



SOUTH KOREA

conventional name: REPUBLIC OF KOREA

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals
Working with Foreign-born Clients

A map of East Asia showing the Korean Peninsula, Japan, and parts of China. South Korea is highlighted in white, while North Korea and the surrounding regions are in a light blue color. The map shows the Korean Peninsula, the Sea of Japan, the Yellow Sea, and the Korea Strait.

GEOGRAPHIC LOCATION

- South Korea is located in eastern Asia.¹
- The capital is Seoul.¹
- The country is located in the southern half of the Korean Peninsula, bordered to the north by North Korea, and surrounded by the East Sea (Sea of Japan) and the Yellow Sea. Japan is located to the south of the country, across the Korea Strait.¹
- The country is divided into 7 metropolitan cities (*gwangyoksi*) and 9 provinces (*do*).¹
- **Metropolitan Cities:** Busan, Daegu, Daejeon, Gwangju, Incheon, Seoul, Ulsan.²
- **Provinces:** Chungcheongbuk-do, Chungcheongnam-do, Gangwon-do, Gyeonggi-do, Gyeongsangbuk-do, Gyeongsangnam-do, Jeju-do, Jeollabuk-do, Jeollanam-do.²

Note: The information provided within is an introduction only and does not characterize all individuals from this country.

BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):

- **Official language:** Korean¹

Note: English is widely taught in junior high and high school.¹

ETHNIC GROUPS:

- **Majority:** Korean (South Korea is one of the few countries in which ethnicity and nationality coincide)^{1,3}
- **Minority:** Chinese (approximately 20,000 individuals)^{1,3}

Note: The country's population is relatively homogenous.^{1,4}

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- According to records collected by the Korean government, 49.3% of the population reports no specific religious affiliation.¹
- Christian 26.3% (Protestant 19.7%, Roman Catholic 6.6%), Buddhist 23.2%, other or unknown 1.3% (1995 census)¹

LITERACY OF CITIZENS: *Defined as persons ages 15 years and older that can read and write.*

- Total population: 97.9% (2002 estimate)¹

Male: 99.2%

Female: 96.6%

MEDICAL SYSTEM:

- The medical system in South Korea is a mix of public and private sectors and includes both Western and traditional medicine. Western medicine is the mainstream form of care.^{3,5,6}
- The National Health Insurance Program covers the entire country.^{3,5,7} This mandatory insurance program is a co-pay system.⁸
- Many hospitals in Korea have state-of-the-art diagnostic and therapeutic equipment.⁶

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Vector borne:** leptospirosis, tsutsugamushi, malaria, scrub typhus, hemorrhagic fever with renal syndrome, tick borne encephalitis.^{2,9-12}
- **Food or water borne:** norovirus,¹⁰ hepatitis A¹²

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FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 1.22 children born/woman (2010 estimate)¹

RELEVANT HISTORY:

- Inter-Korean relations have remained strained between South Korea (the Republic of Korea/ROK) and North Korea (the Democratic People's Republic of Korea/DPRK), since the Korean War (1950-1953).¹

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:

- According to data collected in 2000 by the US Census Bureau, approximately 1,076,872 individuals originating from Korea reside in the United States.¹³
- 25,859 persons from South Korea obtained legal permanent resident* status within the US during fiscal year 2009.¹⁴
- The average number of persons from South Korea who have obtained legal permanent resident* status annually (2000-2009): 21,500.¹⁴

*Note: Prior to fiscal year 2009, data for South Korea includes a small number of cases from North Korea.*¹⁴

- In 2009, the number of nonimmigrant admissions** from South Korea included 146,468 admissions for students and exchange visitors; 40,781 admissions for temporary workers and their families; and 5,721 admissions for diplomats and other representatives.¹⁴

**Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as "immigrants," they are also known as "permanent resident aliens" and "green card holders."*

***Nonimmigrant admissions refer to arrivals of persons who are authorized to stay in the United States for a limited period of time. Most nonimmigrants enter the United States as tourists or business travelers, but some come to work, study, or engage in cultural exchange programs.*

According to 2009 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their intended state of residence.

The percentage of the total number of legal permanent residents by state:¹⁵

1. California – 36.5%
2. New York – 9.7%
3. Virginia – 6.5%
4. New Jersey – 6.3%
5. Washington – 5.4%
6. Texas – 4.3%
7. Georgia – 3.8%
8. Maryland – 3.7%
9. Illinois – 3.1%
10. Pennsylvania – 2.4%

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:

- 5,864 persons from South Korea were granted permanent resident status within Canada during fiscal year 2009.¹⁶
- The average number of persons from South Korea who became legal permanent residents of Canada annually (2000-2009): 6,798.¹⁶
- In 2007, South Korean immigrants granted permanent residence in Canada accounted for 5.2% of all immigrants originally from Asia and the Pacific.¹⁷
- In 2009, there were a total of 11,048 entries of students from South Korea and 4,610 entries of workers from South Korea into Canada.¹⁶

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING TO COUNTRIES WITHIN THE EUROPEAN UNION:

- Statistics available through Eurostat (2008) indicate that the majority of South Korean immigrants to the European Union have migrated to Germany, Slovakia, and the Czech Republic.¹⁸

TUBERCULOSIS EPIDEMIOLOGY

BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2009, THIS COUNTRY IS RANKED NUMBER 33 OUT OF 212 COUNTRIES WORLDWIDE.¹⁹

Estimated Burden of Tuberculosis (2009):

- **Incidence:** 90/100,000^{19,20}
- **Prevalence:** 114/100,000^{19,20}

Reported Cases of TB (2009):

- 38,741^{19,20}

Estimated Burden of HIV Infection (2009):

- **Estimated prevalence:** <0.1%²¹
- **Low estimate (adults):** <0.1%²¹
- **High estimate (adults):** <0.1%²¹

The WHO estimates 7,000-13,000 persons in South Korea are living with HIV.²¹

TB/HIV Co-Infection (2009):

**Estimated HIV prevalence among incident TB cases*

- **Estimated co-infection:** 0.61%¹⁹

LEVEL OF MULTIDRUG-RESISTANT* TB (2008):

**Multidrug resistance is defined as resistance to at least Isoniazid and Rifampicin.*

- 2.7% of new TB cases are multidrug-resistant.²⁰
- 14% of previously treated TB cases are multidrug-resistant.²⁰
- According to data available through the Korean TB Surveillance System, the proportion of TB treatment delivered through the public sector gradually decreased from about 50% in 1995 to less than 30% in 2006. Correspondingly, the proportion of TB treatment delivered through the private sector increased to approximately 70% in 2005. Reports indicate the private sector used various regimens in the treatment of patients and treatment outcomes were less than optimal.

Subsequently, Korea experienced an increase in treatment failures and increased prevalence of drug resistance among younger age groups between 1994 and 2004. This was indicative of active transmission of drug-resistant bacilli in communities.²² These trends also prompted calls for the National TB Program (NTP) to improve case management in the private sector, and greater cooperation between the public and private healthcare sectors. More recent reports indicate a complex cooperative relationship exists between the public and private healthcare sectors for the treatment of TB.²²

- New TB cases are treated in the public sector through the National Tuberculosis Program, where there is an emphasis on improving cure rates among newly diagnosed patients and prevention of additional drug resistance.^{11,22}
- The private sector treats the majority of TB re-treatment cases and difficult cases, particularly those who fail on standard treatment regimens or initial regimens that include Rifampicin and INH.²²
- Pulmonary specialists in the public and private sectors routinely treat MDR-TB patients using individualized regimens based on drug susceptibility testing (DST).²³ (A regular, uninterrupted supply of second-line drugs has been available in South Korea for years.⁷)
 - In the public sector, drug susceptibility testing (DST) for first- and second-line drugs is performed in cases of relapse, failure or suspected drug resistance (defined as persistently positive smears in the 5th or 6th month of treatment). In the private sector, DST is routinely performed for all TB cases.²³
 - For known MDR-TB patients treatment may be inadvertently postponed due to delayed DST results.²³
 - In cases of treatment failure, Korean doctors may prescribe second-line drugs empirically without DST results. Although empiric regimens may not be optimal, second-line drug treatment for treatment failure or MDR-TB is not delayed. After obtaining DST results, the prescribed drugs are adjusted according to test results.¹²

Note: Because p-aminosalicylic acid (PAS) had been used for many years in South Korea, PAS-resistant strains of TB are common in some communities.²³

STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:

R or RMP or RIF = Rifampicin or Rifampin	S or STM or SM = Streptomycin
H or INH = Isoniazid	Et = Ethionamide
Z or PZA = Pyrazinamide	CIP = Ciprofloxacin
E or EMB = Ethambutol	P or PAS = <i>p</i> -aminosalicylic acid

- For newly diagnosed patients, the most common treatment regimen is 2RHZE/4RHE.^{7,23}

– A less common alternative is 9RHE.⁷

Note: The decision to give new patients ethambutol in the continuation phase was based on high rates of primary drug resistance in Korea.^{7,23}

- Until 1990, treatment failures received treatment through the National TB Program (NTP) health centers with empiric regimens of second-line drugs.⁷ Regimens such as 6SZP/12ZP, 9RHE, 18HES, and 18HZS were used until 1990.⁷

Since 1990, patients who fail on standard treatment regimens or initial regimens containing RMP and INH have been referred by the NTP to the private sector for treatment with second-line drugs⁷ because MDR-TB cases tend to respond poorly to the NTP re-treatment regimen of SM+PAS+PZA. Treatment is individualized based on drug susceptibility test results.²²

- Second-line treatment in South Korea may include: fluoroquinolones (ofloxacin, levofloxacin, moxifloxacin), streptomycin, kanamycin, cycloserine, PAS, prothionamide.^{7,11,24}
- Upon initial and re-treatment failure, it is not uncommon for patients to try all first- and second-line drugs. These patients are considered “chronic” (i.e., incurable) tuberculosis cases.^{7,24}
- Activity-unknown drugs such as clarithromycin, amoxicillin/clavulanate, clofazimine, or linezolid are used to treat intractable multidrug-resistant TB or XDR-TB patients.¹²
- Adjunctive surgery is also used to treat patients hospitalized with drug-resistant or MDR strains of TB.⁷

*Note: In almost 100% of cases, daily therapy – not intermittent therapy – is a rule in Korea, even in the continuation phase.*¹²

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 100% of the country's citizens are covered by DOTS (2007 estimate).²⁵
- Literature published as recently as 2007 reported the Korean TB control policy has not included directly observed ingestion of anti-TB drugs.^{7,23,26}
 - Rather than perform directly observed therapy, nurses or case managers working in public health centers have provided initial health education and called TB patients who default or do not show up for their monthly appointments.^{7,11}
 - Extended monitoring of TB patients has been implemented in the health centers throughout the country.¹⁰
 - DOTS has been adopted at TB hospitals in Korea.¹⁰

TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:

Yes No Information Not Found/Unknown

Comments: The government subsidizes treatment in both the public and private sectors in order to remove financial barriers to tuberculosis care.⁷

- In the public sector, treatment for TB is free of charge.⁷
- In the private sector, the patient pays approximately 20-50% of the total treatment cost; the remainder is covered by national health insurance.^{7,8,12}

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:

Yes No⁷ Information Not Found/Unknown

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

Yes^{12,27} No Information Not Found/Unknown

Comments: In the past, medications which required a prescription in the US and Canada were available without a prescription in Korea. Today, however, the situation in Korea is similar to that of the US and Canada and prescriptions are required.¹²

USE OF BCG VACCINE:

Yes No

- BCG is administered at birth or within 4 weeks of age.^{5,10}

Approximate percentage of the population that is covered by the BCG vaccine:

- 96% coverage (2009 estimate, WHO/UNICEF)²⁸

NICKNAMES/COMMON NAMES FOR TB:

- *Pye-Byeong* (lung/pulmonary disease)^{12,27}

Note: As indicated above, Pye-Byeong translates as lung or pulmonary disease. However, some members of older generations will use this word in reference to pulmonary TB because in the past, a significant portion of respiratory disease in Korea was due to tuberculosis.¹²

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:

- Among some Koreans, a balance between the mind and body is thought to be the key to good health.
 - This balance is achieved through the flow of the body’s life energy, called *ki*. Good health is the result of a strong, uninterrupted flow in *ki*. Illness occurs as a result of imbalanced or blocked *ki*.^{5,29} Linked to the belief in *ki*, is the concept of *eum* and *yang*. Similar to the Chinese *yin* and *yang*: *eum* (pronounced “um”) is water, female, dark, and shade whereas *yang* is fire, male, light, and bright. An imbalance of *eum* and *yang* may also result in illness.²⁹

Note: These beliefs regarding ki and eum and yang are more common among elderly Koreans.²

COMMON MISPERCEPTIONS RELATED TO TB ETIOLOGY/CAUSE:

- Heredity²⁹
- Cigarette use²⁹
- Alcohol abuse²⁹
- Result of common cold²⁹
- Environmental conditions (e.g., dusty places)²⁹

Note: These misperceptions are more common among the elderly and less educated persons.²⁷

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Physical contact with a person who has TB²⁹
- Sharing things (such as spoons, chopsticks, rice bowls, towels) with a person who has TB²⁹
- Some believe a patient can transmit TB to those around him/her throughout the treatment period, even when treatment is successful.¹¹

Note: These misperceptions are more common among the elderly and less educated persons.²⁷

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

- Some Korean persons, especially the elderly, are wary of having their blood drawn because blood is considered to be life. Therefore, removing blood from the body would be the same as removing *ki* (life energy).²⁹
 - Healthcare providers may provide assurance by stating that only a minimal amount of blood has been drawn and it will not take long for the body to replace it.²⁹
 - If the Korean patient’s uncertainty persists, suggest eating a small piece of chicken or small meal to help replenish or “replace the blood” and prevent anything bad happening because some *ki* has been removed.²⁹

CURES/TREATMENTS THAT MAY BE USED:

- When ill, some Korean TB patients will take herbal tonics to increase *ki*.²⁹
- Predominant sick care practices include biomedical (Western), holistic, and traditional therapies. All may be used concurrently.^{5,30}
- Traditional treatments include:^{5,30}
 - Acupuncture³ – the insertion of needles into precise points corresponding to afflicted areas of the body in order to treat ailments.³⁰
 - Hand acupuncture³⁰
 - Acupressure – applying physical pressure to acupuncture points by hands, elbows, or devices.^{5,30}
 - Herbal medicines^{3,8,30}
 - Cupping – a heated cup or glass jar is placed on the skin to draw the skin up into the cup like a vacuum.³⁰
- Elderly Koreans may be more inclined to use traditional remedies.¹¹

Note: Herbs and other plants have the potential to interact with prescribed medications. Additional study of the pharmacological properties of herbs/plants used in traditional medicine practices is needed; however, this is beyond the scope of this guide.

MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:

- Korean patients may think that TB medications, as prescribed by Western physicians, are too strong for them – believing the dosages were designed with Caucasians in mind, who are bigger than Koreans. As a result, a patient may cut his or her dose in half.²⁹
- Some Koreans prefer shots to oral medication for TB because they believe injected medications will achieve a faster cure.²⁹
- Some Koreans tend to avoid taking prescribed medication when they are free from obvious symptoms, reasoning the absence of symptoms means they are cured.²⁹
- Korean patients may think a highly nutritious diet is essential for achieving a cure for TB. Healthcare providers should inform patients that diet is important, but adhering to medications is more important.²⁷

USE OF TRADITIONAL HEALERS:

- Some individuals, particularly the elderly, may seek out a shaman for the care of an illness, or if they experience a series of bad or unlucky events. Shamans perform *kut* (healing rituals) to cure problems or illnesses attributed to evil spirits, illnesses that have not been cured by other means, to ward off restless spirits, or to secure good fortune/health. *Kut* include songs, dances, and incantations.^{3,30}

Note: Seeking care from a shaman has become less common.²⁷

STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:

- Korean patients with TB may experience:²⁹
 - Feelings of shame (or guilt, in relation to the family)¹¹
 - Stereotyping such as being viewed as poor
 - Relationship conflicts
 - Isolation

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

- When discussing medication regimens and dosing of medication, address any concerns that Western medication is “too strong” for Koreans.²⁹ Explain why the prescribed medication regimen was chosen to treat the patient and the rationale for the length of the treatment regimen.
 - Emphasize TB is curable with medications. Explain the need for, and reasons why, TB medications must be taken even when symptoms resolve.^{27,29}
- Many Korean immigrants received the BCG immunization in South Korea (it is required for school). They may attribute being PPD+ to the BCG vaccine, thereby not considering a positive TB skin test a matter of concern. Explain how BCG differs from other vaccines and the rationale or benefits of the vaccine. Specify that BCG doesn't protect one from acquiring TB or cure TB and explain the rationale for preventive therapy despite the absence of disease symptoms.²⁹
- Reinforce that TB is not an inherited disease.²⁷

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

GENERAL COMMENTS:

- In South Korea, less than 1% of the population is known to be HIV-positive.^{21,31}
- Although the prevalence of HIV is low, the incidence has increased annually.³¹
- The main route of HIV transmission is through heterosexual and homosexual contact.³¹

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:

Note: No information concerning common misperceptions specific to the etiology/cause of HIV/AIDS was found in the literature.

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Saliva³¹
- Kissing³¹
- Mosquito bites³¹
- Sharing a toothbrush or razor with HIV-positive persons³¹
- Sharing toilets or bathtubs with HIV-positive persons³¹

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

Note: Information concerning misperceptions specific to the procedures used to diagnose HIV/AIDS was not found in the literature.

CURES/TREATMENTS THAT MAY BE USED:

- In South Korea, ART is free for persons with HIV/AIDS.³²

Note: See “Cures/Treatments that May be Used” in the “Common Attitudes, Beliefs and Practices Related to Tuberculosis” section for general cures and treatments.

STIGMA AND STIGMATIZING PRACTICES SURROUNDING HIV/AIDS IN THIS COUNTRY:

- Stigma and discrimination regarding HIV/AIDS is evident in South Korea. Koreans often resist HIV testing, due to prejudices and fear of stigma associated with an HIV diagnosis.^{24,31,32}
 - In South Korea, the names of HIV patients are kept on a government list and patients are monitored.
- Some Koreans may think that persons with HIV bring the disease upon themselves. They may be wary of associating with persons with HIV/AIDS in their school, community, or workplace.³²
- The general public in South Korea tends to believe that HIV/AIDS cannot be treated. Therefore, it is not uncommon for HIV-positive people to become estranged from their families or laid off from work. HIV patients do not tend to protest any discrimination for fear of being identified as HIV-positive and losing “face” (i.e., honor, good reputation, respect).³²

IMPORTANT HIV EDUCATION POINTS:

- Assess clients’ knowledge of HIV/AIDS; prepare to provide basic/general information regarding methods of HIV transmission, disease risk, disease prevention, and treatment, especially to Korean women.³¹
- Discuss stigma and concerns related to discrimination.
- Discuss the benefits associated with condom use (for both men and women); offer instruction in the proper use of condoms.

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- In South Korea, a respectful greeting includes a smile and slight bow. Additionally, a handshake may be used. During the handshake, the right forearm is often supported by the left hand, especially when shaking hands with a senior or older person.^{4,12,29,33}
 - Western women may need to initiate a handshake with a Korean male.
- During a greeting, eye contact is usually maintained.³³
- Older adults are treated with a great deal of respect, as emphasized in Confucianism.^{4,29} Make a point of acknowledging elderly Koreans first when meeting a group.³³
- Address persons from South Korea using “Mr./Ms./Mrs.” before their surname. In South Korea, it is disrespectful to address adults by their first name only, especially when speaking with an elderly person. Only close friends and family address each other by their first names.^{3,29,30,33}
- Additionally, Koreans may address someone by a position title such as “Professor,” “Manager,” or “Director” followed by the honorific suffix “*Nim*”.³
- In Korean culture, physicians are highly regarded. It is customary for Korean patients to address their doctor as “Sir Dr.” or “Madam Dr.” to extend this respect.²⁹
- When entering a Korean person’s home, first remove your shoes and if offered, put on house slippers.^{4,33}

Is there a need to match client and provider by gender?

Yes No Information Not Found/Unknown

Comments:

- Some Koreans prefer a physician of their same gender, especially for female/maternity care. More traditional Koreans may also prefer to obtain care from a physician of the same gender.³⁰
- Elderly Koreans may think that male doctors are better than female doctors because there have been few female providers in South Korea in the past.²⁹
- Elderly Koreans may not take young healthcare providers seriously, especially if they don’t speak Korean. Young health providers can address this issue by stating their level of experience and/or teaming up with an older provider – this will reassure older Korean patients.²⁹
- In South Korea, people do not tend to use a regular family doctor; instead, they may hop from one doctor to another. When a person is diagnosed with a serious illness, it is not uncommon to go to other doctors to seek second opinions.^{12,29}
- Koreans may switch to a new doctor if they perceive a healthcare provider as abrupt or disrespectful. It is important for healthcare providers to build a Korean patient’s trust and use a humble approach in order to maintain patient loyalty and compliance.²⁹

FAMILY:

- Family is an important part of Korean life,²⁹ with the needs of the entire group as a whole being more important than the needs of an individual. Actions of one family member reflect upon the rest of the family. Loyalty to family and friends is important.⁴
- Traditionally, men are the head of the household. The men tend to take care of economic matters, and women typically take care of domestic and emotional needs.^{3-5,33}
- In South Korea, decisions are usually made by group consensus with deference given to the oldest or most senior family member. As a result of this respect, it may be difficult for a person from South Korea to criticize or go against what a senior person thinks or wants. However, Western-style individualism is becoming a more apparent influence among Koreans.³³
- Generally, during the first two years of life children receive a great deal of nurturing and indulgence from their parents. Many parents sleep with their infants and young children in the same room.
- Sons and daughters are often treated differently. As a result, sons tend to maintain a stronger sense of dependence on their parents throughout adolescence and until after marriage whereas daughters tend to be more self-reliant and individualistic.³
- When a family member is sick, the family will often provide personal care, and act as guardians for the sick family member. The family is also often actively involved in making medical decisions and patients may delegate decision-making to family members. Thus, healthcare professionals should ask a patient if they (the healthcare professional), need to consult with the patient's family regarding decisions and general care of the patient.^{5,29}

NAMES:

- Korean names consist of a family name followed by a given name. Sometimes, the given name may include a generational name.^{5,33}
- Korean family names tend to be one syllable, and given names tend to be two syllables; therefore, what might appear to be a middle name is usually part of the Korean patient's first name.^{29,33}
- Married women usually keep their maiden names.⁵ If you do not know a Korean woman's maiden name, it is acceptable to refer to her as "Mrs." followed by her husband's family name.³³
- It is advisable to directly ask a patient what name they prefer be used in conversation.

CULTURAL VALUES:

- *Kibun* is a Korean concept of "face": i.e., mood, feelings, or state of mind. If you hurt someone's *kibun* you hurt their pride, cause them to lose dignity, and lose face.^{4,30}
- A person's reputation and social standing are important parts of Korean culture. In order to save face, Koreans try to remain calm and control their emotions so that they avoid losing their composure and becoming embarrassed.³³

- Koreans may be sensitive to criticism so discussions should be done in private.^{4,33}
- Persons from South Korea strive for harmony in their relationships. Koreans may tell a “white lie” if it means maintaining a peaceful, comfortable atmosphere.^{4,30}
- If healthcare professionals wear informal or immodest clothing, patients from South Korea may regard this as a sign of disrespect or an indication that the healthcare staff view their patient population as “low class”.²⁹
- Punctuality is considered basic etiquette and generally valued for appointments, transportation, and work.^{4,5,30} Socially (in the past), Koreans may arrive 30 minutes to 2 hours after an agreed-upon time.^{12,30} It may be helpful to discuss schedules and meeting times when making initial arrangements for DOT.
- Koreans are generally courteous, outgoing and friendly. However, by observing good manners they may appear indifferent, self-centered or rude as they rarely speak in public places and when they are among strangers.³

COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):

- Koreans may be reluctant to give a direct answer of “no”.³³
 - Instead, they may suck in air through their teeth to indicate a serious problem and give a noncommittal/negative reply; say “maybe” accompanied by squinting of eyes or tipping the head back to indicate no; or use expressions such as “I’ll think about it” or “That will be difficult” which may really mean no.³³
 - Avoid taking every “yes” answer literally: Koreans may say yes or nod their head to simply acknowledge what others say or help others save face.^{4,33}
- Patients from South Korea may look down to avoid making eye contact with healthcare professionals as a sign of respect. Thus, a lack of eye contact should not necessarily be interpreted as a sign of embarrassment, disagreement, or a lack of interest in what is being said.^{5,29,30,33}
 - Status influences whether direct eye contact will be maintained or avoided with healthcare professionals. Status is relative and determined by position, age and gender. Status increases with age, a respected or higher position, and by being male.⁵
 - Some men may avoid eye contact with women.³³
- Being too animated during conversation is frowned upon in Korean culture. Avoid talking or laughing too loud, and minimize hand motions and facial expressions.^{30,33}
- Smiling may also be used to mask embarrassment and other feelings of distress.³³
- People of the same sex may hold hands.³³
- When handing an item to another person, use both hands as a way to demonstrate respect.^{3,5,33}

The following gestures may be considered inappropriate or offensive to a patient from this country:

- Summoning a person towards you with a hand or finger in the upright position is considered derogatory (to some patients, this is how a dog is summoned). To summon a person, move the entire hand towards the body with the fingers pointing downward or to the side.^{29,3,34}
- Gestures such as touching a person on the back or arm are not considered appropriate, unless the individuals are family, good friends or peers. One exception, however, is that people of the same sex often hold hands.^{29,33}
Note: Touching is usually minimal in healthcare situations, except with elderly patients.⁵
- Avoid fidgeting or moving (such as shaking a leg or foot) when conversing with a patient from South Korea because this may be interpreted as being unstable, bad luck, or chasing away wealth.²⁹
- Feet are perceived as dirty and should not touch other people or objects. Ensure that the soles of your shoes are pointing down.³³
- Nose-blowing in public is considered vulgar.³³

DIET AND NUTRITION:

- Generally there are no food taboos among Koreans, although Buddhist monks may practice vegetarianism.³
- The Korean diet is largely based on rice, noodles, vegetables, meats, and tofu. Korean meals are usually accompanied by a soup or stew. Fruit is generally eaten for snacks and dessert.^{5,30,33}
- Many Koreans eat similar meals for breakfast, lunch, and dinner (i.e., the traditional rice-centered meal with soup, vegetables, fish, or meat on the side).^{3,5,30,33}
 - Some Koreans in urban areas may eat toast and eggs with milk for breakfast.^{3,33}
- *Kimchi* (the national dish) is a fermented and/or pickled mixture of vegetables (usually cabbage, radishes, or cucumbers) and has many variations depending on region, the season and occasion.^{3,5,30,33}
- It is considered rude to accept food or drink on the first offer so Koreans will repeat the offer.^{5,30}

MISCELLANEOUS:

- Koreans tend to react to pain in a stoic manner. Additionally, Koreans tend to tolerate side effects of medications and will continue to take prescribed medicine despite these effects. Discuss medication side effects and what a patient is expected to do in response to different side effects.^{5,12}
- It is advisable to be apologetic and convey regret when declining or denying a patient's request.³³

- When answering a patient’s questions, try to present information in a positive manner even when delivering negative news.³³
 - For example, when explaining to a patient that test results indicate they have a drug-resistant strain of TB you might say: “The test results reveal your TB is resistant or will not be cured by the medicines that we usually use. The good news is we do have others medicines we can use and achieve a cure. So we will change your treatment to medicines that will work better for you.”
- Provide patients with educational materials to facilitate understanding, even if documents are only available in English, because most Koreans feel more comfortable reading English rather than listening to spoken English.^{29,33}
- Rather than using Korean patients’ family members or friends as translators, use trained interpreters to ensure that information is correctly communicated. Avoid using children as translators due to the hierarchical relationship influenced by Confucianism.²⁹

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE THROUGH THE WORLD WIDE WEB

The following materials are in Korean.

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

General disease information

- **How to Fight TB:**

<http://www.med.nyu.edu/cih/docs/Brochures/TB/TB%20Brochure%20Korean.pdf>

- **Information about Tuberculosis:**

http://www.lung.ca/_resources/tub_korean.pdf

- **Stop TB Infection Before It Makes You Sick:**

<http://www.vdh.virginia.gov/std/Brochure/TBInfKor.pdf>

- **Taking the Fear Out of TB:**

http://www.mhcs.health.nsw.gov.au/mhcs/publication_pdfs/3450/BHC-3450-KOR.pdf

- **Tuberculosis: Get the Facts:**

<http://www.aapcho.org/altruesite/files/aapcho/TB/Korean%20Version.pdf>

- **Tuberculosis Information:**

http://www.mhcs.health.nsw.gov.au/mhcs/publication_pdfs/6140/DOH-6140-KOR.pdf

Diagnosics

- **Do I Need a TB Skin Test?:**

<http://www.vdh.virginia.gov/std/Brochure/NeedKor.pdf>

- **Just the Facts about BCG and TB:**

<http://www.vdh.virginia.gov/std/Brochure/BCGKor.pdf>

- **Tuberculin Skin Test:**

http://www.mhcs.health.nsw.gov.au/mhcs/publication_pdfs/7605/DOH-7605-KOR.pdf

- **Tuberculosis (TB): The Tuberculin Skin Test Tells Who Is Infected--What Does It Mean?:**

http://www.doh.state.fl.us/disease_ctrl/tb/TBForms/Brochures/TST_new/DH150-818-TBskintest-Korean.pdf

Treatment

- **INH: Standing Between You and Tuberculosis:**

http://www.doh.state.fl.us/Disease_ctrl/tb/TBForms/Brochures/INH_new/DH150-829-INH-Korean.pdf

- **Medication Information:**

<http://health.state.ga.us/pdfs/forms/Med.Info.Kor.pdf>

- **Pills to Prevent TB: For You and Your Family!:**

<http://ethnomed.org/patient-education/tuberculosis/aapcho-tbpills-korean.pdf>

- **TB Disease: You Need Treatment to Make You Well:**

<http://www.vdh.virginia.gov/std/Brochure/TBDisKor.pdf>

TB/HIV

- **TB & HIV: A Dangerous Partnership:**

<http://www.vdh.virginia.gov/std/Brochure/TBHIVKor.pdf>

HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

- **The HIV Antibody Test:**

http://www.mhcs.health.nsw.gov.au/mhcs/publication_pdfs/5495/SSH-5495-KOR.pdf

- **HIV Infection – AIDS:**

http://www.mhcs.health.nsw.gov.au/publication_pdfs/5500/SSH-5500-KOR.pdf

- **Preventing HIV – Let’s Share the Responsibility:**

[http://www.hawaii.edu/hivandaids/PreventingHIVLetsSharetheResponsibility\(Korean\).pdf](http://www.hawaii.edu/hivandaids/PreventingHIVLetsSharetheResponsibility(Korean).pdf)

**Please note that this resource list is not exhaustive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbresources.org*

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STAFF-TO-STAFF TIPS AND INSIGHTS

Do you have experience working with clients who were born in this country?

Share your insights with your colleagues.

