



## *Prevention, Not Prejudice: AIDS in Korea*

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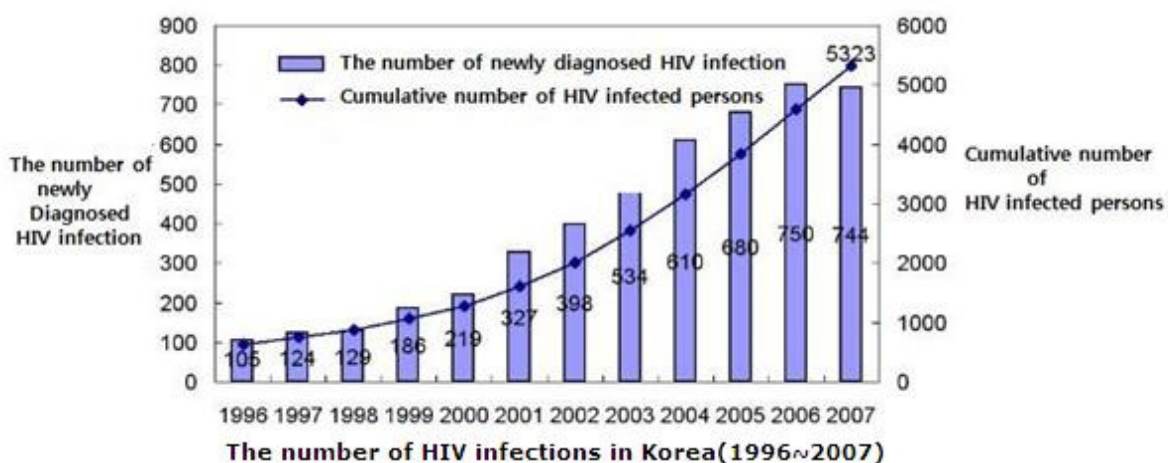
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**Trend of HIV infection in Korea**

**INCREASING HIV INFECTION IN KOREA**

South Korea has been one of the countries with the lowest HIV infection rate in Asia, and HIV was not a matter of social concern in the past. However, HIV infection rate has risen rapidly during the last decade, which seems worrisome now. According to a recent study, the number of patients with HIV infection has drastically increased.<sup>1</sup> Also, annual incidence is increasing every year. Despite the contribution of new technologies and wide-spread of HIV screening, increasing HIV infection rate is evident.



**SOCIAL ATTITUDE OF KOREANS TOWARDS HIV/AIDS**

As for the social attitude of Koreans towards AIDS, it is still far behind that of countries such as US or UK in spite of some progress that has been made. For instance, to the question whether it was possible to transmit HIV through kissing, 82.9% of Americans and 94.0% of English replied no correctly while only 67.0% of Koreans were right.<sup>2</sup> Also, the attitude toward AIDS patients seems to

<sup>1</sup> Korea Center for Disease Control and prevention (KCDC), 'HIV/AIDS related behavioral surveillance survey in Korea', 2007

<sup>2</sup> KCDC, 'HIV/AIDS related behavioral surveillance survey in Korea', 2007



be more negative in Korea than other countries. To the question whether you would work at the same workplace as AIDS patients, 18.6% and 8.0% of Americans and English said no, while 26.7% of Koreans said no. In addition, while only 8.5% of Americans said they weren't okay with their child attending the same school as the child of an AIDS patient, more than 44.4% of Koreans said they were not okay. These results mean that Koreans have less knowledge about AIDS and are more closed than many advanced countries. There is a lot of room for improvement in Koreans' attitude towards AIDS.

Like adults, adolescents in Korea lack correct information on AIDS and have negative attitudes towards AIDS. Only half of middle and high school students in Korea have appropriate knowledge about transmission and prognosis of HIV infection.<sup>3</sup> Also, half of them think that HIV is transmitted not only through sexual contact including homosexuality(53.1%) but also through casual contact such as mosquito bites(64.9%), kissing(59.2%), and sharing cups(57.5%) and toilets(54.7%). This result explains why Korean adolescents show negative attitude towards AIDS. The negative tendency is more prominent among boys, middle school students, and students with poor school records.

#### RISK FACTORS OF HIV INFECTION: SOCIAL GROUPS/AGE GROUPS

When it comes to risk factors of HIV infection in Korea, they can be studied by focusing on certain population or by considering age distribution. First, it should be noted that some social groups, such as sex workers, sailors, and homosexuals are designated by the government as being especially vulnerable to AIDS.<sup>4</sup> They are at increased risk of getting AIDS and are required to get regular check-up for HIV by laws on prevention of epidemics. Second, many studies show that more than half come to know their infection in their thirties and forties.<sup>5,6,7</sup> This seems countering general belief

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<sup>3</sup> Sohn Aeree, et al. Knowledge of AIDS and discrimination toward AIDS of middle school and high school students in Seoul. Korean Association of Health and Medical Sociology, Vol.21, No.0, 25-49, 2007

<sup>4</sup> KCDC, 'Guidelines of HIV/AIDS management', 2008

<sup>5</sup> KCDC, 'HIV/AIDS related behavioral surveillance survey in Korea', 2007

<sup>6</sup> KCDC, 'HIV/AIDS related behavioral surveillance survey in Korea', 2006

<sup>7</sup> KCDC, 'The first online survey on health related behavior of youth', 2007



that many people getting HIV would be in their twenties because twenties are often thought to be sexually more active and less cautious than other ages. However, it might be explained by noting the fact that not the actual age of acquiring HIV but the age of being examined is recorded. Therefore, it is imprudent to assume that people in their twenties are less susceptible than thirties or forties. As for youths, they are having sexual intercourses earlier than in the past.<sup>7,8</sup> Moreover, the rate of middle school students who had sexual contact before entering middle school almost doubled in 3 years(0.7% to 1.3%).<sup>8</sup> This result implies that Korean youths are exposed at gradually increasing risk of getting HIV.

**Sex and age distribution of HIV infection in Korea(1985~2007)**  
(unit : person)

Age	Total		Male		Female	
	infected (persons)	percentage (%)	infected (persons)	percentage (%)	infected (persons)	percentage (%)
total	5,323	100,0	4,861	100,0	462	100,0
00-09	13	0,2	10	0,2	3	0,6
10-19	99	1,9	85	1,7	14	3,0
20-29	1,247	23,4	1,126	23,2	121	26,2
30-39	1,761	33,1	1,634	33,6	127	27,5
40-49	1,218	22,9	1,124	23,1	94	20,3
50-59	655	12,3	587	12,1	68	14,7
> 60	330	6,2	295	6,1	35	7,6

※ age when discovered

**RISK FACTORS OF HIV INFECTION: ROUTES OF INFECTION**

As for routes of infection, nearly all(98.8%) of total HIV-infected people in Korea got HIV through sexual contact.<sup>9</sup> Considering those routes other than sexual contact, transfusion(1.0%) does not take significant portion. Moreover, there were no new HIV-infections through transfusion from March 2006 to December 2007.<sup>7</sup> For vertical transmission(0.001%) to happen, there should be an HIV-infected mother. However the total number of females infected is about one tenth of those of males. And the number of pregnancy-capable females whose age is from 20 to 39 totals 262, which

<sup>8</sup> KCDC, 'The third online survey on health related behavior of youth, 2007

<sup>9</sup> Korean Women Development Institute, 'Report on sex industry in 2007', 2007



implies that vertical transmission in Korea would not be frequent. Lastly, as for drugs(0.0004%), the number of Koreans taking drugs ranges from 600 to 1200 per year and one sixth of this is youth.<sup>8</sup> Therefore, it is necessary to focus on sexual transmission of HIV.

Of sexually transmitted HIV from 1985 to 2007, heterosexual contact takes up 60.0%, while homosexual contact takes up 38.8% and consists entirely of males. Considering males, slightly more than half of them(56.3%) were infected heterosexually and nearly all the rest of them(42.5%) were infected homosexually. However, most(97.5%) of females got HIV by heterosexual contact and there were no females infected through homosexual intercourse. Additionally, all of newly reported HIV infected in 2007 whose routes of infection are known got their virus through sexual transmission. Of these, heterosexual contact is responsible for two-thirds(63.4%) of males and all females; heterosexual contact accounts for one-third(36.6%) of males. Considering sexual transmission, it is important to pay attention to sex work in Korea: there are about 270,000 sex workers who serve more than 90 million times per year, which are huge numbers.<sup>9</sup> Therefore, sex work should not be neglected when considering HIV epidemiology in Korea.

### Routes of HIV infections in Korea(1985~2007)

(unit: person)

Routes	Total		Male		Female	
	infected (persons)	percentage (%)	infected (persons)	percentage (%)	infected (persons)	Percentage (%)
total	4,545	100,0	4,140	100,0	405	100,0
heterosexual contact	2,728	60,0	2,333	56,3	395	97,5
homosexual contact	1,763	38,8	1,763	42,5	0	0,0
transfusion /blood component	46	1,0	40	1,0	6	1,5
- domestic	(16)		(11)		(5)	
- international	(13)		(12)		(1)	
- blood component	(17)		(17)		(0)	
vertical transmission	6	0,1	2	0,1	4	1,0
drug abusers	2	0,1	2	0,1	0	0,0

※ from 4,545 people whose routes of infection were confirmed

As seen from above, sexual contact plays a prominent role in HIV transmission in Korea. For Korean youths, it is likely that sexual contact will be a more and more important risk factor of HIV because



they are having sexual intercourses earlier and earlier. And, although most sexual contacts among youths are being conducted heterosexually<sup>10</sup>, homosexual contact can be dangerous due to insufficient education. To be more specific, most AIDS-preventive educations dealing with sexual intercourse are focusing on heterosexual contact while avoiding dealing with homosexual contact. As a result, many youths are aware of the risk of getting HIV by heterosexual contact and are ready to use condoms for their heterosexual partners and themselves; however, most of them have no idea about danger of homosexual contact. Homosexual intercourse can be more dangerous because it involves more chances of having wounds and thus be infected than heterosexual contact. Therefore, although homosexual experience takes only 2.1% of all sexual intercourses<sup>10</sup>, it should be weighed more significantly.

#### Government work concerning HIV/AIDS

With the development of medicine, AIDS has become a sort of chronic disease like diabetes that is uncomfortable but treatable. With the help of medicine, many people with HIV can now expect to live a long disease-free life. However, in contrast to the development of medicine, the attitude of the public is slow to change. The resulting problem is that though people with HIV live longer lives, they must live unhappily under prejudice and discrimination. That is why now more than ever, changing the public's prejudices against AIDS and protecting the rights of people with HIV/AIDS is important.

However, in that aspect the work of the Korean government is unsatisfactory. The strategies of the Korean government against HIV/AIDS can be divided into three parts: 1) preventing the spread of HIV infection, 2) supporting people with HIV/AIDS financially, and 3) protecting their rights. Until now, the government has mostly focused on the first two parts. Though the government is slowly paying more attention to the rights of people with HIV/AIDS, it is still much neglected. Let's examine the strategies of the government more closely.

#### PREVENTING THE SPREAD OF HIV INFECTION

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<sup>10</sup> Government Youth Commission, 'Youth's contact with harmful environment', 2007



In the aspect of preventing the spread of AIDS, the government is trying hard. Most of the work aiming at preventing HIV infection is done through education of the public. The content of the education is mostly about what HIV/AIDS is, ways to prevent HIV infection, promoting the use of condoms, information about free HIV tests.

First of all, the government carries out education for groups that have a high risk of HIV infection. These groups are a) STD(Sexually transmitted diseases) check-up population, which are people such as sex workers who must receive obligatory STD check-ups, b) sailors, and c) homosexuals.<sup>4</sup>

Second, the government also carries out education for the general public, especially for specific groups. There are public ads through the media(TV, newspaper), subway, bulletin boards, and also street campaigns. The government also conducts education of specific groups of the general public, such as youths, the military, foreign travelers and workers, to increase effectiveness.

Third, there is also education for people with HIV and their families on how to prevent further spread, things to be careful of in daily life, legal duties and rights.

Fourth, besides education, the government also conducts other prevention programs, such as installing 18,000 condom vending machines at major nightspots throughout the country. It also offers free and anonymous HIV tests, a 24-hour hotline, and a web-site with AIDS information.

These strategies seem to have effect, since the number of newly diagnosed HIV patients last year was approximately the same as that of 2006, making 2007 the first year that the spread of AIDS has not accelerated. There still remain problems because many people avoid taking HIV tests because of the fear of living under discrimination. Currently in Korea, HIV tests are recommended for high-risk groups, but not obligatory. Change the social attitude towards HIV/AIDS can also be a solution to this problem.

#### **FINANCIAL SUPPORT OF PEOPLE WITH HIV/AIDS**

The government offers financial assistance to people with HIV/AIDS to reduce their burden of medical costs. First, in the case of HIV/AIDS, all expenses related to treatment of HIV infection are paid for by the government. Second, if the people living with HIV/AIDS are financially unstable, they



will be placed in the Basic Livelihood Security Recipient Program to enable financial assistance. Furthermore, as a way of providing the opportunity to become economically independent as well as to contribute to the society, healthy people infected with HIV are educated and trained to participate in various service programs such as peer education and help others in a similar situation, by becoming nurses, counselors, or operators answering AIDS Hotline.

However, the governmental support is not available for new drugs that are not on the public health insurance's 'positive list'(enacted last year). As a result, many HIV/AIDS patients are still suffering from a large amount of medical bills because they must cover the whole costs if they want to try new drugs which can successfully treat AIDS. For instance, Yoon developed resistance to all three drugs used in the AIDS cocktail treatment in Korea, but was not able to continue treatment with 'Fuzeon', a drug not on the 'positive list', because he could not afford to pay for the expensive drug without support. Consequently, he went blind from an opportunistic infection.<sup>11</sup>

#### **PROTECTING THE RIGHTS OF PEOPLE WITH HIV/AIDS**

Though the life expectancy of people with HIV/AIDS have been extended with the development of medicine, they must still suffer from the prejudice and discrimination of the public. The suicide rate of HIV/AIDS patients in Korea is 10 times that of the general public, and their quality of life is only 47.9 on the SF-36 scale compared to 66.5 of diabetes patients.<sup>12</sup> (Diabetes is a chronic disease with similar disease progression, mortality, medical service use with AIDS.)

The rights of people with HIV/AIDS are slowly improving. In the past, there was very little considering of the HIV/AIDS patient's rights in Korea, and the main policy was only to put them under surveillance, control and quarantine. The most typical example is the AIDS prevention law enacted in 1988, which forced HIV-infected people to live in a limited area or some accommodations. It was finally deleted in 1999. However, the law still considers the patients to be contagious disease carriers and the "control and quarantine" paradigm has not yet been discarded.

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<sup>11</sup> *Shin, YoonDongWook, 'Why must he die when there is medicine', Hankyoreh, 2008.10.17*

<sup>12</sup> *National Human Rights Commission of Republic of Korea, Inha Medical School, 'Report on the human rights situation of people with HIV/AIDS', 2005.12*





HIV/AIDS patients should be monitored by local medical centers and the Ministry of Health and Welfare and should cooperate with each other periodically. If not, the clerk of the Ministry of Health and Welfare could rake in their habitations officially and treat them by compulsion. These make HIV/AIDS patients avoid exposure of their status and health screening.

The government's policies are mostly centered on education for the prevention of HIV infection and financial support of patients, and the few policies concerning the patients' rights are done with the collaboration of private sector groups. The government conducts various campaigns on the World 'AIDS Day' to overcome the prejudice, discrimination against people with HIV/AIDS and protect their rights. It also launches an ad contest for university students each year to raise attention and change their attitudes towards AIDS. However, more policies concerning the protection of the rights of people with HIV/AIDS are needed. In a survey of 255 people with HIV(National Human Rights Commission of Republic of Korea, 2005), much more people thought that the most urgently needed government policy was the 'education of the public to overcome prejudice against HIV'(34.5%) than the 'extension of financial aid'(19.4%).<sup>12</sup>

### **Social sector work concerning HIV/AIDS**

The engagement of the social sector in work concerning HIV/AIDS is increasing in Korea. The social sector includes mass media and several non-profit organizations: Korea Federation for HIV&AIDS Prevention, Korean Foundation for Aids Prevention and the Red Ribbon Center. In contrast to the government, social sectors put equal emphasis on AIDS prevention, care for AIDS patients, and anti-discrimination. These social sector groups offer more creative HIV/AIDS programs than what the government offers.

### **PREVENTING THE SPREAD OF HIV INFECTION**

Many social groups are trying hard to prevent HIV infection. 20% of newly diagnosed patients with HIV in 2007 are youths from 10 to 29. The sexual contact of young people is increasing and many who engage in unprotected sexual intercourse due to ignorance about the disease are at risk for HIV infection. For this reason social organizations are trying to give youths HIV/AIDS education. Some examples are below.



Korea Federation for HIV&AIDS Prevention offers specialized education programs for youths in Korea. For example, one of the HIV prevention programs target active duty soldiers who are mainly composed of 19 -25 year old males. They are informed that use of contraceptives is extremely effective at combating AIDS. Also they have a sex worker education program and recommend sex workers who may be unaware of their HIV-positive status to have regular tests for HIV.

Korean Alliance to Defeat AIDS provides a course which trains specialists for youth AIDS education. These specialists would provide more specialized education to improve awareness of youth about HIV prevention. Moreover they run an AIDS prevention learning program for students to train peer educators of adolescents. Since youths are easily affected by their peers, this voluntary education is surely worthwhile.

There are also specialized counselors available for groups such as homosexually active men, foreigners, HIV patients and adolescents.

#### **CARE FOR PEOPLE WITH HIV/AIDS**

In contrast to governmental support which mainly focuses on financial matters, the social sector support emphasizes the well-being of HIV/AIDS patients. Korean Catholic Red Ribbons organized 'Sae-bit community' in 2000 which supports AIDS patients for their disease control and mental support. Korea Federation for HIV&AIDS Prevention also runs counseling programs. The experts in the field of AIDS provide counseling through e-mail, telephone, and direct meetings for people with HIV/AIDS. Since not all people infected with HIV have sufficient access to medical care, these social efforts have significant impact on HIV/AIDS care.

#### **PROTECTING THE RIGHTS OF PEOPLE WITH HIV/AIDS**

Violent discrimination against the AIDS sufferers often stemmed from our ignorance about the disease. As a result, efforts to give youth correct information about HIV are also being made by social sectors.



In Korea, we have several education programs for eradicating prejudices against AIDS. Korean federation for HIV/AIDS infection started an 'International Youth Peer Educational program' in 2006. Teenagers stayed in high HIV risk area such as Cambodia and Laos for two weeks and directly interacted with people there. Through this program they could overcome their prejudice and discrimination against AIDS.<sup>13</sup>

Korean Federation for HIV/AIDS Infection also held a teenagers' film festival 'Aura'<sup>14</sup> which aimed at developing the right attitude towards AIDS. By actively participating in the festival, teenagers had opportunities to think about sexual issues based on our society. Through this event, youth discussed AIDS with their peer communities which heightened the effectiveness of anti-discrimination efforts.

However, some problems still remain. These efforts have mostly been made in a few big cities such as Seoul, while youths in other areas are still being disregarded.

Another problem is that in Korea, the media portrays HIV infection inappropriately, and the role of the media in providing correct information about HIV/AIDS is unsatisfactory. According to Government Information Agency, most of the news and articles about AIDS portray HIV with fear, anger and shame. For example, in 2003, Korea Times sensationally reported that a female AIDS patient in southern Korea regularly used the public bath, and it was described as 'dangerous behavior'. Also, in 1991, a Korea Times article argued that AIDS patients should be isolated; however, HIV is not transmitted through ordinary routes such as air and water. Only 5.4% of the articles about AIDS covered the human rights of HIV sufferers.<sup>15</sup> New guidelines for media are required, which will help the media carry out crucial roles in improving correct awareness about HIV. The media reports should be more fact-based and prudent. Thus, the media can facilitate removing stigma attached with the disease and thus lessen the mental suffering of discrimination HIV patients undergo in our society.

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<sup>13</sup> *Korea Federation for AIDS prevention, 'Global leadership program', 2008.07.14*

<sup>14</sup> *Korea Federation for AIDS prevention, '2008 AIDS Campaign', 2008.09.27*

<sup>15</sup> *KDCC, 'Guidelines for Media', 2006.*



## ***What we can do as medical students***

### **AMSA KOREA'S 'WORLD AIDS DAY' CAMPAIGN**

AMSA Korea recently carried out a 'World AIDS Day' campaign with 'Korean Alliance to Defeat AIDS' and SC First Bank. The main purpose of the campaign was to change the general misconception and social discrimination against AIDS, and the main target was youths.

The campaign was held in Myung-Dong shopping district, where numerous fashion shops are located, attracting youths every day. Several programs of the campaign were: giving 'free hug's with a board saying 'If I have AIDS, can you hug me?', answering simple questions on AIDS, taking a pledge("I will not discriminate AIDS patients"), giving consultation on AIDS and hanging a red ribbon on the tree symbolizing one's solidarity with HIV/AIDS patients.

This event was significant in several aspects. To begin with, it was the first time for medical students to conduct an AIDS campaign aimed at the general public. Secondly, since most of the people who volunteered to participate in the event were students and young couples, the campaign was successful in approaching the target population, youths. Youths are important because prejudice is best changed at younger ages. Besides, through targeting them we can stop future spread of AIDS in the general population. Also, we can expect them to give their children correct knowledge on AIDS in the future, which is an efficient way to educate public in the long run. Finally, the campaign was held in one of the most crowded districts in Korea on a Saturday, and thus we could maximize our reach, especially to the youth.

### **MEDICAL STUDENTS AGAINST HIV/AIDS**

Our efforts should not be limited to one-time events. We ought to conduct projects on a continual basis. For instance, we can carry out various campaigns annually to promote the human rights of the people infected with HIV in cooperation with large organizations, just like this World AIDS Day campaign. In addition, we can start fundraising by inviting donations. Moreover, we can visit elementary schools and teach children correct information on HIV/AIDS and that they do not need to stay away from the patients. It will be very effective in diminishing prejudice against people with HIV/AIDS.



Furthermore AMSA, as a leading pioneer in the global medical society, should plan anti-discrimination campaigns not only aimed at the general public but also at the medical society. It is true that some doctors, even with more knowledge than the public, have more discriminating attitudes toward HIV-infected people. Many physicians reject performing surgery on patients who are HIV-positive and prefer staying away from them, just like the public would do in their social interactions. People with HIV/AIDS are getting discriminated in their daily life and also in the hospital when help is desperate. Medical students are the most qualified group to change the hospital environment. We can plan a well-designed campaign to eradicate discrimination against AIDS in hospitals and encourage doctors to give medical care to AIDS patients. Taking the pledge "I will not discriminate AIDS patients" that 1,177 medical students took in this campaign can also be promoted to all medical schools in Korea. Lastly, we as future doctors can talk to the government to get more funding and support for AIDS patients especially when special medical care is needed.

### **Conclusions**

The rate of HIV infection is rising in Korea. However, Korean people, including youths, still have more negative attitudes toward HIV/AIDS and less knowledge than other developed countries. As for the main route of HIV infection in Korea, it is almost wholly through sexual contact. Since youths are having sexual intercourse earlier than in the past, they are at increased risk for HIV infection.

The work of the Korean government concerning HIV/AIDS can be divided into three parts: preventing the spread of infection, financially supporting people with HIV/AIDS, and protecting their rights. Until now, the government has mostly focused on the first two parts, and protecting the rights of HIV/AIDS patients has been neglected. Further efforts of the government to change the prejudice and discrimination of the public toward people with HIV/AIDS are needed.

The social sector includes mass media and several non-profit organizations: Korea Federation for HIV&AIDS Prevention, Korean Foundation for Aids Prevention and the Red Ribbon Center. The work of the social sector can also be divided into three parts: AIDS prevention, care for people with HIV/AIDS, and protection of their rights. In contrast to the government, social sector puts equal emphasis on all three parts, and offers more creative HIV/AIDS programs than the government, especially for youths. However, the mass media is not sufficiently doing its role in providing correct



information about HIV/AIDS and often their reports about HIV are distorted. The media reports should be more fact-based and prudent.

As medical students, we can do many activities to provide correct information and eradicate prejudice about HIV/AIDS. In particular, AMSA Korea successfully carried out a 'World AIDS Day' campaign this winter. With the development of medicine, the life expectancy of people with HIV/AIDS has been extended; however, they must still suffer from the prejudice and discrimination of the public. That is why now more than ever, changing the public's prejudices against AIDS and protecting the rights of people with HIV/AIDS is important. Medical students can do much to achieve this goal, especially by targeting other youths and inducing change in their attitude.

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