



ADOPTION EDUCATION, LLC

SPECIAL REGIONAL CONSIDERATIONS

KOREA

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SPECIAL REGIONAL CONSIDERATIONS

KOREA

Introduction ¹

South Korea, officially the Republic of Korea (ROK) and often referred to as Korea, is a presidential republic in East Asia, occupying the southern half of the Korean Peninsula. Also known as the "Land of the Morning Calm", it is neighbored by China to the west, Japan to the east and borders North Korea to the north. South Korea's terrain is mostly mountainous, most of which is not conducive for growing crops. Lowlands, located primarily in the west and southeast, constitute only 30% of the total land area.

Korea is one of the oldest civilizations in the world, first inhabited as early as the Lower Paleolithic. Following the unification of the Three Korean Kingdoms under Silla in 668 AD, Korea went through the Goryeo and Joseon Dynasty as one nation until the end of the Korean Empire in 1910. After liberation and division, South Korea was established in 1948 and has since become one of the two most advanced democracies in Asia. Following the Korean War, the South Korean economy grew significantly, transforming the country into an industrial powerhouse and an influential military power in the world. South Korea has an international outlook with memberships in the United Nations, World Trade Organization (WTO), Organization for Economic Co-operation and Development (OECD) and the Group of Twenty Finance Ministers and Central Bank Governors (G-20 major economies). It is also a founding member of APEC and the East Asia Summit, being a visa waiver and major non-NATO ally of the United States.

The current population of South Korea is roughly 48,850,000. Most South Koreans live in urban areas, due to rapid migration from the countryside during the country's quick economic expansion in the 1970s, 1980s and 1990s. Although small, the percentage of non-Koreans has been increasing and these include foreign residents, students, tourists and illegal immigrants.

The capital city of Seoul is the country's largest city and chief industrial center. In 2006, it had 10.3 million inhabitants, making Seoul one of the most populated single cities in the world. The crime rate in Seoul is very low and it is considered one of the safest major cities in Asia. Seoul was the first city in East Asia to have electricity, trolley cars, water, telephone, and telegraph systems all at the same time.

South Korea is a constitutional democracy. The government's structure is determined by the Constitution of the Republic of Korea. This document has been revised several times since its first promulgation in 1948 and was last revised in 1987.

South Korea is considered to be one of the world's most successful economies, which was the second fastest growing economy in the world for over four decades. Frequently described as a technology superpower, South Korea has a high-tech and futuristic infrastructure, and is a world leader in technologically advanced goods such as electronics, automobiles, ships, machinery, petrochemicals and robotics. It boasts the world's highest broadband internet access per capita and is the most wired country in the world. South Korea is the world's sixth largest nuclear power producer and the second largest in Asia.

South Korea is a world leader in the development and adoption of advanced robotics technology and has an ambitious plan to put a robot in every household by 2020. Faced with a critically low birth rate and an aging population, the country is quickly turning to robots to replace disappearing workers and loss of military manpower.

Education in South Korea is regarded crucial to success and competition is consequently very heated and fierce. South Korea has the highest national IQ in the world, estimated at 106. South Korea was the first country in the world to provide high-speed internet access to every primary, junior, and high school.

History of International Adoption

South Korea holds an important place in the history of international adoption in the United States. A couple from Oregon, Harry and Bertha Holt, decided to adopt some of the biracial children left behind by American servicemen after the Korean War. Told that there was no legal mechanism to accomplish this, they rallied enormous support and were able to persuade Congress just two months later to pass the 1955 Bill for Relief of Certain War Orphans.

Eventually the Holts adopted eight Amerasian children and founded the Holt agency, which continues to work actively in the region (and elsewhere). Korean adoptions thus paved the way for tens of thousands of international adoptions. The large influx of “obviously adopted” Korean children in the 1970-80s led to many changes in adoption practice, including more openness, recognition of the importance of maintaining cultural ties to the country of origin, and the acceptability of transracial adoption.

South Korea was the major sending country of children to the U.S. until 1995 (except for 1991, when it was briefly displaced by Romania). Over 141,000 children have been adopted from South Korea by American families since 1955.

NUMBER OF IMMIGRANT VISAS ISSUED TO ORPHANS COMING TO THE U.S. FROM SOUTH KOREA

FY 2008	1,065
FY 2007	939
FY 2006	1,376
FY 2005	1,630
FY 2004	1,716
FY 2003	1,790
FY 2002	1,779
FY 2001	1,870
FY 2000	1,794
FY 1999	2,008
FY 1998	1,829
FY 1997	1,654
FY 1996	1,516
FY 1995	1,666
FY 1994	1,795
FY 1993	1,775
FY 1992	1,840
FY 1991	1,818
FY 1990	2,620

NOTE: All statistics given correspond with the U.S. Government *fiscal year*, which begins on October 1 and ends on September 30.

SOURCE – US Department of State, http://travel.state.gov/family/adoption/stats/stats_451.html

Domestic adoption is limited in Korea because of the cultural importance of paternal family ties, bloodlines, and pureness of ‘race’. Children of mixed race or those without fathers are not easily accepted in Korean society. Many Korean families would rather go through excessive and expensive procedures such as surrogacy or in vitro fertilization to ensure that their offspring are at least related than to accept a child of a complete stranger into their family. Indeed, it was the case until recently that Korean citizenship was directly tied to family bloodline. Children not a part of a Korean family (i.e., orphans) were not legal citizens of Korea. Another reason is the stigma of adoption. Ninety-five percent of families who do adopt choose babies less than a month old so that they can pass them off as their natural born offspring, overlooking older adoptable children.²

Korean adoptions bring in hard currency - roughly \$15 to \$20 million a year. They relieve the government of the costs of caring for the children, which could be a drain on the budget. And they help with population control. Also, they solve a difficult social problem: What to do with orphans and abandoned children?²

Logistics

Since the 1970s, intercountry adoption has been exceedingly well managed by the South Korean government. Four government-run and licensed Korean child welfare agencies (Eastern Social Welfare Society, Social Welfare Society, Hold Children Services, and Korea Social Services) handle all international adoptions. American adoption agencies are required to work with these societies. Many professionals consider Korean adoptions a model for ethical practice.

South Korea is not party to the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption*. Therefore, when the Hague Adoption Convention entered into force for the United States on April 1, 2008, intercountry adoption processing for South Korea did not change.

South Korea's law requires the use of an adoption agency for overseas adoption of Korean orphans, and it requires that such agencies must be authorized by the Ministry of Health and Social Affairs. The Ministry of Health and Social Affairs authorizes the adoption agencies. They also establish the criteria for selecting adoptive parents. The criteria are administrative policy guidelines and not legal requirements. Local adoption agencies generally follow these guidelines. Prospective adoptive parents are required to work with an adoption agency approved by the South Korean Government.³

To bring an adopted child to the United States from South Korea, the adoptive parent must be found eligible to adopt by the U.S. Government. The U.S. Government agency responsible for making this determination is the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS). In addition to these U.S. requirements for adoptive parents, South Korea also has the following requirements for adoptive parents:³

- ❖ There are no residency requirements for South Korean intercountry adoptions.
- ❖ Prospective adoptive parents must be between 25 and 44 years old. Korean authorities usually require both prospective intercountry adoptive parents be younger than 45 years old. The age difference between the couple can be no more than 15 years. The age consideration is sometimes waived if at least one parent is under 45 years old or the prospective adoptive parents have previously adopted a Korean child, or if the prospective parents are willing to adopt an orphan with serious medical problems.
- ❖ Married couples must have been married at least three years. Single individuals are not eligible to adopt a child from South Korea.
- ❖ The prospective adoptive parents must have an income higher than the U.S. national average and be sufficient to support the adoptive child.
- ❖ The prospective adoptive parents cannot have more than five children, including the child(ren) to be adopted.

The time from when prospective adoptive parents apply for a child in South Korea and when the child arrives in the United States is approximately one to four years. Healthy infant adoptions take approximately three years and children with special needs can take approximately one year.³

Intercountry Adoption News

The latest news affecting adoptions can be found here: <http://adoption.state.gov/news/notices.html>

General Health Issues of the Population

The Republic saw its population grow by an annual rate of 3% during the 1960s, but growth slowed to 2% over the next decade. In 2008, the rate stood at 0.33% and is expected to further decline to 0.02% by 2020. A notable trend in the population structure is that it is getting increasingly older. The 2008 population estimate revealed that 10.3% of the total population was 65 years or older, while those aged 15 to 64 years of age accounted for 72.1%. In the 1960s, the country's population distribution formed a pyramid shape, with a high fertility rate and relatively short life expectancy. However, age-group distribution is now shaped more like a bell because of the low fertility rate and extended life expectancy. Youths (15 and younger) will make up a decreasing portion of the total, while senior citizens (65 and older) will account for some 15.6% of the total by 2020.⁴

The crude birth rate (annual number of births per 1,000 population) has been declining over the years. In 1970 the rate was 31, twenty years later in 1990 it dropped to 16. By 2006, the crude birth rate was 9.⁵

In recent years, a low fertility rate has emerged as a serious social challenge. The total fertility rate dropped from 4.53 in the 1970s to 1.26 in 2006, among the lowest in member countries of the Organization for Economic Co-operation and Development (OECD). The Government is working to tackle the issue by establishing comprehensive plans to create family-friendly workplace environments and bolster childcare policies. This rapid population ageing is causing concern regarding sustainable development as it will reduce the economically active population, hold back economic growth, narrow the tax base, and lead to tensions between generations.⁴

The crude death rate (annual number of deaths per 1,000 population) has been slowly declining over the years. In 1970 the rate was 9, twenty years later in 1990 it dropped to 6. By 2006, the crude death rate was 6.⁵

Changes in socioeconomic structures and lifestyles, as well as improvements in health and medical care, have drastically changed the leading causes of death in the Republic of Korea. In the past, the main causes of mortality were acute and communicable diseases, but these have been replaced with chronic and noncommunicable diseases.⁴

In 2005, cancer remained the No. 1 cause of death, accounting for 26.7 percent of all deaths, or 65,000 people. Among the major cancers, the number of deaths from stomach cancer has been decreasing, while those from lung and colon cancer have increased. Deaths from cerebrovascular diseases and cardiovascular ailments such as strokes, with 12.7 percent and 7.9 percent, respectively followed cancer as leading causes of death. The three leading diseases account for 47.3 percent of all deaths, the report showed. The fifth-leading cause of death in 2004 was diabetes, and liver ailments came sixth.^{4,6}

Drowning accidents and murders were the leading causes of death for people in their 20s and 30s, while cancer and cardiovascular disease were the leading causes for people aged 40 or older. For people younger than 19, the leading cause of death was drowning accidents, according to the report.⁶

Since the 1980s, South Korea's suicide rates showed a steep increase. According to an online news article, a report compiled by the National Statistical Office (NSO) that was released at the end of 2006 stated that South Korea's suicide rate was the highest among the members of the Organization for Economic Cooperation and Development (OECD) in 2005. The report highlighted that the high suicide rate is a reflection of changing and conflicting gender roles, economic hardship and domestic violence. The statistics also showed suicide as the No. 4 cause of death in South Korea.⁶

Suicide rates (per 100,000), by gender, Republic of Korea, 1985-2006

	1985	1990	1995	2000	2005	2006
TOTAL	9.1	7.4	10.6	13.6	24.7	21.9
MALE	13.3	13.3	14.5	18.8	33.0	29.6
FEMALE	4.9	4.9	6.7	8.3	16.5	14.1

Source: WHO, Korea, Mental Health, http://www.who.int/mental_health/media/repkor.pdf

Many senior citizens also took their lives, especially those who had not fully prepared for old age and were not properly supported by their children. But what was more alarming is that suicide was the main causes of death for people in their 20s and 30s, i.e. those who are supposed to be actively participating in economic activities. According to 2004 statistics, about 20.6 out of 100,000 people in their 30s decided to take their own lives mainly because of the worsening economic conditions aggravated by the prolonged business downturn.⁶

Among the major noncommunicable diseases, high blood pressure, arthritis and dental caries have the highest morbidity rates. The prevalence rate for hypertension was 27.9% in 2005, showing that one third of all adults in the country were suffering high blood pressure. Furthermore, out of every 1000, 703.9 were suffering from dental caries and 102.5 from osteoarthritis, according to a study of prevalence rates among adults aged 19 and older.⁴

The under-five mortality rate (probability of dying between birth and exactly five years of age expressed per 1,000 live births) declined sharply from 54 in 1970 to 9 in 1990. Korea with one of the lowest rates of child mortality in the world, reported a rate of 5 in 2006.⁵ The leading cause of death occurring in 2000-2003 was neonatal causes (72%), which includes diarrhea during the neonatal period.⁷

The infant mortality rate (the probability of dying between birth and exactly one year of age expressed per 1,000 live births) fell from 61.0 per 1000 live births in the 1960s to 8 in 1990 and further declined to 5 in 2006.^{4,5}

Thanks to improvements in a host of socioeconomic areas, including income, education and health and medical care, the country's rates of infant and under-five mortality have decreased dramatically. Almost all children receive necessary immunizations and all women give birth accompanied by a skilled birth attendant. Today, the focus of its child survival efforts is not just further reducing child mortality – particularly early neonatal mortality – but also prolonging and improving the quality of life through early public health interventions like free pre- and post-pregnancy checkups.⁸

South Korea faces a number of important health-care issues. Foremost is the impact of environmental pollution and poor sanitation on an increasingly urbanized population. According to the Ministry of Health and Welfare, chronic diseases account for the majority of diseases in South Korea, a condition exacerbated by the health care system's focus on treatment rather than prevention. The incidence of chronic disease in South Korea hovers around 24 percent. Approximately 33 percent of all adults smoke. The human immunodeficiency virus (HIV) rate of prevalence at the end of 2003 was less than 0.1 percent. In 2001 central government expenditures on health care accounted for about 6 percent of gross domestic product (GDP).⁹

Korea enacted the Acquired Immune Deficiency Syndrome Prevention Act on November 28, 1987 to prevent HIV/AIDS and provide care, treatment and support for People Living With HIV/AIDS (PLWHA). The Government conducts education programs targeted at highly vulnerable populations and information campaigns through mass media to minimize adverse impacts of HIV/AIDS on society. It promotes HIV testing and counseling to prevent the spread of HIV/AIDS and supports medical expenses for PLWHA/AIDS patients to receive appropriate medical care service.¹⁰

Korea has a relatively lower rate of HIV/AIDS prevalence, which is less than 0.1%, in comparison to that of other countries. Since the first case in 1985, the cumulative total number of reports of HIV-infected persons among the general population is 5,323. The number of new HIV case has been steadily increasing since 1985. 980 infected people have already died, and 4,343 people are currently living with HIV as of December 2007.¹⁰

According to 2007 statistics, by gender, 4,861(91.3%) of HIV patients are male and 462 people (8.7%) are female, with the ratio of ten to one. In terms of age group, those aged 30-39 years represent the highest number of cases of infection (1,761 persons, 33.1%); followed by those aged 20-29 years (1,247 persons, 23.4%) and those aged 40-49 years (1,218 persons, 22.9%). The main route of infection for both HIV-infected persons and AIDS patients is sexual contact.¹⁰

Japanese encephalitis (JE), once a major public health problem in South Korea, has declined since the 1980s, as a result of improved living conditions, a mosquito eradication program, and a national JE vaccination program, which includes annual booster vaccine for all children \leq 15 years of age. Increased immunity has greatly reduced illness and death; however, vaccine adverse effects are increasing, and a National Compensation Program for Vaccine Injury was begun in 1995.¹¹

In the past, vivax malaria was endemic in the Republic of Korea. However, as a result of the successful implementation of the NMCP (National Malaria Communities Program) in the 1960s, malaria was eradicated, with no indigenous cases since 1978. In 1993, however, malaria has re-emerged when the first case was diagnosed in a soldier stationed near the Demilitarized Zone. Since then, the annual incidence of malaria has increased, reaching a peak of 4142 cases in 2000. In 2001, the government established and initiated a 10-year program with an aim to re-eradicate malaria by 2010. Since 2001 there has been a drop in the number of cases. As of 2003 1,171 cases were reported.¹²

In addition to re-emerging vivax malaria, imported cases of falciparum malaria is another malarial problem confronting South Korea. There are no vector mosquitoes of falciparum malaria in the country, so it is highly unlikely to experience local transmission. To protect the Korean people, however,¹² the government has designated drugs for falciparum malaria as orphan drugs and supports drug distribution.

With vaccination and improved hygiene, the incidence of acute communicable diseases has been decreasing steadily since the 1960s. However, global climate change and increasing overseas travel have increased the incidence of imported tropical diseases. In addition, the growing distribution of food materials, an increase in dining out, and contamination of water resources have the potential to trigger massive outbreaks of waterborne and foodborne infectious diseases. Avian influenza, which has been reported annually in the country since 2006, is also a concern.⁴

A total of 14 670 cases of acute communicable disease (excluding chicken pox) were notified in 2007, giving an incidence rate of 29.7 per 100 000 population, an increase of 27% from 25.3 in the previous year. Among these diseases, measles increased 592% year on year, while the increase was 118% for mumps and 177% for dengue fever. In particular, the incidence of chicken pox rose 1.8 times from 2006 to over 20 000, accounting for 58.4% of total acute communicable disease cases in 2007.⁴

The prevalence of current tobacco smoking among adults is an important measure of the health and economic burden of tobacco. Based on survey data from 2005, the prevalence of current tobacco use among adults (20+ years) is 29.1%. The difference between the sexes is 52.8% for adult males and 5.8% for adult females. Thanks to strong smoking-control policies which have included tax increases, counter marketing, smoke-free policies for public buildings and workplaces, and support to cessation in Korea, the male smoking population dropped drastically in less than five years from 67.4% to 52.3% in 2005, one of the most significant declines in smoking rates observed worldwide. However, it is still among the world's highest.^{4, 13}

For youth ages 13-15 years, the prevalence of current tobacco use was 10.2%. The prevalence by sex was closer as compared to adults – 10.9% males and 8.8% females. However, the age of starting smoking fell from 15 in 1998 to 12 in 2006, indicating a serious smoking problem among the country's young people.^{4, 13}

While, in 2003, the Republic of Korea ranked 19th among 29 OECD members in term of per capita alcohol consumption, a trend towards heavy drinking and a high death rate due to alcohol are troubling the nation. Per capita alcohol consumption is on a steady increase, and among those aged between 18 and 64, 6.8% or 2.21 million suffered from alcohol-use disorders in 2001.⁴ Beer and soju (25% alcohol) are the most popular alcoholic beverages.

Narcotics production or abuse is not a major problem in the Republic of Korea. Drugs encountered in South Korea continue to consist of methamphetamine, marijuana, and club drugs such as LSD, Ecstasy and ketamine. While the club drugs continue to grow in popularity among college students, methamphetamine continues to be the drug of choice for Koreans.¹⁴

Large quantities of drugs are smuggled through South Korea en route to the United States as well as to other countries. South Korea in recent years has become a favored transshipment location for drug traffickers due to the country's reputation for not having a drug-abuse problem. This, combined with the fact that the South Korean port of Pusan is the second largest port in East Asia, makes Korea an attractive location to divert illegal shipments coming from more suspect countries. In response, the South Korean government has taken significant steps to thwart the transshipment of drugs through its borders.¹⁴

Special Considerations for Children Adopted from South Korea

Before the adoption

Korean adoption agencies support pregnant-women's homes; three of the four agencies run their own. One of the agencies has its own maternity hospital and does its own delivery. All four provide and subsidize child care.²

Pre-adoptive medical reports from South Korea usually contain a considerable amount of information about the birth mother and often the birth father. This may include not only physical information (height, weight, general appearance, medical problems) but also information about their educational and social backgrounds, interests and occupations.

Some birth mothers receive prenatal care through homes for unwed mothers if an adoption plan is made prior to delivery. Virtually all the children are born in hospital or maternity homes and accurate birth information is available. Most infants receive vaccination against hepatitis B within 48 hours of birth. Physical and developmental examinations are performed at least monthly and results are sent to prospective adoptive parents. Laboratory testing is generally reliable although it should be repeated when children enter the United States.

Most Korean children live in loving, attentive foster care prior to adoptive placement. Descriptions of the infant's daily routine, response to feeding and bathing and sleep patterns are all provided to the adoptive family. The foster family is also described. Foster parents occasionally send photos and letters with the child at the time of adoptive placement.

Children are carefully followed by well-trained physicians who have access to Western-style diagnostic equipment and tests. If anything, most local physicians appear to err on the side of caution. If needed, specialty care is available. Full details are given about interim medical problems, hospitalizations, medications, etc.

After the adoption

South Korea has no post-adoption requirements for parents.

Korean children are among the healthiest and most developmentally normal adoptees at arrival. Most arrive as infants approximately 5-9 months of age. The children are generally happy and well nourished (in some cases, over-weight). Gross motor delays are common, possibly because the children are frequently carried by their foster mothers and floor time is restricted. The back part of the head in some children is markedly flattened. In the 1970s-80s, about 3-5% of Korean adoptees had positive markers for hepatitis B surface antigen, one of the earliest markers of infection with hepatitis B virus. Through widespread implementation of vaccine programs and other public health measures, this number has been considerably reduced. Many early studies of internationally adopted children included large numbers of children from Korea. Conclusions about the health and well-being of international adoptees based on this cohort may not be applicable to children from more difficult backgrounds in other countries adopted in recent years.

Several specific studies of Korean adopted children are worthy of comment. Fundamental studies linking early malnutrition and cognitive achievement used Korean adoptees as research subjects. More recently Korean adoptees were singled out for their excellent behavioral and cognitive outcomes. In one study, parents found no difference in adjustment and behavior between their birth children and their children adopted from Korea.

Questions have been raised regarding the validity of vaccines administered in many countries; however most experts agree that vaccine records of Korean children prior to adoption should be accepted. Although lab work results from Korea are also likely to be reliable, it is sensible to obtain comprehensive testing of newly arrived Korean children, as for those from other countries.

SOURCES:

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