

SEXUALISED ILLNESS AND GENDERED NARRATIVES: THE PROBLEMATIC OF SOCIAL SCIENCE AND HUMANITIES IN CHINA'S HIV AND AIDS GOVERNANCE

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ABSTRACT

In China, the general understanding of HIV/AIDS and awareness of HIV risks has been shaped by a 1990s construction of a disease as one affecting minority groups such as drug users, gay men and prostitutes, rather than a disease contracted through high-risk behaviors, a factor that may explain a still rather low awareness of HIV risks. Gender norms and roles put both men and women at risk with regards to sexual activity even though not at the same level: while men engaging in high-risk behaviors can negotiate and exercise control of sexual activities as a way of constructing masculinity, such a process has seriously limited women's capacity to exercise control over their bodies due to their lack of power and ability to negotiate with sexual partners. This situation highlights the need for gendered empowerment and reinforces a globally assessed gendered vulnerability to HIV infection with women being most at risk. Hence, understanding the sexual transmission in the larger context of sexualised disease and gendered narratives may contribute to reframing these narratives. This calls for a social sciences and humanities approach to documenting and reframing the sexualised HIV and AIDS narratives in order to produce more adequate social and health responses and to reduce HIV and AIDS related stigma and discrimination against sexualised minorities. This article discusses the increasing prevalence of sex-related HIV and AIDS infections and cases, and hence the changing dynamic in China's HIV and AIDS epidemic. It analyses key issues related to sex and gender in China's HIV and AIDS governance. Finally it calls for a gendered and social science approach to China's HIV and AIDS governance as a way to escape the quagmire of tackling the epidemic as sexualised epidemic.

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Keywords: HIV, AIDS, gender, sexuality, governance, social science

INTRODUCTION

In China, the understanding of HIV/AIDS and awareness of HIV risks in the population at large have been constrained by a 1990s construction of the disease as affecting specific groups of *people* such as drug users, gay men, prostitutes, people who are described vis-à-vis HIV/AIDS as "promiscuous," rather than as, to use a more neutral descriptor, at-risk. The limitations of this mindset may account for a relatively low awareness of the risks of HIV (Zhou 2007, 2006; Micollier 1999). Sexualities and gender narratives are key to capturing the modalities of governmentality in the management of HIV and AIDS. As in other Asian developing countries, the AIDS epidemic in China was denied for more than a decade (1985–1996) by the Chinese authorities; it was not publicly acknowledged as a major epidemic until 2001 (Gil and Okie 2007). The rate of growth of the AIDS epidemic has slowed in China, but sexual transmission has continued and become the primary mode of transmission since 2005 (UNGASS 2010: 5). From 70% to 80% of infected people reside in the six most affected areas, namely (in descending order) Yunnan, Guangxi, Henan, Sichuan, Xinjiang and Guangdong (UNGASS 2010). In a number of localities in these areas, the epidemic is spreading among the general population with an increasing number of infected women and of HIV infections caused by sexual transmission and a prevalence rate above 1% among pregnant women screened during the compulsory premarital clinical examination (UNAIDS 2006: 5).

The results of a 2007 large-scale survey on HIV and AIDS-related knowledge, attitudes, behaviors and practices (CHAMP 2008), the first of its kind conducted in China, reveal a number of misperceptions and a relatively low average level of knowledge about HIV transmission. Gender norms and roles put both men and women at risk with regards to sexual activity even though not at the same level: while men engaging in high-risk behaviours can negotiate and exercise control of sexual activities as a way of constructing masculinity, such a process has seriously limited women's capacity to exercise control over their bodies due to their lack of power and ability to negotiate with sexual partners. This situation highlights the need for gender empowerment and reinforces a globally assessed gendered vulnerability to HIV infection with women being most at risk. Sexuality and gender-related issues are at the heart of current concern over how to prevent and control HIV prevalence (Micollier 2009).

This article discusses the increasing prevalence of sex-related HIV and AIDS infections and cases, and hence the changing dynamic in China's HIV and AIDS epidemic. It analyses key issues related to sex and gender in China's HIV and AIDS governance. Finally, it critiques current approaches to HIV/AIDS research in China and calls for a gendered and social science approach to China's HIV and AIDS governance as a way to break free of the restrictions inherent in tackling the epidemic as a sexualised phenomenon.

THE CHANGING DYNAMIC OF CHINA'S AIDS EPIDEMIC

From 2005, the average prevalence rate among the Chinese population at large stands approximately at 0.05% (0.057% in 2009), confirming that China is still experiencing a low-prevalence epidemic by international standards, despite the existence of local high-prevalence sub-epidemics. At the end of 2009, the estimated number of PLWH (People Living with HIV) was 740 000; among them, 105 000 were PLWA (People Living with AIDS). From the mid-1980s, the epidemic initially spread from Mainland Southeast-Asia bordering regions through the sharing of infected needles among drug users primarily in Yunnan province. In the first decade, infected people were mostly young men living in small cities or in rural areas. Nowadays, these regions are still among the most affected by HIV and IDUs (injecting drug users) constitute a large portion of people living with it. At the end of 2009, IDUs still account for 30% of the total HIV-positive population in China. From the mid-1990s, another outbreak of the epidemic has been identified in the central provinces, with the worst of it being in Henan province. The use of unsafe needles in blood sale collection and the re-injecting practice of blood products among the donor population following plasma extraction greatly facilitated the rapid transmission of HIV. At the end of the 2000s, the population infected through this route numbered 10.7% of the total HIV-positive population. From the mid-1990s—although barely acknowledged—the disease has become increasingly "gendered" and "feminised" as sexual transmission becomes the main route of HIV infection. From the mid-2000s, the HIV epidemic has become a sexual epidemic with infections contracted through both heterosexual and homosexual routes ranking the highest.

Such a sexual epidemic is urban-centred, affecting the homosexual male population and sex workers. What is more worrying is that it is beginning to spread to the general population through spousal infection, commercial sex and mother-to-child transmission. At the end of 2009, women accounted for 30.5% of PLWH (UNGASS 2010: 5). From the

2000s, the Chinese government started to collect more representative data on HIV/AIDS by producing better estimates of the state of the epidemic within the most vulnerable groups and by using more reliable methods of estimation, a fact that may explain a scaling-up in the testing of women (pregnant women, general population), resulting in a better estimate of women infected or affected by HIV/AIDS. The number of infections by sexual transmission has increased dramatically over recent years: infections estimated to be contracted through heterosexual transmission rose from 11% in 2002 (UNAIDS 2003: 14) to 19.8% in 2004, to which should be added the 11.1% of infections transmitted by homosexual sex (UNAIDS 2004: 4): the rate of infection through sex reached 30.9%. In 2005, this figure rose to 43.6% (UNAIDS 2006: 4). In 2009, the rate reached 59%: 44.3% were infected through heterosexual transmission and 14.7% through homosexual transmission (UNGASS 2010: 22). In 2005, among new infections, sexual transmission accounted for 49.8% (UNAIDS 2006: 1). And in 2009 the rate reached 74.7%, showing a dramatic increase in only 4 years: heterosexual transmission accounted for 42.2% and homosexual transmission for 32.5% (UNGASS 2010: 22). Sex workers and their clients make up 19.6% of the total number of PLWH and men who have sex with men (MSM) 7.3%; among sex workers, the rate of HIV infection has risen from 0.02% in 1996 to approximately 1% in 2004 (UNAIDS 2006: 2, 4). The latest countrywide HIV prevalence estimate for MSM and TG (transgender people) stands at around 5%, that is, 88 times higher than the national prevalence (UNAIDS 2010). The TG as a sub-sexual group has only recently been acknowledged and as a category added in China's data on HIV prevalence.

Kaufman et al. (2006: 3) identified seven risk factors for the development of a widespread sexual epidemic: "the size of China's young sexually active population, changing sexual behaviours and norms, widespread prostitution, massive internal migration, low knowledge about transmission routes among the general population, an HIV/AIDS epidemic among MSM that has only recently been recognised." Male homosexuals are the group, after IDUs and sex workers, that is most vulnerable to HIV infection. Even though designed only quite recently, preventive policies catering to MSM have been integrated into the national scheme of HIV and AIDS prevention and care. However, these prevention strategies may still be impeded as they were before (Human Rights Watch 2005) and no MSM-specific program had been designed within the framework of the 2006–2010 National Strategic Plan. From 2006, a number of online sources, some of which are government supported, are designed for MSM. Issues related to MSM have been discussed on CCTV and on China's biggest video-sharing network (*tudou net*) (Wu et al. 2006). The scale of the epidemic among

homosexuals may be downplayed by the fact that between 80% and 90% of them marry and carry on heterosexual relationships with their spouses at least for procreation purposes (estimates drawn from: Kaufman and Jing 2002; Pan 1995, 1996; Wan 2001, 1996; Zhou 1996).

Women are another infected group that deserves attention. The drastic increase of the number of HIV infected women highlights the need for an evaluation of the vulnerability of women and the urgency for "gender-oriented" preventive strategies. Married women are recognised on a global scale as the most at-risk population for HIV/AIDS infection. Even as early as 1995 at a WHO conference, the issue of women was raised in the discussion of the so-called "traditional high-risk" groups in the context of the HIV/AIDS epidemics (CSWs (commercial sex workers), MSM and IDUs). The label "high-risk groups" reinforces the *de facto* social stigma and widespread discrimination against the persons concerned and hence their vulnerability in HIV/AIDS infection. Among the total population of PLWH infected through heterosexual route, spousal infection accounts for around 1/3 (UNGASS 2010: 22). In China, the estimated male/female ratio of PLWH was 9:1 in 1999, 3:1 in 2004 and between 3 and 2:1 in 2006. Therefore, the feminisation of HIV/AIDS in China reflects global trends: briefly speaking, women are more vulnerable to HIV infection because of biological factors and social factors. Gender stereotypes, lack of power in sexual relations, lower status, economic dependency and their traditional role of care-givers mean that the main psychological and physical burdens of AIDS care are borne on women's shoulders (Guo 2007).

In 2007, a large-scale survey on HIV/AIDS-related knowledge, attitudes, behavior and practices with 6,382 participants was conducted in six Chinese cities, including Beijing and Shanghai. Although most people correctly identified sexual transmission as one way of contracting HIV, the lack of proper risk assessment and lack of knowledge of preventive measures cause individuals to continue to engage in high-risk behaviours. With regard to condom use, for example, 29.6% did not know how to use one correctly, 43.1% had never used one and only 19.2% said they would use a condom if they had sex with a new partner. As well, low awareness and the stigma associated with HIV/AIDS inhibited their seeking knowledge: 83.4% had never sought information on HIV/AIDS on their own initiative and 57% had never talked about HIV-related issues with their family members, friends, classmates or colleagues (CHAMP 2008). A comprehensive literature review on spousal transmission of HIV in China also indicates that gender norms also put both men and women at risk in terms of sexual activity. While the ideals of masculinity have informed men's engagement in high-risk behaviours (e.g., multiple sexual partners

and non-protected sex), "womanhood" has greatly constrained women's ability to exercise control over sexual activity, including safer sex practices (CHAMP 2008). In summary, HIV and AIDS is a deeply gendered and sexualised issue.

SEXUALISED ILLNESS, GENDERED NARRATIVES

The HIV/AIDS epidemic is acknowledged as one of the most urgent threats to public health globally, especially in developing countries. Moreover, it is considered a "social" disease and sexual phenomenon, because of its sexual origin and implications. Three main factors explain that the HIV/AIDS epidemic has globally stimulated social sciences studies on sexuality: the situation of a medical emergency; lack of treatment for curing AIDS; and an expanding sexually transmitted epidemic. The way in which sexually transmitted diseases are considered in society may be examined using notions of risk, sexuality and gender as a key social category. The notion of HIV/AIDS as sexualised illness brings to light questions about gender and sexuality. From an anthropological and "constructionist" perspective, sexuality is a unique viewpoint from which to explore social behaviour in its many guises. A constructivist/constructionist approach relies on identification of social and cultural factors, consideration of these factors as determinants of sexuality, and a reformulation of the body of knowledge about sexuality, in the light of the social and historical conditions under which this body of knowledge was gathered.¹

Sexuality is a cultural and a gendered construct whose history has been documented by Foucault (1976). Foucault grounded "sexuality" into history (namely 18th century Europe) and argued that it is an "invented" by-product of the modern State, capitalism and the industrial revolution (Bronwell and Wasserstrom 2002: 32). While heterosexuality is the primary locus for the production of gender in the West, in China the "*jia*" (family/lineage units) used to play this role until the 1920s social transformations when intellectual discussions of the New Culture Era (1915–1923) started to question it (Zito and Barlow 1994). The goal of marriage and sex was to serve the lineage rather than experiencing personal love and pleasure (Bronwell and Wasserstrom 2002: 32). Although it has been subjected to debate from time to time, it is still prevalent in

¹ The term "constructivist" is used more in the fields of epistemology and theories of learning, and has a more cognitivist connotation, while the more general term "constructionism" primarily encompasses the social dimensions of behaviour and social practices (Long 2001: 244).

contemporary China. As a complementary contribution to these studies of an "imagined" mainstream sexuality, I have argued that gender politics are at work to mark out the "imagined" margins. That is, sex work or homosexual relations are re-disciplined through the marital institution that is the "imagined" mainstream. The marital institution and related values are "explicitly" shaped as THE "sexual culture," while "sub-sexual cultures" are to be "implicitly" framed within the mainstream (Micollier 2004, 2005).

In their insightful introduction, Brownell and Wasserstrom (2002: 34) summarised two key elements in Chinese gender scholarship: "(1) gender concepts were anchored in beliefs about family structure and social roles more than in beliefs about biological sex (and even beliefs that we might call 'biological' were based in classical Chinese medicine, not Western science); (2) 'men' and 'women' were plural categories rather than unified categories opposed to each other; 'manhood' and 'womanhood' were not directly linked to heterosexuality, and reproducing the lineage was a more important aspect of sexuality than individual pleasure." They continue to point out that these elements show discrepancies between Western and China concepts of gender. According to Barlow (1994a, 1994b), gender production has specific modalities and discussions of Chinese gender narratives should not be anchored in the "sexed" body. A good example of this imaginary disjuncture between sexuality and gender roles can be quoted from Sommer (2000)'s on male homosexuality in the Qing legal code, "a man could engage in homosexual behavior without calling into question his manhood so long as his behavior did not threaten the patriarchal Confucian family structure" (Brownell and Wasserstrom 2002: 32). This observation still rings true today in China. Concepts of femininity and masculinity still seem to be primarily grounded in the roles of father/mother and wife/husband while the roles of daughter/son have lost part of their importance.

Sexuality is a social construct located in an open and dynamic context and embedded in a complex network of emotional, social, political and economic relationships and in gender roles constructions. Such theoretical position does not suggest that biological determinants of sexuality are denied but that they are not considered the most important part of it. Essentialist approaches build on the hypothesis that biological factors are the most determinant and are the substratum of what constitutes the human being, male and female as well. Advances in neurosciences and genetics—or rather interpretations of the findings of these sciences—may provide ground for such approach: the social construction of science and of scientific knowledge dissemination has been documented by social sciences scholars as well.

Setting aside the naturalistic theory of social relations between the sexes, the idea of gender arises as a pertinent way of understanding the "structural force" (Bourdieu 1998: 140–147) behind the social and symbolic inequality between men and women and in the relationships between them, including sexual relationships. However, we should also emphasise that in all societies, sexuality casts light on, and is the result of, economic and political (and other types of) reality, which have no direct link with sex or gender (Godelier 2003: 194). The way in which the HIV and AIDS epidemic and in particular its prevention and care has been considered in a social context has contributed to a recognition of the diversity of "sexual cultures," which reveals, at the same time, the unity of humankind and the diversity of its cultures. In this article, the concept of "sexual culture" refers to a consensual model of ideas associated with sexual behaviour in a group. Underlying this model is a vision of the world and of values with regard to the nature and purpose of sexual relations. It also implies an affective model of emotional states and moral principles, aiming to institutionalise what is experienced as normal, natural, necessary or approved of by a group of participants (Herdt 1997: 10). Sexuality is considered in terms of acts, representations and relationships which take place within the affective and sexual lives of individuals, who again are situated in social contexts.²

During the 1990s, a process of revitalisation of sexuality as a marker of gender categorisation has been observed (Evans 2002, 2008; Micollier 2004). It is related to the globalising consumerist culture. Regulating sexual practice and governing bodies are again high on the agenda of the Chinese state (Evans 2002, 2008). Significantly, most of these aspects are related to the way women and gender roles are still "imagined": narratives are revealed in multiple actors' discourses, either lay (popular understandings of gender and sexuality), official (in relation to governing men and women in society), or medical (the role of medical and scholarly discourses, either scientific or of the tradition, in gender narrative construction). As I pointed out in some previous works (Micollier 2005: 4; 2006: 193), contemporary Chinese society provides several socially pre-constructed models of representations and practices that interact to produce tensions that must be managed, and values, behaviour and actions are subject to renegotiation. There are three narrative frameworks with respect to how gender roles are imagined. The first arises from a pluralist and dynamic Chinese tradition (local traditional discourse), which is discussed earlier. The second is two-folded—one was inherited from the 1919 intellectual and reform movement

² The paragraph is adapted from Micollier (2006: 192).

in the historical context of the fall of the Empire and the first republican revolution (1911). The other was introduced by Marxist ideology and nurtured the project to construct a socialist society (official discourse); the third reflects the global model that is producing changes in China just as it is elsewhere (local global or "glocalised" discourse). Except for the first model, these frameworks are also broad projects for the modernisation of Chinese society.

These frameworks reveal some relevant aspects of the perception of sexuality, the construction of masculinity and the social formation of gender roles. Women, female sex workers in particular, are put in the category of the "imagined" margins. Significantly enough for a social scientist, the current sex industry system with its sex workers' social stratification reflects some features of Chinese society: it is first of all a social system reflecting norms, values and social relations. Moreover, this system is evolving over time in tandem with the use of new technological tools for information gathering and communication, assessing how the collective imaginary about sex work builds on social meanings, practices and relations. Therefore, sex work is not a marginal and peripheral phenomenon in the current sexual culture. It confirms as well one of the main working hypotheses proposed in my previous work, namely, that the forms and modalities of sex work on the one hand, and matrimonial exchange and family models, norms and values on the other hand, are structurally and currently intertwined in both experienced and "imagined" life. Hence, what can we learn from the "imagined" mainstream valuating a normative sexuality, conjugality and family life? This question will be discussed in critical tension with the previous one about the "imagined" margins.

In the context of HIV risk, commercial sex should be analysed within the framework of the local sexual culture: the sale and purchase of sex, understood as a social practice and a "mark of social distinction" (status symbol) for men, does not generate head-on contradiction or paradoxical restriction of the role of women in the context of local family structures and norms. Rather, it generates tensions that need to be managed; therefore, a sexual culture emerges that is implicitly structured by commercial sex exchanges in tension with matrimonial exchanges (Micollier 2004: 3–22). The Confucian principles and values of the family do not permit pleasure-oriented sexuality within the family unit. Instead, conjugal sexuality is oriented towards reproduction. Until the 1930s, erotic desire-led sexuality lived outside the family setting, particularly in the courtesan system and other categories of sex workers. There is a real social stratification of courtesans, which mirrors that of their clients: this model was well documented in 1930s Shanghai, by the social historical studies of Henriot

(2001) and Hershatter (1997). As far as I know, equivalent works in scope and quality about sex work from the social and cultural history standpoint which will document the situation in other cities or regions in Republican China are unfortunately not available. As in many societies, "sexuality for desire" is distinguished from "sexuality for reproduction" and "desire is not recognised as the departure point for a legitimate union between the sexes" (Godelier 2003: 195).

Hierarchical categories of female sex work and of sex workers have been identified as reflecting the clientele's social stratification. In the 1990s, seven of them were described. The first category is the second wife (*ernai*), who offers sexual services instead of emotional, reproductive services, and co-habitation is usually or ideally provided by the first wife and/or concubine. The second layer is the hired prostitute for a business trip or for a longer period but within the context of business activities (*baopo*). The third layer is constituted by escort girls working in three different settings (*santing*: singing parlours or karaoke bars, dance halls and restaurants-bars), who provide "on-the-spot escort," consisting of sexual services involving titillation without actual sexual intercourse, and/or "follow-you escort" including sexual intercourse. "Ding-dong girls" (*dingdong xiaojie*) who live in their own room in a hotel on a relatively stable basis (*zhudian de*) and solicit hotel customers by telephone are part of the fourth layer. They offer a one-time sexual intercourse service rather than all-night sex. The fifth layer is composed of barbershop or massage girls (*falang mei*) working at barbershops, sauna centres and feet-washing rooms: their services consist of washing hair or feet and giving massages. Streetwalkers (*jienü*) who find customers in recreational places and offer one-time sexual intercourse service are the sixth layer. The seventh layer are the prostitutes for poor transient peasants or workers called "women who go to, or live in a shed," (*xia gongpeng, zhu gongpeng*) playing the role of public wife who charges for the services she provides (Pan 1999: 23–25). Two other categories emerge in the 2000s: the married couple involved in commercial sex work in which the husband works as procurer (*fuqi dian*); the independent female sex worker calling clients by means of the internet or SMS by mobile phone and working in her own home. These spaces are usually rented rooms. Sex work through web networks has dramatically increased recently (Pan 2007). These new trends show that the number of independent sex workers is on the rise; concomitantly, the role of the procurer is much less central. Another related-factor is an increase in mobility in order to remain independent. Hopefully, according to Pan, crime related to sex work will be reduced. Unfortunately, the situation of male sex workers is much less documented. However, a few recent studies tackle the subject (Kong 2005;

Sun et al. 2006): young men labelled "money boys" (*shaoye*) sell sex to an exclusively male clientele; most of them are from rural origin and poorly educated. Similar sociological results are reported in a Shanghai's study (Sun et al. 2006).

A paradoxical tension can be identified in the social construction of masculinity: while hiring sex workers is part of entertainment and leisure routine among middle-class men and is widely perceived by others as a status indicator, the practice may simultaneously induce a feeling of shame and discomfort. Middle-class men are much more discrete about their patronising of commercial sex than men belonging to lower social categories (personal communication). Men from the latter group give details more freely about their frequenting of sex workers as they may not experience shame or discomfort as much as their middle-class counterparts. Western ideas about sex work, modernity as well as socialist ideas previously disseminated in China may have had an impact. Traditional ideas about sex work may be challenged by, or in contrast to, a more globalised approach related to modernity, Christianity and Western ideas. There may be the expression of a tension in the construction of masculinity between revitalised traditional ideas (an eventual result of a government-driven repressive attitude towards sex), and on-going consumerism and globalisation still driven by Western-oriented ideas, even though there may occur a real mixing of ideas in the future. A powerful contradiction is arising from the value system, matrimonial exchange rules, gender roles and gender power relations based on a (eventually revitalised) "Confucian"-oriented worldview. Indeed, an intrinsically psychological tension may arise between family choice, favouring a marriage based on socio-economic criteria and individual choice, which may diverge from these criteria: filial duty is valued rather than the individual quest for pleasure, the fulfillment of erotic desire being related to narcissism and supremacy of the individual. Discretion is prescribed in the purchase of sexual services. Therefore, for the male client, enjoying a range of entertainments in bars and karaoke halls appears as a means of assessing one's status. Even though illegitimate, such a means is normative rather than transgressive. Related entertainment activities may help in male orientation and identity building, namely in the psychosocial construction of masculinity. Zheng's (2006, 2009b) study of male clients' consumption of commercial sex is revealing with regard to the process of the construction of masculinity. Sex consumption plays an important role in affirming manhood and economic success by encompassing both sexual and economic performance. The purchase of sex is ritualised in exchanges between business and political arenas structurally intertwined in market-oriented post-socialist China. As Zheng points out

(Zheng 2006, 182), it is "a criterion to evaluate one another's deference, reliability, self-control, and sexual potency ... sex consumption becomes a business ritual for conducting the pre-selection of, and bonding with, potential partners to reach mutual trust in their social alliance in the current Chinese state-clientelism."

The frequenting of sex workers among young men aimed at sexual initiation is increasing while young women engage in premarital sexual relations more readily. However, young men may still prefer to marry a virgin. The male preference for marrying virgins may be one reason accounting for the relatively more conservative behaviour of women and their comparatively lower awareness of, and interest in, sexual health education. While the increase in premarital male sexual activity was documented earlier, the increase of female "openness" especially among university students is less documented. However, in the 2000s, some studies report that the rate of young women experiencing premarital sex is rising more quickly than that of men (Pan 2007). This overall situation has an impact on sex work whose patterns are changing too: more independence of female sex workers using new technologies (internet, mobile phones) who may work alone, and the emergence of the husband/wife collaborative unit in sex work. Further research is needed to document the agency/consent versus coercion process in relation to gender power relations among spouses in this specific situation of the spousal sex worker.

CHINA'S QUAGMIRE IN HIV RESEARCH

Ideological and behavioural models underlying sexual life of individuals are transmitted in messages from family or the state through conduits such as schools or family planning organisations and through new, uncontrollable messages from a society in transition towards a consumer society; a society such as this experiences a cultural revitalisation and re-evaluation of tradition. The family is an ideal medium for relaying official recommendations, along with schools and workplaces, and can become a useful locus for sexual health education and prevention and care of STIs (Sexually Transmitted Infections) including HIV infection. As Nguyen (2005) shows, in the context of ART (Antiretroviral Treatment) programmes' globalisation, a local adaptation takes place through processes of knowledge and social/health technology transfer from global to local scale: the local family model of care and support may be valorised and deeply anchored within a humanitarian and globalised NGO-type participative approach as a tool for a better governance.

The stigmatising and moralising contents of a decade-long (from mid-1990s) HIV/AIDS prevention campaign conducted through messages targeting imaginary scapegoats such as foreigners or high-risk groups has reinforced the widespread social stigma associated with the epidemic (Micollier 1999, 2003). One of the most common recommendations to protect oneself from infection was to stick to a moral and healthy life. Such discourse produced a false feeling of cleavage between "Us" and "Others" in the general population. Subsequently, the number of HIV positive people had been underestimated until the 2000s and no national care and treatment programme was launched until 2004. Health personnel have been dramatically slow in shifting from this "imagined" epidemic and associated risks to a more realistic assessment of the medical situation based on observation, training and clinical practice. When our staff started the IRD-PUMC/CAMS project in 2006, this topic was widely discussed and some Chinese colleagues suggested that we work on this subject. The lack of appropriately educated health personnel was widely acknowledged as an obstacle to scaling up treatment and prevention programmes.

Discussions related to governance issues and relations among actors concerned with reducing HIV vulnerability among sex workers are worth further investigation. The following issues faced by sex workers need to be addressed in the context of HIV/AIDS prevention and care: sex workers have to face widespread stigmatisation, discrimination, violence and irregular police monitoring or law enforcement. As a result, conflicting policies among government bodies and shortcomings in the implementation of HIV/AIDS prevention programmes are not rare. For instance, how can health workers promote condom use while law enforcement authorities simultaneously use condoms as evidence in prosecuting sex workers? Zheng's (2009a) article focuses on the cultural politics of the condom. In a recent book (2009b), she discusses the ambiguities of condom policies in health campaigns (chapter 3) and the perceptions related to the condom among clients (chapter 4) and sex workers (chapter 5). At an international workshop on HIV prevention targeting sex work (Beijing, April 2007), the issue was raised following the unfortunate assessment that there were no Chinese sex workers attending the conference. Cooperation with HIV/AIDS programmes is controlled by the powerful actors of the sex industry (pimps and brothel-owners) but not directly by sex workers. This situation shows a hierarchical attitude and approach to the putting into practice of any programme that aims at CSWs. It is well known that the central government has some reluctance in accepting the contributions of civil society in HIV/AIDS governance, even though it is well aware and informed of the benefits of the role of local NGOs in behavioural intervention. At the same

workshop, Pan underlined the responsibility of rich clients (*da guan*)—those who have multiple sexual partners—whose behaviour constitutes a well-documented risk factor in HIV transmission. Nevertheless, they are not considered a target group in HIV/AIDS prevention programmes.

That sexuality is socially constructed in the medical and developmental discourses through the notion of "sexual health" is well established. The notion was discussed at a WHO conference in 1975. It refers not only to pathology arising from sexual activity but also to the psychological, emotional and social aspects of sexual activity; it also introduces the idea of the individual or political "responsibility" of public healthcare institutions, which ideally should organise "sexual health" services that are suitable for the context in which they operate (Giambi 2002: 9). Following this discussion, a "legitimised" modern sexology has been revitalised and developed at the international level: Haerberle (1998) argued that such discussion basically reflected the expression of Western, middle-class sexual values. The concept of sexual health, drawing on that of reproductive health but dissociating sexuality from procreation, raises the idea of "responsible sexuality" and divides this responsibility among men and women (Bonnet and Guillaume 2004: 15). When applied in the context of HIV infection and its psychological, social and economic implications, this idea of "responsibility" draws all its meaning from the constraints relating to the prevention and care of this "illness situation." It should also be pointed out that the main aspects of sexuality that are currently "medicalised," or which arise from public health issues, are contraception, abortion, the prevention of STDs (including HIV) as well as sexual abuse and the treatment of sexual disorders (Giambi 2002: 7).

This typology of discourses on sexual health is also witnessed in sexuality-related research and programmes in China. Huang (2007) distinguishes at least four currents in the field. The most established and prominent discourse can be labeled "medicalised discourse." This style of discourse, reflected in sexological research from the mid-1980s until the early 1990s had a quasi-exclusive authority. The scholars concerned were involved in medicine (Ruan 1991; Wu 1988) or in the sexological or sociological fields (Liu 1992).³ The second discourse, "feminist discourse," gives voice to the existential condition of women, denounces subordination and oppressions they impact women's bodies and sexuality and deplores the silence on these modalities in academic women's studies. The third discourse, which is supported by a number of scholars and the mass media,

³ For a critical analysis of these works, their contents and context of knowledge production see Micollier (2005).

is concerned with the question of sexual revolution or shifts in ideas and practices about sexuality. It is based on a tentative analysis of a shift from "sex for reproduction" to "sex for pleasure and leisure" (scholars from the Research Institute of Sexuality and Gender, Department of Sociology, Renmin University, Pan 2004; Farrer 2002). This can be called "liberating discourse." It discusses new patterns of sexual consumption in the pursuit of pleasure and self-fulfillment among Chinese youth. Lastly, there is "conservative discourse," which is dominant in health and sex education programmes and in sexuality-related health programmes, namely STDs and HIV/AIDS programmes. It focuses on "self-control and self-respect," and uses the so-called traditional mores and values against an imagined Westernised decadent sexuality. Advocates of this discourse resort to the ABC (Abstinence, Be faithful, and correct and consistent use of Condoms) prevention policy of the Bush era that was promoted in the U.S. and subsequently in a number of other countries.

Gender is used as a social determinant of health applied to HIV and AIDS discourses through studies using a gender-based analysis and sex education materials, such as the KAP (Knowledge, Attitudes, Practices) surveys and IEC (Information, Education, Communication) materials. "Gender Analysis of Data on HIV Epidemic and Response" by China CDC (NCAIDS 2010) is a result of a quantitative investigation of the relations between HIV/AIDS and gender. The objective is to assess the impact of HIV/AIDS on women, their health and social vulnerability and their access to prevention, testing, treatment and care. This study is the first of its kind in that it uses quantitative methods, rather than qualitative methods that have characterised sociological researches in similar areas. Therefore, it fills the gap in HIV and AIDS research on gender. This report points out the gender politics at play in women's vulnerability to HIV. In China, this was not acknowledged until the mid-2000s. Until then the male to female ratio in HIV/AIDS infection showed it to be predominantly male epidemic. Sexual transmission was not recognised as the dominant mode of transmission. The NCAIDS report and the China Country Progress Report 2008–2009 (UNGASS 2010) signal a shift in the official discourse in China's HIV/AIDS governance. Both reports recognise that the "women facing the risk of HIV infection not only include those with high risk behaviors, such as CSW and female drug users, but also include spouses of HIV-positive men or men with high risk behaviors" (NCAIDS 2010). Spouses are considered at risk although not most at risk, as women with high-risk behaviour stand first in the list in the key findings. The reports for the first time point out that "sexual transmission within marriage poses a great threat to women" with a rate of 31.7% of women infected through the heterosexual

route by spouses/regular partners. This figure contrasts sharply with that of men (6.8%). It is also found that more women than men tend to disclose their HIV status to their new sexual partners. This has serious implications on HIV and AIDS governance and representation in China. Gender and sexuality are key to IEC materials and discourses.

Fortunately, shifts in IEC discourses have been acknowledged; sex education materials are gradually taking the social formation of gender into account. But this move is not reflected in mainstream discussions about sexual behavior and sexual identities (Evans 2008). Evans (1997) provided an in-depth discussion of the formation of gendered difference through sex-related discourses from a socio-historical perspective (from 1949 onward). Gender formation's implications are more easily inserted in education materials than implemented in the actual CARE (China Comprehensive AIDS Response) programme whose discursive contents can be taken as a consensual narrative in HIV and AIDS campaign. However, as Aresu (2009) shows, sex education in China is based on an "abstinence only" approach anchored in the past and still prevalent today. Even the way of describing the research method on the subject reflects the dominant view on sex education designed for youth. For example, in a paper published in an international journal the authors write, "A comprehensive sex education program, including information on abstinence, contraception and healthy sexual behaviors, was carried out in a suburb of Shanghai" (Wang et al. 2005: 63).

As Evans (2008) puts it, "popular and official narratives commonly reiterate the conventional binaries of naturalized gender difference that shore up discriminatory practices." Although plural sexualities in the sexed bodies are fully acknowledged in the academy, media and even in official discourses, the naturalised definition of gender difference still prevails. Gender power relations remain poorly informed either from observations in real situations and context or from in-depth interviews. One basic issue is related to the methodology commonly used in the social sciences in China: the most widespread in studying the topics of concern in our present work are those labeled RAP (Rapid Assessment Procedures), such as KAP surveys (Knowledge, Attitudes, Practices). This method cannot be recommended in studying practices and ideas related to intimacy and personhood such as sexuality, construction of femininity and masculinity, gender, body and sexual identity insofar as it is not complemented by other research methods in designing a reliable social sciences research protocol. Another concern is the exclusive use of either qualitative or quantitative research methods while both could be heuristically used for a refined analysis. The exclusive use of KAP surveys has been criticised by a number

of scholars, activists and community members.⁴ Research programmes tend to focus on social/public policies and social development, rather than human agency and basic social sciences research.

My recent experience of teaching social sciences designed for all walks of students (medicine, biology, public health, bioethics, philosophy of science, law, policy and management, sociology) in a medical college and in other academic institutions confirmed once again the dominance of the naturalised discourse in the Chinese academic arena: essentialist/naturalist views on gender and sexuality still pervade. Students, teachers, health workers such as physicians and clinicians, and biomedical scientists harbour gender stereotypes. A number of sexual practices and/or non-mainstream sexual orientations are still considered deviant or pathological and subsequently require either pharmaceutical or psychological treatment. In addition to that, scientific/pseudo-scientific arguments selected from advances in neurosciences and cognition sciences are used to support preconceived ideas about gender categorisation and difference. Science is then used as a legitimating and authoritative discourse especially when it comes to managing health-related issues with regard to gender and sexuality including STIs, HIV/AIDS, and reproductive and sexual health (RSH). It may also influence the designing of research protocols, thereby producing underestimated or unacknowledged research biases. Even some periodicals specialised in medicine and social sciences such as *Chinese Medical Bioethics* (*zhongguo yixue lunlixue*) and *Medicine and Philosophy* (*yixue yu zhhexue*) reflect this trend. The lack of gendered and social science approaches to HIV/AIDS governance is inherent in the quagmire China finds itself in when tackling a sexualised epidemic.

CONCLUDING REMARKS

In the 2000s, even though a diversity of sexualities is widely acknowledged, "sexual health" and "sexology"-oriented awareness among the whole range of actors involved in "AIDS work" (see Yu in this issue) still reflect the prevalence of the "normative" discourse, namely a medicalised and naturalising discourse (Evans 2008; Huang, 2007; Micollier, 2005, 2007). Gender stereotyping norms and values are prevalent in both expert and lay discourses. Bias against and stigmatisation of sexual minorities are widely shared by the population at large. As I have tried to show in this paper, even

⁴ See for instance the informed critical article of Ando (2007: 12), programme officer at ARROW (Asian-Pacific Resource & Research Center for Women).

though sexual transmission has become the leading mode of HIV transmission in China, the understanding of sexual and gendered narratives of HIV and AIDS is limited. Acknowledging the feminisation of the epidemic is the first step toward reframing HIV/AIDS narratives. Documenting it will contribute to prevention and care efforts. Both these efforts, one hopes, will create more responsive social and healthcare services and improve HIV/AIDS governance in China.

ACKNOWLEDGEMENTS

The author is grateful to Dr. Haiqing Yu for her insightful suggestions, critical comments and careful edits in the time-consuming reviewing and rewriting process that has brought the paper to its current state.

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