4	76.9	100.0(26)	
Total	20.2	20.2	59.7	100.0(124)	

In general, drug stores were reported to be the most convenient place to purchase condoms (44.2%), vending machines second (17%), and work places third (10.9%).

<Table 29> **The most convenient place to get condoms**

	Ethnicity				Total	$\chi^2$
	Korean Chinese	Han Chinese	Mongol	Bangladeshi		
1	10.7	28.0	5.0	12.5	10.9	
2	3.6	0.0	6.3	3.1	4.2	
3	7.1	4.0	2.5	15.6	6.1	
4	0.0	4.0	2.5	0.0	1.8	
5	10.7	4.0	6.3	3.1	6.1	124.516***
6	35.7	28.0	56.3	34.4	44.2	
7	25.0	24.0	15.0	9.4	17.0	
8	7.1	4.0	1.3	6.3	3.6	
9	0.0	4.0	5.0	15.6	6.1	
Total	100.0(28)	100.0(25)	100.0(80)	100.0(32)	100.0(165)	

Note: 1) Workplace

2) KC,HC,M,B social/religious organization

3) Korean social/religious organization

4) AIDS Service Organization

5) Hospital/health center

6) Drug stores

7) Vending machines

8) Convenience stores

9) Others

## V. Summary and conclusion

This comparative study of four migrant communities highlights several important similarities and differences that have direct or indirect implications on their vulnerability to HIV/AIDS.

### Han-Chinese:

- This is the second largest group among migrant workers in Korea, constituting around 30% of total migrants.
- This group has a **medium risk** of HIV/AIDS infection.
- Han-Chinese are among the least informed migrant groups with regards HIV/AIDS. Although most of the migrants in this community claim to be aware of AIDS, either as a result from knowledge gained in their home communities or from Korean sources, they remain largely unaware of what it is and how it is transmitted. This is illustrated by their general and widespread lack of awareness as to the modes of HIV transmission and their inaccurate perceptions of the disease.
- This group demonstrates a combination of characteristics to define it as medium risk group. This combination consists of low levels of HIV/AIDS awareness, and a socio-demographic profile that is skewed with an unequal male-female ratio (80.8%: 19.2%). However, this group displays a relatively low tendency to visit sex workers, a prime source of HIV transmission. Sex with a spouse, abstinence, and sex with a friend of the opposite sex, characterise the sexual behaviour of the majority of this community. Since the vast majority of Han-Chinese migrants stay for less than 2 years, this group has a lower tendency to display risky behaviour.

**Korean-Chinese:**

- This is the largest group among migrant workers in Korea, constituting around 50% of the total migrant population.
- This group has a **medium risk** of HIV/AIDS infection.
- Korean-Chinese, like Han-Chinese, are among the most misinformed migrant communities regarding AIDS. This community displays the highest number of people who have never heard of HIV/AIDS. It also displays a remarkably high number of people who first learned about AIDS after their arrival in Korea. This indicates a lack of access to information in their source communities. Korean-Chinese women in particular are particularly lacking in access to information both in their source communities and in Korea.
- Korean-Chinese also demonstrate a severe lack of knowledge concerning the exact nature and means of transmission of the disease. Awareness of modes of transmission appears to be very low. Perceptions of AIDS and its risks are subject to a similar lack of awareness.
- Despite misconceptions and lack of awareness, socio-demographic factors combined with general sexual behaviours, work to lessen the HIV vulnerability of this group. This migrant group has a relatively equal male-female ratio (60.6%, 39.6%). This group also has relatively low tendency to visit sex workers. Overall, the sexual behaviour of this group is very similar to that of the Han-Chinese.
- Although almost half of the Korean-Chinese migrant community stay in Korea for more than 3 years, the tendency to practice unsafe sex is possibly limited by a greater degree of cultural assimilation. By virtue of their ethnicity, this group has a greater linguistic and cultural affinity with their host community

**Mongols:**

- This is one of several smaller migrant communities in Korea, constituting around 5% of the total migrants.
- This group has a **low risk** of HIV/AIDS infection.
- Mongols are among the most well informed migrant communities regarding AIDS. Almost all of the migrants in this community have heard about AIDS before coming to Korea, and they also demonstrate high awareness as to the exact nature of the disease and its modes of transmission. While Mongolian women have less access to information than their male peers, they exhibit a more accurate understanding of the disease's modes of transmission. The majority of Mongol migrant community also demonstrates perceptions of HIV/AIDS that are more accurate than the other migrant communities studied.
- A major factor in this community's status as a low risk group is its socio-demographic profile. The migrant group has a male-female ratio (42.9%: 57.1%). Another significant factor is its general sexual behaviour. This group has the lowest tendency to visit sex workers, directly lowering their susceptibility to infection. Thus, this group's demographics, its relatively safe sexual behaviour, combined with its higher level of HIV/AIDS knowledge, contribute to its low risk categorization.

**Bangladeshi:**

- This is one of several smaller migrant communities in Korea, constituting around 5% of total migrants.
- This group has a **very high-risk** of HIV/AIDS infection.
- Awareness of HIV/AIDS among Bangladeshis is the lowest of all four migrant groups. Awareness of the possible modes of transmission of HIV/AIDS is severely limited and misconceptions are common. While Bangladeshi migrants displayed the lowest rate of all ethnicities that had

never heard of AIDS, it had the highest rate of exposure to HIV/AIDS information within the school system. This community is severely lacking in accurate HIV/AIDS information. However, the majority of Bangladeshi migrants appear to be aware of this, as their perception of the need for education within their own communities would suggest.

- What further compounds this migrant group's vulnerability is its socio-demographic profile. This migrant group is over 90% male, and many are in the most sexually active age group. This group has the highest tendency to visit sex workers. The fact that very few of them use condoms during sex with sex workers increases their risk.
- The vast majority of Bangladeshis do not intend to get tested for HIV/AIDS in Korea, as they consider their vulnerability to be very low.

## **Suggestions:**

### ***Sex Education***

As is evident from the survey, the majority of migrant workers in Korea remain unaware of the nature of HIV/AIDS, its modes of transmission, and consequently, of their personal vulnerability to the disease. However, the survey's findings also show that a majority of migrants recognise a need for AIDS education for themselves and their communities. To facilitate this, programs are required to disseminate AIDS education to migrant worker communities. These programs must be enacted with multi-sectoral co-operation that involves governments, corporates, multi-laterals and NGOs, as well as representatives from the migrant communities. As the findings indicate, women in at least two of the communities survey have less access to HIV/AIDS information yet tend to be better informed about transmission. Involvement with migrant workers women's groups would strengthen initiatives at a grass roots level and create the potential for peer education within communities. Since most of the illegal migrant workers are understandably reluctant to deal with any government organizations for fear of deportation and the subsequent loss of income, NGOs, religious/cultural organizations, embassies and other migrant service groups, should strengthen existing outreach and public information access programmes in order to target and gain access to migrants with the purpose of providing HIV/AIDS education.

### ***Sex education materials***

Most of the migrants in this study had heard about AIDS either before coming, or after coming to Korea, through mass media. However, the prevalence of misinformation and inaccurate perceptions about the disease demonstrates that the mass media has been ineffective at providing accurate information. By having their perceptions and attitudes towards HIV/AIDS shaped by the mass media, rather than by other educational initiatives, migrant workers have developed a limited and frequently incorrect perception of the

disease. This is reflected in high-risk sexual behaviour that increases migrants' HIV/AIDS vulnerability. Initiatives focused on the dissemination of printed material in the native languages of migrants should be undertaken and conducted as long-term programs. Materials, in written and audio-visual formats, should be used to inform migrants on a range of sexual and general health issues and should not be AIDS/HIV specific.

### ***Improvement of socio-legal status***

This survey's findings demonstrate the strong correlation between the male-female ratio of migrant communities, and the tendency to unsafe sexual practices. For various cultural and economic reasons, certain migrant groups (i.e., Bangladeshi) have highly unequal male-female ratios. This situation is caused in part by restrictions that prevent these workers from bringing their families to Korea. Multi-sectoral advocacy and lobbying of the Korean government to relax these restrictions should be undertaken. This should involve employers, embassies, NGOs and representatives of migrant groups.

The illegal status of migrant workers serves as an obstacle to HIV/AIDS prevention. The clandestine existence of these migrants discourages them from seeking information or help on HIV/AIDS from existing services. In the immediate term, strategies that provide education and care are needed to reach these migrants. Credible and trustworthy multi-sectoral programs that are independent of the government must be initiated. Embassies, NGOs and migrant groups must play a major role to maximise their effects. On a long-term basis, it is imperative to establish a systematic and ongoing program that advocates for an improvement in the laws protecting migrant workers' rights. Along with improved working conditions and labour rights, such initiatives will result in reducing the incentive to break contracts and to work illegally for greater pay. Humane and equal treatment of its migrant work force is the only truly effective method of managing Korea's unregulated migrant workers, and of controlling the spread of HIV/AIDS within these communities.

**- Appendix-**

**1. Table List**

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**1. Table list**

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&lt;Table 1&gt; Experiences at workplace

Types	Yes	No	Total
Physical attack or punishment	4.3	95.7	100.0(772)
Verbal abuse or violent language	27.5	72.5	100.0(772)
Body search	2.8	97.2	100.0(772)
Forbidden to leave the workplace	3.1	96.9	100.0(772)
Sexual harassment or violence	0.9	99.1	100.0(772)
Injury at work	22.8	77.2	100.0(772)
Illness due to work	11.3	88.7	100.0(772)
Unpaid/delayed wage	31	69	100.0(772)
Others	5.4	94.6	100.0(771)

&lt;Table 2&gt; Weekly working hours and monthly wage

Ethnicity	Weekly working hours	Monthly wage (KR won)
Korean Chinese	65.1	1,240
Han Chinese	63.8	1,003
Mongol	62.9	991
Bangladeshi	57.1	1,076
Total	62.3	1,075

&lt;Table 3&gt; Job satisfaction in Korea

Ethnicity	Job satisfaction					Total
	Very Satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	
Korean Chinese	6.7	47.2	25.6	13.9	6.7	100.0(180)
Han Chinese	2.9	23.9	39	27.3	6.8	100.0(205)
Mongol	18	11.6	44.8	16.3	9.3	100.0(172)
Bangladeshi	3.2	62.9	26.9	4.8	2.2	100.0(186)
Total	7.4	36.5	34.1	15.9	6.2	100.0(743)

&lt;Table 4&gt; Satisfaction with life in Korea

Ethnicity	Life satisfaction					Total
	Very Satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	
Korean	5.9	58.6	23.7	9.1	2.7	100.0(186)
Chinese	1.9	24.1	49.1	20.8	4.2	100.0(216)
Mongol	4	40.3	51.7	3.4	0.6	100.0(176)
Bangladeshi	1.6	74.1	17.5	4.2	2.6	100.0(189)
Total	3.3	48.5	35.7	9.9	2.6	100.0(767)

&lt;Table 5&gt; First time of hearing about AIDS by sex

Sex	first hearing about AIDS			Total	X <sup>2</sup>
	Before coming to Korea	After coming to Korea	Never heard		
Male	89.1	7.1	3.8	100.0(183) <sup>1)</sup>	3.846 <sup>2)</sup>
Female	81.8	12.4	5.9	100.0(170)	
Total	85.6	9.6	4.8	100.0(353)	

Note: 1) The numbers in ( ) indicate frequency.

2) \*: p<.05 \*\*: p<.01 \*\*\*: <.001

3) The items of 1), 2) are applied to every table in the report.

&lt;Table 6&gt; Level of need on AIDS education in one's community by sex

Sex	need of AIDS education for my community					Total	X <sup>2</sup>
	Very much	Pretty much	Some what	Little	Not at all		
Male	28.7	34.1	22.0	6.1	9.1	100.0(164)	11.015*
Female	27.7	21.9	37.4	5.2	7.7	100.0(155)	
Total	28.2	28.2	29.5	5.6	8.5	100.0(319)	

&lt;Table 7&gt; Needs of AIDS preventive materials by sex

Sex	need for AIDS preventive materials		Total	X <sup>2</sup>
	Yes	No		
Male	69.5	30.5	100.0(164)	1.047
Female	64.2	35.8	100.0(159)	
Total	66.9	33.1	100.0(323)	

## 2. Names of shelters and support centers for migrants in ROK.

Migrant NGOs			
Name	Ethnicity	Area	Phone
German Church	Mongol	Kyunggi	031-921-6979
Foreign Missionary		Kyunggi	031-976-2842
<u>Ilsan Foreign church</u>		Kyunggi	031-905-8291
<u>Ilsan migrant worker center</u>	Korean-Chinese	Kyunggi	031-975-5042
<u>China Missonary curch</u>		Kyunggi	031-966-2810
<u>Hangil church</u>		Kyunggi	02-381-4979
<u>Insan Foreign church</u>		Kyunggi	031-905-8291
<u>Opo foreign church</u>		Kyunggi	031-718-6119
<u>Foreigners' church</u>		Kyunggi	031-718-6119
<u>Islam cultural center</u>		Kyunggi	031-765-0070
Go Jae-hoon		Kyunggi	011-9189-8532 031-766-8532
<u>Ong jung church</u>		Kyunggi	031-987-7033
Gimpo foreign workers shelter		Kyunggi	031-981-7795
Am-mi foreign church		Kyunggi	031-571-6554
Female Migrant worker's center		Kyunggi	031-591-2270
Shalom's home	Bangladesh	Kyunggi	031-594-5821
<u>Bucheon migran worker's church</u>	Bangladesh	Kyunggi	032-654-0664
<u>Cheonsan joongang church</u>		Kyunggi	032-672-6603
<u>Nagunae love community</u>		Kyunggi	02-443-1468
<u>Sungnam Chinese worker's home</u>	Korean-Chinese	Kyunggi	031-756-2143
<u>Emma house for foreigners in Catholic</u>		Kyunggi	031-257-8501
<u>Salt church</u>		Kyunggi	031-484-1010
<u>Gallirea Catholic church</u>		Kyunggi	031-494-8411
<u>Ansan missionary church</u>		Kyunggi	031-494-8409
<u>ansan migrant workers' center</u>		Kyunggi	031-493-7354
<u>ansan migrant workers' center</u>	Bangladesh	Kyunggi	031-492-8785
<u>Ansan first church</u>		Kyunggi	031-485-0955
Kim Yundong		Kyunggi	017-320-1568, 031-498-2511
<u>New Joongang church</u>		Kyunggi	031-25-3031
<u>Anyang migrant workers home</u>		Kyunggi	031-443-2876
<u>Hope missionary</u>		Kyunggi	031-425-1044

<u>Church of love</u>		Kyunggi	031-874-3004
<u>Law center for Migrant workers</u>		Kyunggi	031-878-4090
<u>Uijunqbu migrant workers' center</u>		Kyunggi	031-848-0266
<u>Migrant workers' counseling center</u>		Kyunggi	031-878-6926
<u>Songwoori cultural center</u>	Bangladesh	Kyunggi	031-543-9201
<u>Masan Jaegun church</u>		Kyungnam	055-248-5156
<u>Yangsan Korean school</u>		Kyungnam	055-381-1112
<u>Migrant workers' counseling center</u>		Kyungnam	055-277-8779
<u>Migrant workers' counseling center</u>		Kyungnam	055-282-3737
<u>yangsan foreigners' home</u>		Kyungnam	055-388-0988
<u>Bethel workers' home</u>		Kyungbuk	053-853-9888
<u>Kungsan foreign workers' home</u>		Kyungbuk	053-815-7842
<u>Gumi migrant workers center</u>		Kyungbuk	054-452-2314
<u>Gwangju workers' home</u>		Gwangju	062-971-0078
<u>Migrant workers' missionary church</u>		Gwangju	062-951-8139
<u>The light world missionary church</u>		Daegu	053-746-0386
<u>Daegu Namsan Church</u>		Daegu	053-253-8490
<u>Daegu Seobu church for Vietnamese workers</u>		Daegu	053-252-2205
<u>Daegu migrant worker's counselling office</u>		Daegu	053-256-0696
<u>Daego catholic migrant workers center</u>		Daegu	053-253-1313
<u>Daejeon Bindul Church</u>		Daejeon	042-622-3389
<u>Daejeon Migrant &amp; foreign worker's support center</u>		Daejeon	042-631-6242
<u>Korean Language School of Gupo jaeil church</u>		Busan	051-331-6781
<u>Pusan shinpyeongro church</u>		Busan	051-206-6001
<u>Pusan catholic labor counselling center</u>		Busan	051-293-6403
<u>Community of foreign &amp; migrant worker's right in Pusan</u>		Busan	051-802-3438
<u>Chunghyun church</u>	Korean-Chinese	Seoul	02-552-8200
<u>Myeongsung church</u>		Seoul	02-3427-0365
<u>Shinsung church</u>		Seoul	02-986-1235
<u>Pyeongang church</u>		Seoul	02-902-1227
<u>The house of peace</u>		Seoul	02-997-6230

<u>Seoul foreign church</u>		Seoul	02-848-2641
<u>Wangsung foreigner's church</u>		Seoul	02-888-4813
<u>Seoul migrant worker's missionary</u>	Mongol	Seoul	02-458-2981
<u>Galilee church</u>	Mongol	Seoul	02-866-3884
<u>Seoul Korean-Chinese church</u>	Korean-Chinese	Seoul	02-857-7257
<u>Seoul migrant worker's shelter for Chinese</u>	Bangladesh	Seoul	02-863-6622
<u>Heenyeon missionary</u>		Seoul	02-858-7829
<u>Yangmoon church</u>		Seoul	02-902-2611
<u>Dongan church</u>		Seoul	02-962-1781
<u>Purun cilvil Yeondae for Korean education</u>		Seoul	02-964-7530
<u>Korean-Chinese missionary community</u>	Korean-Chinese	Seoul	02-723-4821
<u>Christian doctor's community on Korea</u>		Seoul	02-364-9430
<u>International migration organization</u>		Seoul	02-523-7647
<u>Good friends</u>		Seoul	02-587-8996
<u>Philippine church in Chungju</u>		Seoul	02-3472-3952
<u>Pulbuk organization in Korea</u>		Seoul	02-3462-5056
<u>The shelter</u>		Seoul	017-298-5119
<u>Wangshipli church</u>		Seoul	02-2229-5412
<u>Hanyang church</u>		Seoul	02-2292-0194
<u>Habiru mssionary in Eunhae church-Philippine</u>		Seoul	02-915-9262
<u>Philippine community of Korean Catholic in Seoul</u>		Seoul	02-765-0870
<u>Sunil church</u>		Seoul	02-423-0667
<u>Ellim foreign missionary center</u>		Seoul	02-796-0170
<u>Onnuri missionary</u>		Seoul	02-796-6052
<u>Comminity for migrant worker's right</u>		Seoul	02-795-5504
<u>Nambu church</u>		Seoul	02-745-1903
<u>Raphael clinic</u>		Seoul	02-741-0767
<u>Saemunan church</u>		Seoul	02-733-8143
<u>Seoul migrant worker's center</u>	Bangladesh	Seoul	02-3672-9472
<u>Helping our brothters</u>		Seoul	02-734-7070
<u>Human right shelter</u>		Seoul	02-741-5363
<u>Jaegun Seoul church</u>		Seoul	02-763-3679
<u>Female community if Korean church</u>		Seoul	02-708-4181
<u>Human right organization in Korea</u>		Seoul	02-6261-1210

<u>The good neighbor's clinic</u>		Seoul	02-2274-0161
<u>Commity of migrant worker's right</u>		Seoul	02-779-0326
<u>Migrant worker's right &amp; culture center</u>		Seoul	02-757-7384
<u>Korea UNESCO</u>		Seoul	02-755-7623
<u>Jangchung church</u>		Seoul	02-2279-9331
<u>Migrant worker's counselling center of Korea Catholic Seoul division</u>		Seoul	02-779-2049
<u>Incheon foreigner's church</u>		Incheon	032-542-2950
<u>Sanjeonhyun church</u>		Incheon	032-862-1657
<u>Soong Yee church</u>		Incheon	032-887-5800
<u>Juan church</u>		Incheon	032-429-7071
<u>Incheon Nadonggongdan Chinese migrant worker's shelter</u>		Incheon	032-815-1751
<u>Incheon migrant worker's center</u>		Incheon	032-766-4484
<u>Bugaedong church</u>		Incheon	032-503-9741
<u>Bupyung Dongbu church</u>		Incheon	032-503-9211
<u>Sunlin church</u>		Incheon	032-428-3111
<u>Gongcheon foreigner's shelter</u>		Incheon	032-561-3349
<u>Gobak church</u>		Incheon	032-573-6295
<u>Ellim foreign missionary center</u>	Korean-Chinese	Incheon	032-773-9182
<u>Migrant worker's counselling center in Incheon catholic</u>		Incheon	032-765-1094
<u>Korea migrant worker's right center</u>	Bangladesh	Incheon	032-4288-114
<u>Catholic labor counselling center</u>		Jeonbuk	063-852-6949
<u>Jeonju Andiok church</u>		Jeonbuk	063-274-3228
<u>Jeonju migrant and missionary counselling center</u>		Jeonju	063-272-2794
<u>Hapduk good gospel church</u>		Chungnam	041-362-4929
<u>Chunan jangro church</u>		Chungnam	041-555-5100
<u>Jinchun foreign brother's home</u>		Chungbuk	043-534-6251
<u>Jinchun joongang jangro church</u>		Chungbuk	043-534-0110

### 3. Survey Questionnaire (English version)

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Research Project  
Sponsored by UNDP and KUISC

## Questionnaire for Research on Migrant Workers' Health in Korea

This questionnaire survey is part of a study to find better ways to improve health and working conditions for migrant workers in Korea. In order to develop useful programs, we would like to ask you about your experiences, plans, opinions, and problems.

While you fill out this questionnaire, please do not exchange your views with others. No one outside our research staff will ever see your answers. We assure that your answers will be kept completely confidential. Collected data will be used only for the purpose of statistical analysis for the research. Please answer every question that is applicable to you.

Thank you very much for your cooperation.

November, 2003

Hoon-soo Kim  
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- First, we would like to ask you about yourself. Please make a mark (✓) on the proper answer as shown in <example 1> or write the appropriate number in the blank as shown in <example 2>.

<example 1> What color do you like most?

① Brown  ② Black  ③ Yellow

<example 2> How many times did you go to movies last month? 2 time(s)

1. What is your ethnicity?

① Korean Chinese  ② Han Chinese  
 ③ Mongol  ④ Bangladeshi

2. Your sex is:  ① Male  ② Female

3. Your birthday is: Year 19\_\_ Month \_\_

4. Your religion is:

① No religion  ② Protestant  ③ Catholic  ④ Moslem  
 ⑤ Buddhism  ⑥ Hinduism  ⑦ Confucianism  ⑧ Other

5. How many years of formal education have you received? \_\_\_ years

6. You are:

① Single, never married  ② Married  
 ③ Divorced  ④ Widowed

**(If married)**

6.1 Do you have a wife/a husband in Korea?

① Yes  ② No

6.2 How many children do you have in Bangladesh? \_\_\_ persons

6.3 How many children do you have in Korea? \_\_\_ persons

7. Before coming to Korea, what kind of job did you have in Bangladesh?

① Farmer, miner, fisher, etc.  
 ② Unskilled worker (elementary occupation, cleaner, vender, porter, etc.)  
 ③ Skilled worker (welder, electrician, machine operator, carpenter, etc.)  
 ④ Sales or service worker (salesman, cook, hair dresser, waitress, etc.)  
 ⑤ Clerical worker (typist, bookkeeper, recorder, cashier, etc.)  
 ⑥ Professional or technical worker (lawyer, engineer, teacher, etc.)  
 ⑦ Managerial or administrative worker (senior official, manager, etc.)  
 ⑧ Housekeeper  
 ⑨ Student  
 ⑩ Unemployed  
 ⑪ Others (specify: \_\_\_\_\_)

8. What was your average monthly income at that job? Please write down the amount in US dollar.

\$







- \_\_⑥ Sleeping
- \_\_⑦ Watching TV
- \_\_⑧ Cooking
- \_\_⑨ Laundering/Cleaning
- \_\_⑩ Traveling
- \_\_⑪ Others (specify: )

34. The following problems could happen to you while living in Korea. How serious was each of the problems to you?

	① Not serious at all	② Not too serious	③ Somewhat serious	④ Serious	⑤ Very serious
1) Language problem	—	—	—	—	—
<b>2) Health Problem</b>	—	—	—	—	—
<b>3) Discrimination</b>	—	—	—	—	—
<b>4) Homesickness</b>	—	—	—	—	—
<b>5) Housing problem</b>	—	—	—	—	—
<b>6) Food problem</b>	—	—	—	—	—
<b>7) Violence/threat</b>	—	—	—	—	—
<b>8) Family problem</b>	—	—	—	—	—
<b>9) Relationship with friends</b>	—	—	—	—	—
10) Others (specify: )	—	—	—	—	—

35. The following problems could happen to you at the workplace. How serious was each of the problems to you?

	① Not serious at all	② Not too serious	③ Somewhat serious	④ Serious	⑤ Very serious
1) Wage problem	—	—	—	—	—
2) Work load	—	—	—	—	—
3) Working hours	—	—	—	—	—
4) Relationship with Korean co-workers/boss	—	—	—	—	—
5) Recruitment Fraud	—	—	—	—	—
6) Accident/disease	—	—	—	—	—
7) Others (specify: )	—	—	—	—	—

**■ Finally, we would like to ask you about AIDS and other health problems.**

36. When did you first hear about AIDS?

- \_\_① Before coming to Korea
- \_\_② After coming to Korea
- \_\_③ Never heard (go to Question 43)

37. Where did you first hear about AIDS?

- \_\_① Mass media (TV, radio, newspapers)
- \_\_② Posters, Leaflets, Pamphlets etc.



- 3) Sex with a wife or a husband    4) Sex with a friend of opposite sex  
5) Sex with sex workers    6) Sex with a friend of the same sex  
7) Others (specify:    )
44. If you have friends who have sex with sex workers, what is the nationality of the sex workers? Please check every nationality.
- 1) Korean    2) Korean Chinese    3) Han Chinese  
4) Mongol    5) Bangladeshi    6) Russian  
7) Filipino    8) Others (specify:    )
45. If you have friends who have sex with sex workers, where do they usually go for sex?
- ① Karaoke (noraebang, danran-jujeom)  
② Brothel  
③ Barber shop  
④ Massage Parlor  
⑤ Call Girls (inns, yoe-gwan, motel)  
⑥ Others (specify:    )
46. Have you ever used condoms in Korea?
- ① Yes    ② No (go to Question 46.5)
- (If yes)**
- 46.1 Where do you get them?
- ① Bangladeshi friends    ② Korean friends    ③ Workplace  
④ Vending machines    ⑤ Drug stores    ⑥ Convenient stores  
⑦ Bangladesh    ⑧ Others (specify:    )
- 46.2 Why do you use condoms?
- ① To contracept    ② To prevent AIDS infection  
③ To prevent sexually transmitted infection  
④ Others (specify:    )
- 46.3 Do you think condoms are expensive?
- ① Not expensive at all    ② Not too expensive  
③ Somewhat    ④ Expensive    ⑤ Very expensive
- 46.4 How easy or difficult is to get condoms?
- ① Very easy    ② Somewhat easy  
③ Somewhat    ④ Difficult    ⑤ Very difficult
- (If no)**
- 46.5 Why did not you use condoms?
- ① I did not have sex  
② I do not know how to use a condom  
③ I do not know where I can get condoms  
④ Condoms are expensive  
⑤ Using condoms reduce sexual pleasure  
⑥ Using condoms are troublesome  
⑦ I cannot find right size of condoms  
⑧ My partner does not like using condoms  
⑨ Others (specify:    )
47. Have you ever met an AIDS positive person in Korea or in your country?
- ① Yes    ② No

- \_\_③ I do not know about AIDS (go to Question 55)
48. If your close friend is tested AIDS positive, where is he/she likely to go to get help?
- \_\_① Bangladeshi Friends/relatives  
 \_\_② Bangladeshi social/religious organization  
 \_\_③ Korean Friends      \_\_④ Korean social/religious organization  
 \_\_⑤ AIDS Service Organization      \_\_⑥ Hospital/health center  
 \_\_⑦ Embassy      \_\_⑧ Others (specify:      )
49. Have you ever heard about **KUISC** (Korean UNAIDS Information Support Center), an AIDS counseling and anonymous testing center exclusively for foreigners, located at Itaewon, in Seoul and run by international organizations?
- \_\_① Yes      \_\_② No
50. Do you want to get an anonymous AIDS test?
- \_\_① Yes      \_\_② No

**(If yes)**

50.1 Where do you want to get the test?

- \_\_① Workplace  
 \_\_② Bangladeshi social/religious organization  
 \_\_③ Korean social/religious organization  
 \_\_④ AIDS Service Organization  
 \_\_⑤ Hospital/health center  
 \_\_⑥ Embassy  
 \_\_⑦ Others (specify:      )

50.2 When do you want to get the test?

- \_\_① Weekdays daytime      \_\_② Weekdays night  
 \_\_③ Weekend daytime      \_\_④ Weekend night  
 \_\_⑤ Others (specify:      )

**(If no)**

50.3 Why do not you want to get the test?

- \_\_① No probability of AIDS infection  
 \_\_② No privacy on the testing result  
 \_\_③ Inhumane testing method  
 \_\_④ Fear of testing result  
 \_\_⑤ Fear of my illegal sojourn status  
 \_\_⑥ No time  
 \_\_⑦ Others (specify:      )

51. Did you get an education on AIDS before coming to Korea?

- \_\_① Yes      \_\_② No

**(If yes)** 51.1 Do you think the education was sufficient?

- \_\_① Very sufficient      \_\_② Somewhat sufficient  
 \_\_③ Hardly sufficient      \_\_④ Not sufficient at all

52. Did you get an education on AIDS after arriving in Korea?

- \_\_① Yes      \_\_② No

**(If yes)**

52.1 Do you think the education was sufficient?

- ① Very sufficient       ② Somewhat sufficient  
 ③ Hardly sufficient       ④ Not sufficient at all

53. How much is an education on AIDS needed for your community?

- ① Very much       ② Pretty much       ③ Somewhat  
 ④ Little       ⑤ Not at all

**(If needed)**

53.1 Which is the best place for the education?

- ① Workplace  
 ② Bangladeshi social/religious organization  
 ③ Korean social/religious organization  
 ④ AIDS Service Organization  
 ⑤ Hospital/health center  
 ⑥ Embassy  
 ⑦ Others (specify:      )

53.2 When is the best time for the education?

- ① Weekdays daytime       ② Weekdays night  
 ③ Weekend daytime       ④ Weekend night  
 ⑤ Others (specify:      )

54. Do you want AIDS preventive materials?

- ① Yes       ② No

**(If yes)**

54.1 What type of Materials do you want?

- ① Printed       ② Audio  
 ③ Visual       ④ Others (specify:      )

54.2 What contents do you want in the material? (please, indicate every item you want)

- 1) Knowledge on AIDS  
 2) Knowledge on sexually transmitted disease  
 3) Knowledge on contraception  
 4) Information on organizations caring for AIDS infected persons  
 5) Information on various health issues  
 6) Others (specify:      )

54.3 Where do you want to get the material?

- ① Workplace  
 ② Bangladeshi social/religious organization  
 ③ Korean social/religious organization  
 ④ AIDS Service Organization  
 ⑤ Hospital/health center  
 ⑥ Embassy  
 ⑦ Others (specify:      )

55. Do you need condoms?

- ① Yes       ② No

**(If yes)**

55.1 How many condoms do you need every month? \_\_\_volumes

55.2 Where is the most convenient place for you to get condoms?

- ① Workplace  
 ② Bangladeshi social/religious organization  
 ③ Korean social/religious organization  
 ④ AIDS Service Organization  
 ⑤ Hospital/health center  
 ⑥ Drug stores  
 ⑦ Vending machines  
 ⑧ Convenient stores  
 ⑨ Others (specify: \_\_\_\_\_ )

*Thank you very much for completing the questionnaire*

Date of survey	
Place of survey	
Name of conductor	

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