

UNIVERSITY OF SOUTHERN QUEENSLAND

**Women's Vulnerability to HIV/AIDS in China:
A Case Study for the Engendering of Human Security Discourse**

**A Dissertation Submitted by
Anna M Hayes, MA**

for the award of the degree

**PhD
in International Relations**

**FACULTY OF ARTS, USQ
2007**

ABSTRACT

Since the 1990s, the discourse of security has undergone profound change. Rather than merely pertaining to a more traditional, narrow interpretation of security primarily focusing on nation-states instead of people, a human dimension, known as *human security* has been added. While such discussions on human security have attempted to encompass threats to humanity as a whole, interpretations of such threats have largely failed to recognise the exceptional threats faced by women. Although threats found in analytical discussions of human security do *relate* to women, it is imperative that a sharper focus be placed on the additional threats women face in terms of their security; ones that might become blurred in general discourse, such as economic, educational and employment disparities, gender discrimination, substandard healthcare, restricted access to healthcare facilities, human trafficking and male violence.

This dissertation seeks to provide a gendered analysis of human security, using women in China as its focus. To provide a focused examination, it takes a global source of human insecurity, HIV/AIDS, and examines why women in China are increasingly at risk from HIV/AIDS. In addition to assessing the impact that this pandemic poses for their security, it also attempts to investigate the social impacts HIV/AIDS is having on women in China and what measures the government has put in place to halt the spread of HIV/AIDS. The extent and nature of the role played by intergovernmental organisations (IGOs), non-governmental organisations (NGOs) and international non-governmental organisations (INGOs) in China's HIV/AIDS epidemic is also explored.

This research was prompted by the limited nature of a gendered analysis in the mainstream human security literature, and the need to identify the unique threats to human security faced by women. The realisation that the 'disempowered status' of women increases their vulnerability to HIV/AIDS, and that HIV/AIDS is becoming a major source of insecurity for many women around the world (and in China in particular), provides a relevant focus for such an investigation.

CERTIFICATION OF DISSERTATION

I certify that the ideas, experimental work, results, analyses, software and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

Signature of Candidate

Date

ENDORSEMENT

Signature of Supervisor

Date

Signature of Supervisor

Date

ACKNOWLEDGEMENTS

I would like to give a great deal of thanks to my principal supervisor, Professor Donald McMillen (USQ) and associate supervisor Dr Rosemary Roberts (UQ) who have both spent countless hours guiding me throughout the planning and writing of this dissertation. My thanks also go to the other members of the Arts Faculty at the University of Southern Queensland, staff from the University Services Centre at the Chinese University of Hong Kong, and staff from other universities, who have also supported me and assisted my work. Special thanks go to Mr Richard Gehrman (USQ), Associate Professor Peter Wicks (USQ), Associate Professor Chris Lee (USQ), Ms Zhao Yan (USQ), Dr Jill Lawrence (USQ), Ms Eleanor Kiernan (USQ), Mrs Chris Bartlett (USQ), Ms Ruth Hilton and Ms Jean Hung (USC). It is with great pleasure that I acknowledge the support I have received from the University of Southern Queensland, in particular, their generous research grant that allowed me to conduct field research in the People's Republic of China and Hong Kong.

My thanks also go to colleagues from the China Studies Association of Australia and the Asian Studies Association of Australia for their support and helpful feedback on conference papers I've presented based on my fieldwork and archival research. I would also like to thank the informants, who shall remain nameless, to whom I spoke while conducting field research in China. Their openness on this topic was greatly appreciated and offered valuable insights into China's responses to HIV/AIDS.

Special thanks go to my partner Brodie. I couldn't have made it without you. The same applies to my family and friends for their continual support and encouragement. I would also like to thank my colleagues in the postgraduate room at USQ for their support and encouragement, in particular Dr Ben Payne, Ms Cath Darcy, Dr Chris Ison, Dr Brian Beasley and Mr David Akenson.

And, finally, I would like to thank the Australia-China Council for their generous research grant that allowed me to attend the inaugural Chinese Studies Graduate Summer School Australian National University, Canberra 1-7 February 2004.

I would like to dedicate this dissertation to my daughters, Keely and Molly, whose arrivals near the various stages of the completion of the dissertation were the inspiration that saw it through.

TABLE OF CONTENTS

ABSTRACT	II
CERTIFICATION OF DISSERTATION	IV
ACKNOWLEDGEMENTS	V
TABLE OF CONTENTS	VII
LIST OF TABLES & MATRICES	X
GLOSSARY OF ACRONYMS	XI
<u>CHAPTER ONE: INTRODUCTION.....</u>	13
ABSTRACT OF THE DISSERTATION’S PROPOSITION.....	13
TOPIC STATEMENT	13
DEFINITION OF HUMAN SECURITY	17
RATIONALE FOR THE TOPIC	21
KEY ISSUES AND QUESTIONS.....	25
RESEARCH METHODOLOGY	27
LITERATURE REVIEW	32
CHAPTER OUTLINES.....	51
<u>CHAPTER TWO: EPIDEMIOLOGY OF HIV/AIDS IN CHINA</u>	58
A ‘TITANIC PERIL’	59
INITIAL GOVERNMENT RESPONSES TO HIV/AIDS IN THE PEOPLE’S REPUBLIC OF CHINA.....	61
LIMITATIONS OF EXISTING DATA.....	65
STIGMA AND DISCRIMINATION	70
HIV/AIDS IN CHINA: THE FIRST CASES	73
PRESENT CLIMATE OF HIV/AIDS.....	75
TABLE 2.1: HIV INFORMATION AND ESTIMATES FOR THE PRC (1990-2001)	77
INTRAVENOUS DRUG USE (IDU)	78
TABLE 2.2: PROVINCES AND YEARS WHEN LOCALISED EPIDEMICS AMONG IDU WERE FIRST DETECTED	79
TABLE 2.3: PROVINCES AND SITES WITH HIGHEST HIV INFECTION RATES AMONG IDU IN 2000.....	79
TABLE 2.4: NINE PROVINCES WITH NEEDLE SHARING RISKS ABOVE 20 PERCENT IN 1998 AND 2000... 80	
COMMERCIAL BLOOD AND PLASMA SELLING AND IATROGENIC TRANSMISSION ...	83
SEXUAL TRANSMISSION	89
<i>Prostitution</i>	89
TABLE 2.5: PERCENTAGE OF HIV POSITIVITY AMONG PROSTITUTES IN SELECTED SOUTHERN CHINESE SENTINEL SITES.....	93
TABLE 2.6: PERCENTAGE OF HIV POSITIVITY AMONG MALE STI PATIENTS AT SENTINEL CLINICS.	94
<i>Men who have sex with men (MSM)</i>	96
<i>Heterosexual transmission among the general population</i>	101
MOTHER-TO-CHILD TRANSMISSION (MTCT)	102
CONCLUSIONS	103
<u>CHAPTER THREE: THE VULNERABILITY OF WOMEN TO HIV/AIDS: A GLOBAL ASSESSMENT.....</u>	105
DEFINING THE ‘GENDER AND HIV/AIDS VULNERABILITY MATRIX’	107
MATRIX 3.1: THE ‘GENDER AND HIV/AIDS VULNERABILITY MATRIX’	109
WOMEN AND HIV/AIDS	110
GENDER ROLES.....	114
SEXUAL HEALTH, REPRODUCTION AND STI KNOWLEDGE	114
SEXUAL PASSIVITY AND AGGRESSION.....	119
PROMISCUITY	123
ENABLING ENVIRONMENT	125
ECONOMIC FACTORS	125
CULTURAL AND SOCIAL FACTORS.....	130

POLITICAL FACTORS.....	133
CONCLUSIONS	136
<u>CHAPTER FOUR: CONTEXTUALISING VULNERABILITY: THE STATUS OF WOMEN IN PRE-REVOLUTIONARY CHINA.....</u>	138
THE STATUS OF WOMEN IN PRE-REVOLUTIONARY CHINA.....	141
CONCLUSIONS	162
<u>CHAPTER FIVE: CONTEXTUALISING VULNERABILITY: THE STATUS OF WOMEN IN POST-REVOLUTIONARY CHINA</u>	164
THE MAO YEARS (1949-1976)	166
THE POST-MAO YEARS: FROM ‘REFORM AND OPENING’ TO THE PRESENT.....	188
CONCLUSIONS	211
<u>CHAPTER SIX: THE VULNERABILITY OF CHINESE WOMEN TO HIV/AIDS</u>	212
CHINESE WOMEN’S VULNERABILITY TO HIV/AIDS.....	213
APPLYING THE ‘GENDER AND HIV/AIDS VULNERABILITY MATRIX’ TO WOMEN IN CHINA.....	216
GENDER ROLES.....	217
SEXUAL HEALTH, REPRODUCTION AND STI KNOWLEDGE	217
SEXUAL PASSIVITY AND SEXUAL AGGRESSION IN CHINA	229
PROMISCUITY IN CHINA.....	238
ENABLING ENVIRONMENT	243
ECONOMIC FACTORS	243
CULTURAL AND SOCIAL FACTORS.....	251
POLITICAL FACTORS.....	254
CONCLUSIONS	267
<u>CHAPTER SEVEN: GOVERNMENT AND CIVIL SOCIETY RESPONSES TO HIV/AIDS IN CHINA.....</u>	269
WOMEN AND HIV/AIDS PREVENTION AND TREATMENT CAMPAIGNS	271
GOVERNMENT RESPONSES TO HIV/AIDS	274
HIV/AIDS LAWS AND POLICIES IN CHINA.....	278
OBSTACLES TO EFFECTIVE HIV/AIDS PREVENTION IN CHINA	290
NGO AND INGO RESPONSES TO HIV/AIDS IN CHINA.....	293
CONCLUSIONS	296
<u>CHAPTER EIGHT: ENGENDERING HUMAN SECURITY DISCOURSE</u>	299
ECONOMIC SECURITY.....	300
FOOD SECURITY	306
HEALTH SECURITY	307
ENVIRONMENTAL SECURITY	310
PERSONAL SECURITY	312
COMMUNITY SECURITY	316
POLITICAL SECURITY	317
ENGENDERING THE ‘THREATS’ TO HUMAN SECURITY.....	320
CONCLUSIONS	323
CONCLUSIONS.....	326
APPENDICES	335
APPENDIX 1	336
OVERVIEW OF INTERVIEWEES	336
APPENDIX 2	338
INTERVIEW QUESTIONS	338
APPENDIX 3	339
DEFINITION OF HIV AND AIDS	339
MODES OF HIV TRANSMISSION	340

APPENDIX 4	342
EXTRACT FROM REPORT ON THE FOURTH WORLD CONFERENCE ON WOMEN.	342
APPENDIX 5	345
AIDS CAMPAIGN POSTER (KENYA)	345
BIBLIOGRAPHY.....	346
BOOKS.....	346
BOOK CHAPTERS.....	348
JOURNAL AND NEWSPAPER ARTICLES	349
REPORTS AND ELECTRONIC SOURCES	353

LIST OF TABLES & MATRICES

Table 2.1	HIV Information and Estimates for the PRC (1990-2001).....	77
Table 2.2	Provinces and years when localised epidemics among IDU were first detected.....	79
Table 2.3	Provinces and sites with highest HIV infection rates among IDU in 2000.....	79
Table 2.4	Nine provinces with needle sharing risks above 20 percent in 1988 and 2000.....	80
Table 2.5	Percentage of HIV positivity among prostitutes in selected southern Chinese sentinel sites.....	93
Table 2.6	Percentage of HIV positivity among male STI patients at sentinel clinics.....	94
Matrix 3.1	The ‘Gender and HIV/AIDS Vulnerability Matrix’	109

GLOSSARY OF ACRONYMS

ACWF	All China Women's Federation
AIDS	Acquired Immune Deficiency Syndrome
CCP	Chinese Communist Party
CCTV	China Central Television Network
CNY	Chinese Yuan
FGM	Female Genital Mutilation
GRID	Gay Related Immune Deficiency
HIV	Human Immunodeficiency Virus
HIV+	Human Immunodeficiency Virus Positive
IDU/s	Intravenous Drug User/s
IGOs	Intergovernmental Organisations
INGOs	International Non-governmental Organisation
MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NGOs	Non-governmental Organisations
NSC	New Security Concept
PLWHA	People living with HIV/AIDS
PRC	People's Republic of China
RTI	Reproductive tract infection
SARS	Severe Acute Respiratory Syndrome
SOEs	State-owned enterprises
STI/s	Sexually transmitted infection/s
STD/s	Sexually transmitted disease/s
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund

UNTGC	United Nations Theme Group in China
US	United States
USC	University Services Centre
VCT	Voluntary counselling and testing
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

ABSTRACT OF THE DISSERTATION'S PROPOSITION

It is the proposition of this dissertation that while discussions on human security have attempted to encompass a broad range of threats to humanity as a whole, interpretations of such threats have largely failed to recognise the exceptional threats faced by women. By recognising that women face unique threats to their security, it is therefore pertinent that the additional threats women face in their security, such as from HIV/AIDS, become incorporated into mainstream discussions of human security. The situation of women's vulnerability to HIV/AIDS in the People's Republic of China (PRC) is examined in the context of this proposition.

TOPIC STATEMENT

Since the 1990s, the academic and civil society discourse on security has profoundly changed. Rather than merely pertaining to a more traditional, narrow interpretation of security primarily focusing on nation-states instead of people, a human dimension, known as *human security*, has been added. This is largely the result of a growing awareness that for many people around the world, their concept of security is not based on issues pertaining to the nation-state but on feelings of insecurity which arise from daily life— such as disease, hunger, crime, social conflict, environmental hazards, unemployment and political persecution (UNDP 1995, p. 229).¹

¹ Also refer to Thomas, Caroline 2000, *Global Governance, Development and Human Security. The Challenge of Poverty and Inequality*, Pluto Press, London, pp. 5-9, Cockell, John G. 2001, 'Human Security and Preventive Action Strategies' in Newman, Edward & Richmond, Oliver P. (eds), *The*

While such discussions of human security have attempted to encompass threats to humanity as a whole, interpretations of such threats have primarily been male-oriented and have largely failed to recognise the exceptional threats faced by women.² Given that most analytical discussions of human security do *relate* to women, it is imperative that particular focus be placed on the additional and/or unique threats women³ face in terms of their security; ones that might become blurred in general discourse. These include economic, educational and employment disparities, gender discrimination, substandard healthcare, restricted access to healthcare facilities, reproductive rights, the traffic of women, and male violence directed at women.

In its definition of human security, the United Nations Development Program (UNDP) reinforced the argument that women worldwide face unique threats to their security. The UNDP outlined that women are not only denied equal access to food, but their status is made more insecure by the high incidence of maternal mortality in the global South⁴ and the range of threats to personal security suffered by women in

United Nations and Human Security, Palgrave, Hampshire, pp. 16-18, and MacLean, George 2000, 'Instituting and Projecting Human Security: A Canadian Perspective' in *Australian Journal of International Affairs* 54, no.3, pp. 269-76.

² However, this oversight is not restricted to discussions of human security. It is argued by Pettman that women have long been invisible in the theorizing and teaching of International Relations and that it has long been believed that women were active in or affected by world politics in the same ways as men. Pettman states that the experiences of women are systematically different from men's, and that social relations are gendered. Whilst women's gender is not experienced alone, nor is it experienced in isolation from other social identities (class and race, for example), women experience these social identities in gendered forms. It is argued by Pettman that while representations of social relations such as global politics appear to be gender-neutral, they in fact universalise the experiences and knowledge of (elite) men. Thus, gender is both a relevant and timely category for analysis in global politics, including human security, to redress the previous exclusion or 'marginalisation' of women (Baylis & Smith 2001, pp. 582-97).

³ The author acknowledges that children also face unique threats to their security, which must be taken into account in human security discourse. However, for the purpose of this study, the focus is on human security threats that are unique to women. A discussion of the unique security threats that children face is an area that warrants future research.

⁴ In the UNDP report, the South refers to the 'Third World', or developing world. Later references to the North refer to the 'First World', or developed world.

the both the global North and South such as sexual harassment, physical and sexual violence and human rights violations. The report also stated that poor education, limited employment opportunities, and the continued practice of abusive traditional rites, such as female genital mutilation, all contribute to the insecure status of women worldwide (UNDP 1995, pp. 232-34).

The *Human Security Now* report by the Commission on Human Security also recognised that women and girls face unique threats to their security based on their gender. The report analysed the vulnerability of women and girls in times of conflict, identifying rape as a weapon, trafficking and forced prostitution as key examples of unique threats faced by women (Commission on Human Security 2003, p. 25). In a later chapter the report also examined the unique threats to economic security faced by women caused by migration and internal displacement, the limitations placed on women's access to agriculture, food production, land ownership, credit, and inheritance that exist in some societies, as well as gender inequality (Commission on Human Security 2003, pp. 81-83). The report also briefly discussed the relationship between basic education and health and examined how the denial of education for girls contributes to poor levels of health security for women (Commission on Human Security 2003, p. 115).

While the report's inclusion of women into its discussion of human security threats was refreshing, the report did not go far enough in identifying the range of unique threats to human security faced by women worldwide. The main reason for this, and one which was identified early on in the report, was that the authors deliberately chose not to use a gendered approach to analysing the range of threats to human security.

Therefore, its analysis of women and human security is brief and constitutes another example of a mainstream policy document on human security that largely overlooks women.

More recently however, works have emerged that do make the link between gender and human security threats. In fact, there have been many calls for an *engendering* of human security discourse. It has been argued by some scholars that the ‘freedom from fear’ or restricted notions of human security⁵ do not go far enough in determining threats to security because ‘even in peace, millions of women and girls daily confront threats to their security in both the public and private sphere’ (OECD/DAC Working Party on Gender Equality 1999). The Communiqué issued by the OECD/DAC Working Party on Gender Equality states that examination of the different types of threats to security faced by men and women has been a ‘missing element’ in human security discourse and that there are five areas which need to be incorporated into such discussions. The areas identified include;

- Violence against women and girls
- Gender inequalities in control over resources
- Gender inequalities in power and decision-making
- Women’s human rights
- Women (and men) as actors, not victims (OECD/DAC Working Party on Gender Equality 1999).

This dissertation is one such work that supports the engendering of human security discourse and offers a gendered analysis of human security threats in the People’s Republic of China (PRC). To provide a focused examination, it takes the formidable global source of human insecurity, HIV/AIDS, and examines why women in China

⁵ See discussion on pp. 320-23.

are becoming increasingly at risk from HIV/AIDS. In addition to assessing the social, cultural, economic and political factors that contribute to their vulnerability, it also tests the ‘Gender and HIV/AIDS Vulnerability Matrix’,⁶ to determine whether or not it is a useful analytical tool in determining HIV/AIDS vulnerability. The dissertation also investigates what *policies and other measures* the PRC government has put in place to halt the spread of HIV/AIDS, and whether or not these measures correlate with the objectives put forth by Beijing Platform for Action at the United Nations Fourth World Conference on Women (1995)⁷ regarding protecting women from the spread of HIV/AIDS. The extent and nature of the role played by intergovernmental organisations (IGOs), non-governmental organisations (NGOs) and international non-governmental organisations (INGOs) in China’s HIV/AIDS epidemic are also explored.

DEFINITION OF HUMAN SECURITY

Hence, the key term used throughout this dissertation is *human security*. For the purposes of this study, the definition of human security is aligned closely with that of the United Nations which states that human security is both ‘freedom from fear’ and ‘freedom from want’, incorporating components such as economic, food, health, environmental, personal, community and political security. The definition asserts that human security is centred on four key characteristics, namely that:

⁶ Refer to pp. 107-9 for definition of ‘Gender and HIV/AIDS Vulnerability Matrix’.

⁷ The United Nations Fourth World Conference on Women was selected as the key determinant in evaluating China’s gendered response to HIV/AIDS because first, the conference was held in China, which helped to raise awareness of issues pertaining to the status of women in China, and second, because of the important recommendations for gender-responses to HIV/AIDS outlined in the Platform of Action. The Platform of Action, which was the policy document tabled at the conference that defined the resolutions adopted by the conference, clearly demonstrated that not only do gender issues play an important role in the spread of HIV/AIDS, but they should also play an integral part in both government and non-government responses to HIV/AIDS.

- It is a universal concern,
- Its components are interdependent,
- It is best achieved through prevention rather than intervention, and
- It is people-centred (UNDP 1995, pp. 232-34).

It should be noted that because the UNDP definition of human security views it to be what Burke describes as ‘a comprehensive and integrated matrix of needs and rights’ (2001, p. 216), this definition challenges restricted notions of human security that limit the discussion of human security to ‘subjects and territories recognised by sovereign states, or that retain a hierarchy of state interests over human interests in times of perceived crisis’ (2001, p. 216). Therefore, this researcher believes such approaches to human security fail to recognise the important role that gender plays in determining threats to women on a daily basis. Furthermore, the ‘broader notion’ of human security does not recognise a ‘hierarchy of security’ but instead recognises that both state security and human security are interdependent, and that all the components of security identified by the United Nations are of equal importance because a deficiency in one could lead to a deficiency in another.⁸ Hence, while it is recognised that different interpretations of human security exist,⁹ for the purposes of

⁸ However, scholars such as Paris believe that such an assertion is in fact a ‘truism’. In his article, *Human Security: Paradigm Shift or Hot Air?*, Paris stated that by treating all components of security as equal, the ‘broader notion’ human security theorists are attempting to make human security mean too much and are therefore rendering it unusable as an analytical tool for research (Paris 2001). This issue is examined in more depth in Chapter 8.

⁹ Some interpretations of human security do not support the development-oriented or human safety based approaches to human security put forth by the UNDP. Instead, these interpretations generally restrict their definition to military or intentional threats (such as misuse of authority by governments) to the security of humans. For more discussion on restricted notions of human security see Wesley, M. 1999, ‘Human Security in Development and Crisis: How to Capture Human Security in Regional Institutional Arrangements’ in *The Asia-Australia Papers*, Vol.2 September, p. 26; Newman, Edward & Richmond, Oliver (eds) 2001, *The United Nations and Human Security*, Palgrave, New York; Buzan, Barry 2000, ‘Human security: What it means and what it entails’, paper presented at 14th Asia-Pacific Roundtable, Kuala Lumpur, 3-7 June, pp. 1-15; Kerr, Pauline 2003, ‘The evolving dialectic between state-centric and human-centric security’ in *Working Paper* (Australian National University), no. 2, pp. 1-34 and Paris, Roland 2001, ‘Human Security: Paradigm Shift or Hot Air?’ in *International Security*, Vol. 26, no. 2, Autumn, pp. 87-102.

this study the UNDP definition of human security is favoured in the context of the more gendered approach mentioned above.

It should also be noted that human security not only increases human development and human rights, but it also increases state security by protecting people from a range of threats that might otherwise cause social upheaval such as poverty and conflict, and empowering them to make informed decisions and to ‘act on their own behalf’ (Commission on Human Security 2003, pp. 3-5). In his summary of human security, the former UN Secretary-General Kofi Annan stated that,

Human security in its broadest sense embraces far more than the absence of violent conflict. It encompasses human rights, good governance, access to education and health care and ensuring that each individual has opportunities and choices to fulfil his or her own potential (Cited in Commission on Human Security 2003, p. 4).

This quote is important because it clearly demonstrates Annan’s belief that human security is not constrained to the restricted notions of human security espoused by some scholars. In addition, Annan later reinforces that the components of wider interpretations of human security ‘are the interrelated building blocks of human, and therefore national, security’ (Commission on Human Security 2003, p. 4). Clearly, Annan’s definition of human security incorporates the wider ‘freedom from fear’, ‘freedom from want’ interpretation of human security.

In its report, *Human Security Now*, the Commission on Human Security also supported a wider notion of human security and identified state security as both dependant on and mutually reinforced by human security. Put simply, in an unstable state it is impossible to attain state security, and human security is dependant on

sturdy, stable institutions. It also concluded that ‘state security is focused, [whereas] human security is broad’ (Commission on Human Security 2003, p. 6).

While some nations have recognised that a more broadly conceived notion of human security is an essential element in discourse on the security of the state and its societal dimensions, other nations, at least officially, still consider a narrower notion of state security as being paramount, even if it means that the rights and well-being of individuals as ‘people’ are overlooked or suppressed. China appears to be one such nation in the latter category. In his address *Human Security and the State* at the 1999 Asia Leader’s Forum, Mei Zhaorong, the President of the Chinese People’s Institute of Foreign Affairs, stated that while the notion of human security sounded refreshing, he insisted ‘individual security is out of the question if the security of the state is not secured’ (1999, p. 55). He further emphasised that because different countries faced different conditions, it was imperative that each country should be free to decide its own path in the development and formulation of policies concerning the security for its citizens so that such policies best addressed the country’s national condition (Mei 1999, p. 55). Thus, for Mei, the interdependence of human security and the security of the state was not fully recognised.

While the Chinese Communist Party’s (CCP) view of security is still primarily based on traditional concepts, according to Shulong Chu’s paper *China and Human Security*, its security approaches and doctrines appear somewhat more flexible. Chu proposed that since the introduction of the New Security Concept (NSC) in 1997, China has demonstrated that it is introducing non-traditional security issues into its thinking and practice. Terms such as food security, economic security, financial

security, energy security, environmental security, common security, multilateral security, and cooperative security/security cooperation have all become integrated into the official lexicon and are used by Chinese leaders, the population and the news media in both general and academic discussion. Chu also stated that China has embraced a concept it defines as ‘people’s safety’ when discussing issues of human security. So, while neither the government nor the people have formally used the term ‘human security’, human security issues are, to some degree, being formally discussed in the PRC (Chu 2002, pp. 2-3).

RATIONALE FOR THE TOPIC

This research was prompted by the limited nature in the mainstream human security literature of gendered analyses of human security, and the need to identify the unique threats to human security faced by women. The realisation that the ‘disempowered status’ of women increases their vulnerability to HIV/AIDS, and that HIV/AIDS is becoming a major source of insecurity for many women around the world (and in China in particular), provided a relevant focus for such an investigation. It is important that human security discourse does become engendered as there are definite disparities between threats to security faced by men and women based on gender that must be considered in mainstream discussions of security. Therefore, this dissertation seeks to provide a solid example as to how women’s security is affected by their disempowered status.

HIV/AIDS was chosen as the focus for this gendered study of human insecurity because during the United Nations Fourth World Conference on Women in Beijing (1995), one issue of grave concern to conference participants was the growing

incidence of HIV/AIDS among women, and its direct correlation to gender inequality. At the conference, it was argued that factors such as sexual violence and coercion, economic disparity, poor access to information, training, education and health and reproductive services, lack of employment opportunities, in addition to women's enhanced physiological risks,¹⁰ all contributed to women's susceptibility to the disease (DPCSD 1995). It is particularly interesting to note that these factors correlate to the areas of human insecurity identified by the UNDP report. Thus, an examination of HIV/AIDS vulnerability is a useful case study not only in arguing for a gendered analysis of human security, but it also reinforces the 'broader' notion of human security.

In China, HIV/AIDS is spreading to new groups of the population, and it has been estimated that around 650 000 Chinese were living with HIV/AIDS at the end of 2005 (National Centre for AIDS/STD Prevention and Control 2006, p. i), with serious localised HIV/AIDS epidemics being observed in several provinces. Xinjiang and Yunnan have both experienced HIV/AIDS epidemics resulting from high rates of needle sharing amongst injecting drug users. In addition, blood selling to centres practising unsafe blood-donation procedures has led to an epidemic in Henan, and it is believed that a similar situation has arisen in both Anhui and Shanxi provinces (UNAIDS 2002a, p. 29).

¹⁰ When engaging in unprotected vaginal intercourse, women are 2-4 times more vulnerable to HIV transmission than their male counterparts. This is largely because the surface of vaginal mucosa is much bigger than penile mucosa. Furthermore, semen from a HIV infected male is usually higher in HIV concentrations than are the vaginal secretions from a HIV positive female. Also, if a woman has an RTI or STI, her vaginal mucosa is changed and can become irritated, ulcerated or more prone to scratches, all of which result in the vagina becoming more vulnerable to HIV infection (UNAIDS 2002b, p. 57).

What is of most concern, however, are reports showing a significant increase of HIV/AIDS infection through sexual intercourse between 1997 and 2000, suggesting that unprotected sex with non-monogamous partners has increased (UNAIDS 2002a, p. 29). In fact, evidence suggests that heterosexual HIV transmission might become a main mode of transmission in the future (UNAIDS 2002b, p. 21), with the male to female ratio of people living with HIV/AIDS (PLWHA) becoming much closer over recent years. In 1990, the ratio was 9:1 (women to men) and in 2000 the ratio was 4:1 (Xia 2004, p. 19). If this trend continues, women's vulnerability to HIV transmission will increase substantially, because worldwide women 'lack the power to determine where, when and how sex takes place' (Renwick 2002, p. 377). Therefore, Chinese women are facing a heightened risk to HIV/AIDS than they have previously, which reinforces the need for there to be a gendered response to HIV/AIDS in China.

Reports also claim that China's 'floating' population of migrant workers, estimated at 100 million people, contributes to the likelihood of the spread of localised epidemics into previously uninfected areas (UNAIDS 2002a, pp. 29-30). The largest proportion of migrant workers is young and unmarried. Employment conditions in the cities are such that migrant workers often have at least a small amount of disposable income, which many male migrant workers sometimes use to procure prostitutes or for intravenous drug use (IDU). For those migrant workers who do have spouses, they often leave their spouse in their hometown and go to the cities for long periods of time during which they may have sex with prostitutes or other partners, or engage in IDU. For the spouses of these men, their vulnerability to HIV transmission from their partner is extremely high (UNAIDS 2002b, p. 59).

Therefore, with one-fifth of the world's population, China is facing a most serious problem. With its huge population, even relatively low prevalence rates will exact a large human cost in terms of numbers of deaths (Eberstadt 2002, p. 30). In addition, HIV/AIDS can devastate and impoverish households by stripping them of assets and income. Families are further impoverished by medical and care-related fees and funeral costs. Food supply and nutrition are also diminished, as is education and employment. All these factors have the potential to substantially impact the economic growth and development of the nation-state, as they generate greater demand for services and resources. If the HIV/AIDS pandemic is left unchecked, it has the potential to weaken social cohesion, which could heighten not only human insecurity but state insecurity as well (UNAIDS 2002a, pp. 15-20). Furthermore, the heightened mobility of people through tourism, migration and overseas employment has enabled HIV/AIDS to spill over national borders, ensuring that the pandemic has a global dimension too.

Clearly, in addition to health security, HIV/AIDS can impact the other elements of human security. The sub-Saharan African experience has shown that HIV/AIDS has the potential to affect the economic security, food security, personal and political security of women and young girls (Kristoffersson 2000). It is also clear that HIV/AIDS is becoming a major source of insecurity for many women around the world, particularly those in developing countries, and that the insecurities they face in other areas, such as economic and personal security, increases their risk of contracting HIV/AIDS. Thus, in terms of human security, HIV/AIDS vulnerability demonstrates the interdependence of all the components of human security. It also demonstrates that there is in fact no hierarchy of insecurity, as a deficiency in any one of the key areas

of insecurity outlined by the UNDP report could result in circumstances that facilitate infection. Thus, it is imperative that poverty, illiteracy and the oppression of women be recognised worldwide as inherent barriers to HIV/AIDS prevention and control, and that the unique threats faced by women are included in the mainstream human security agenda, and in discussions of the global impact of HIV/AIDS.

KEY ISSUES AND QUESTIONS

In order to provide a gendered analysis of human security, using women in China as its focus, some of the key issues that this dissertation examines includes what social, cultural, economic and political factors globally – and more specifically in China – contribute to women’s vulnerability to HIV/AIDS, and what is being done to prevent the further spread of the disease within China and beyond. In addition to assessing the impact that this pandemic poses for their security, the dissertation also investigates what these findings portray about the condition of women in China, and what implications HIV/AIDS holds for the social cohesion and future security and stability of China.

Thus, in researching the vulnerability of Chinese women to HIV/AIDS and its related issues, the following key questions formed the basis of the study:

- | |
|--|
| <ol style="list-style-type: none">1.1 What is human security?2.1 What is the epidemiology of HIV/AIDS in China3.1 What is the ‘Gender and HIV/AIDS Vulnerability Matrix’ and how can it be used to identify women’s vulnerability to HIV/AIDS? |
|--|

- 3.2 What social, cultural, economic and political factors influence women's vulnerability to HIV/AIDS globally?
- 4.1 What was the status of women in pre-revolutionary China?
- 5.1 How did the 1949 revolution alter the social, cultural, economic and political status of women in China?
- 5.2 Has the social, cultural, economic and political status of women changed since the reform and opening of China in the late 1970s?
- 5.3 What is the current social, cultural, economic and political status of women in China?
- 6.1 What specific sources of HIV/AIDS vulnerability faced by women in China can be identified using the 'Gender and HIV/AIDS Vulnerability Matrix'?
- 6.2 Are there any parallels between the vulnerabilities faced by Chinese women and recognised vulnerabilities to HIV/AIDS faced by women globally?
- 6.3 What are the links between the status of women in China and their HIV/AIDS vulnerability?
- 7.1 What were the objectives put forth by the Beijing Platform for Action regarding the protection of women from the spread of HIV/AIDS?
- 7.2 Is the central Chinese government acting alone or in cooperation with either sub-national or national intergovernmental organizations (IGOs), non-governmental organisations (NGOs) and/or international non-governmental organizations (INGOs) in responding to China's HIV/AIDS epidemic?
- 7.3 If IGOs, NGOs and INGOs are involved, what roles are they playing in the response to China's HIV/AIDS epidemic? And what influence, if any, are they having on the formation and implementation of policies towards protecting women from HIV/AIDS, or assisting those with the virus?
- 8.1 Does the evidence from the research reinforce the assertion that gendered analysis is necessary in human security discourse?

RESEARCH METHODOLOGY

In researching the central questions framed for this dissertation, reference materials such as published books, journal articles, conference papers and newspaper articles were accessed. The Internet was also used to find information and research on HIV/AIDS, especially in China, as well as providing access to numerous news agency reports, including China's *Xinhua News Agency*, *China Daily* and the *People's Daily*. In addition, relevant reports and findings prepared by organs of the United Nations and various INGOs have also been identified.

For the purposes of this study, field research in China was undertaken in late 2003. While field research was originally intended to be over a six month period, the onset of SARS and the travel restrictions posed by this health crisis caused fieldwork to be delayed by three months, after which the time period of the fieldwork was subsequently shortened. While the researcher was unable to travel to as many destinations in China for field research as originally planned, the shortened field research was nonetheless successful and the researcher was able to collate a great deal of information through interviews conducted in Beijing, Kunming and from archival research in Hong Kong.

During field research, the researcher carried out investigations at the Universities Service Centre (USC) of the Chinese University of Hong Kong. The USC provided a comprehensive collection of resources on post-1949 China, with complete runs of most of China's provincial and national newspapers, and had copies of books and reports published in the PRC that are not available outside China. These resources

contained important information on the status of women in China, as well as information on HIV/AIDS in China.

In visiting China (August 15 to October 5 2003), this researcher interviewed doctors and other specialists working in the field of HIV/AIDS research and prevention. All interviews were conducted in accordance with ethical research practice and only after receiving ethical clearance from the researcher's home university, the University of Southern Queensland in Toowoomba, Queensland. These interviews helped to determine what impact HIV/AIDS is having on women in China, what factors make women in China more vulnerable to HIV transmission, whether or not there are gendered HIV/AIDS prevention campaigns in China, what is being done at the grassroots level in terms of educating men and women about HIV/AIDS prevention, what the Chinese government is doing to halt the spread of HIV/AIDS, to what extent IGOs, NGOs and INGOs are active in China's HIV/AIDS prevention and treatment campaigns, and what factors interviewees identified as being the major obstacles facing HIV/AIDS research, and prevention and treatment campaigns in China.

All interviewees spoken to during fieldwork were employed in government or non-government organisations, responsible, both at the national and international level, for HIV/AIDS prevention and treatment. However, due to the continued sensitivity of HIV/AIDS in China, particularly when discussing the issue with international researchers or reporters, none of the interviewees wanted to be identified, nor did they want the identity of the organisation in which they worked to be disclosed. Thus, the interviews were conducted upon agreement that the interviewee's details would be kept confidential. It is for this reason that neither the interviewees, nor the

organisations they worked for have been identified in this work. Instead, each interviewee was allocated a letter to distinguish their comments from comments made by other interviewees.¹¹

While the interviews included in this study were all conducted in Beijing, it should be noted that interviews were scheduled to take place in Kunming. This researcher chose Kunming as a place of interest because it is located in Yunnan province, which was the first province in China to identify a serious localised HIV/AIDS epidemic. Therefore, this province has theoretically been responding to HIV/AIDS for a longer period of time than other provinces in China. Thus, this researcher was interested in comparing responses in Kunming with those garnered in interviews in Beijing, to see if there were any differences in responses to HIV/AIDS, particularly incorporating gender issues into their responses to HIV/AIDS. Unlike interviewees in Beijing, who were willing for interviews to be conducted at their places of work, one Kunming contact insisted that this researcher meet her at a cafe rather than her workplace as she felt that ‘the political climate [in Kunming in September 2003] was too sensitive’ for her to engage in even an informal discussion about HIV/AIDS with an ‘outsider’ (Kunming Contact 1 2003).¹² However, the Kunming contact decided that even meeting in a cafe was pushing the boundaries too far and on the day the interview was scheduled to occur she declined to be interviewed.

Other contacts in Kunming who had also previously been open to engaging in interviews also declined to be interviewed during the researcher’s stay in Kunming. They too stated that the political climate in Kunming at the time was much too

¹¹ Please refer to Appendix 1 for a brief descriptor of all interviewees.

¹² Kunming Contact 1 was employed by an international aid organisation that operated pilot programs in Yunnan province on HIV/AIDS prevention.

sensitive, with one contact stating that they did not want to ‘participate in any type of activity that might be viewed inappropriate by Party officials’ (Kunming Contact 2 2003).¹³

While the interviews scheduled to take place in Kunming did not eventuate, the scenario in Kunming does offer an interesting insight into the complex nature of international non-governmental organisations operating in China and the continuing sensitivity of HIV/AIDS issues. While reasons for the sensitivity regarding discussions of HIV/AIDS in Kunming with an ‘outsider’ were not elaborated on by the contacts in Kunming, it is fair to suggest that this level of sensitivity is not uncommon when it comes to issues relating to HIV/AIDS in China. Although INGOs are permitted to engage in HIV/AIDS prevention and treatment campaigns in China, their status is quite often tenuous, and employees of such organisations are very aware of the precarious situation they are in. Therefore, they are often reluctant to draw unnecessary attention from the CCP or the police because often provincial police and Communist Party members ‘are reluctant to permit the expansion of civil society for fear that it will increase public scrutiny of officials, expose corruption, lead to increased demands on government, and perhaps even lead to civil unrest’ (Human Rights Watch cited in Hunter 2005, p. 95). Thus it would seem that the political situation of Kunming in September 2003 evoked concern about INGO activities, perhaps for the above mentioned reasons, and this was why the Kunming contacts declined to be interviewed.

¹³ Kunming Contact 2 also worked for an international aid organisation that primarily focused on formulating HIV/AIDS prevention and treatment campaigns at a regional level.

During the interviews conducted in Beijing, the ‘guide approach’ of interviewing was employed. This technique involved notifying the interviewee in advance of specific issues and topics that would be raised in the interview.¹⁴ These areas were closely linked to the central foci of the dissertation, and questions were drawn from and related to the key questions that form the basis of the study.¹⁵ However, the wording and sequence of the questions discussed during the interview were formulated in the course of the interview (ed. Greenfield 1996, pp. 170-71). This style of interviewing contributed to a more systematic collection of data from respondents, as it allowed flexibility in the questions asked, enabling issues that initially may not have seemed important to be explored at length during the course of the interview, if they emerged as key issues.

The researcher also employed the ‘itinerant ethnography’ approach of research whereby ‘shopping, incidental conversations on trains and buses, [and] the stares and queries my fieldworker mode elicited’ were used as a primary means of information gathering (Schein 2000, p. 28). It was initially expected that such incidental conversations would more likely take place at women’s clinics and HIV/AIDS treatment centres rather than in the situations listed in the definition above, due to the sensitivity of the subject matter. However, such conversations actually did occur more frequently during incidental shopping conversations and conversations with taxi drivers. Hence, the itinerant ethnography approach employed during field research was closely aligned with the above definition. Due to the nature of HIV/AIDS in China, whereby those with HIV/AIDS, and even those campaigning against HIV/AIDS, may be stigmatised as being immoral (China Daily 2002b), the researcher

¹⁴ Please refer to Appendix 2 for interview questions.

¹⁵ For complete list of the key questions refer to pp. 25-6 of this chapter.

approached the topic of HIV/AIDS indirectly in the course of conversation, and was cautious to do so only when the conversation was private in order to avoid offending the interviewee or causing them embarrassment.

Itinerant ethnography is very similar to informal conversational interviews, another method that was employed. This method of interviewing allowed the researcher to ask questions as they emerged in the course of the natural conversation, applying them to the immediate context. The technique increased not only the relevance of questions asked by the researcher, but also increased the chance for questions, which might otherwise be inappropriate, uncomfortable or unanticipated to be asked (ed. Greenfield 1996, p. 170). The difference between itinerant ethnography and informal conversational interviews is that interviewees were purposely selected for informal conversational interviews, whereas informants in the itinerant ethnography model were identified completely at random.

LITERATURE REVIEW

As previously indicated, over the past decade, HIV/AIDS emerged as a key component in human security discourse globally. However, on January 10, 2000, Al Gore, the former Vice-President of the United States firmly located HIV/AIDS as a security issue when he presented a speech at the United Nations Security Council which identified HIV/AIDS as a ‘global aggressor’ and a threat to global security.¹⁶

Gore stated;

...AIDS is not just a humanitarian crisis. It is a security crisis – because it threatens not just individual citizens, but the very institutions that define and defend the character of a society. This disease weakens

¹⁶ The speech by Gore was presented at a Security Council meeting on AIDS. Resolution 1308, which identified HIV/AIDS as a threat to security, was passed at this session (United Nations 2000).

workforces and saps economic strength. AIDS strikes at teachers, and denies education to their students. It strikes at the military, and subverts the forces of order and peacekeeping (cited in UN Security Council Session on AIDS in Africa 2003).

Therefore, this landmark speech not only ‘securitised’ HIV/AIDS, but it was also the first time that health, a non-traditional security threat, was discussed at the UN Security Council. Therefore, in addition to raising the profile of HIV/AIDS to that of a threat to national and global security, it also reinforced the notion that non-traditional threats to security also had a place in the discussions of the UN Security Council.

HIV/AIDS was again linked to security by Piot in 2001. In his address at the United Nations University titled ‘AIDS and Human Security’, Piot, the Executive Director of UNAIDS, stated that HIV/AIDS was not only a global epidemic and development issue, but it was also a threat to human security. Piot stated that Gore’s speech to the Security Council in 2000, had contributed to ‘a marked shift in the concept of ‘security’ – from the absence of armed conflict, to a wider definition of human security, encompassing the fundamental conditions that are needed for people to live safe, secure, healthy and productive lives’ (Piot 2001). Furthermore, Piot outlined that HIV/AIDS affects almost all areas of human security, because it has impacts on economic, food, health, personal, community and political security. He also discussed how Asia had become the new battleground in the ‘war’ against AIDS and argued that ‘actions taken today in Asia will determine the global shape of the epidemic in a decade’s time’ (Piot 2001). Clearly, Piot supported Gore’s securitisation of HIV/AIDS, and both speeches reinforced the notion that HIV/AIDS should be recognised as a threat to both human security and state security globally.

Ulf Kristoffersson (2000) echoed the views of Piot and Gore that HIV/AIDS was a major source of human insecurity in his paper 'HIV/AIDS as a human security issue: a gender perspective'. However, Kristoffersson also acknowledged that there was a need for gendered examination of HIV/AIDS. He recognised that sexual violence; a breakdown in social structure, legal protection and health infrastructure; the exchange of sex for basic needs and economic opportunities; engaging in risky behaviour due to the lack of education and skills training; and the presence of military and peacekeeping forces, are all factors that contribute to the vulnerability of women (and children) to HIV/AIDS. In addition, he argued that the effects of HIV/AIDS are so devastating that social problems are magnified in the environment in which the pandemic occurs. Therefore, Kristoffersson concluded that due to the impact HIV/AIDS has had on society and development, women in developing countries were fast losing whatever improvements had been gained in their social and economic status.

However, because much of Kristoffersson's argument was based on examples taken from sub-Saharan Africa, it is possible that the issues raised in his paper could be disregarded as being exclusive to sub-Saharan Africa and not relevant to the rest of the world. Therefore, it is necessary that studies concerning the impact of HIV/AIDS on women be conducted in regions other than sub-Saharan Africa in order to investigate whether women worldwide are affected by HIV/AIDS in different ways to men, and how their status and condition within their society influences their vulnerability. This study is an attempt to determine whether such factors are in fact unique to Sub-Saharan Africa or if the situation is replicated in China.

Other authors who support the securitisation of HIV/AIDS include Pates and Johnson, who argued that the previous focus by national security officials on *realpolitik*,¹⁷ while issues of human rights and the rule of law were secondary considerations, can no longer be the norm in the era of HIV/AIDS because it has the potential to negatively affect both national and global security. Pates and Johnson also recognised the importance of engendering security discourse and responses stating that ‘respecting and enforcing the rights of women...is a national security issue’ (2004, p. 14). This article, though brief, clearly affirmed that HIV/AIDS is a security issue, both nationally and globally, and it also postulated that there needed to be a focus on women in security discourse, because the authors considered the securing of women’s rights to be an important issue of national security.

However, other authors were concerned about the securitisation of health problems such as HIV/AIDS. While Feldbaum, Lee & Patel (2006) acknowledged that the securitisation of health problems allowed for ‘greater political commitment and funding’, they warned that the linkage of health problems and security raised a number of potential risks that make such a linkage undesirable. For instance, Feldbaum, Lee and Patel stated that accurate figures on HIV positivity of military personnel may become difficult to determine due to the possibility of such information becoming a ‘national security secret’, because a military with high rates of positivity could be seen as a weak target or an unstable force that could be easily defeated. In addition, the authors argued that in the post-9/11 world, funding may be redirected to ‘strategically important’ states who support the ‘War on Terror’, rather

¹⁷ *Realpolitik* refers to power politics, that is, states securing their sovereignty through political, military or economic aggression. Therefore, it is a very state-centric belief.

than to states who may be in need of HIV/AIDS resources, but do not support the war. The authors also hypothesised that if an enemies' military had high HIV positivity, it is not inconceivable that some states might see this as beneficial to their own national interests, and therefore restrict HIV/AIDS resources to that state. Thus, this article actually reinforced the argument that the securitisation of HIV/AIDS must be done under the broader 'freedom from fear' and 'freedom from want' definition of human security, rather than the more restricted 'freedom from want' notion of human security. The broader definition moves away from the traditional thinking of security between states and focuses on a 'bottom-up' approach to security that is primarily concerned with individuals. This approach potentially offers a more 'bottom-up' approach that could prevent such attempts at destabilising enemy states.

Colin McInnes was another scholar critical of the securitisation of HIV/AIDS. McInnes believed that HIV/AIDS itself is not an issue of security, but rather, it is the effects of HIV/AIDS on state and society that cause problems of insecurity. In addition, McInnes was also sceptical of the arguments put forth for the securitisation of human security, particularly those presented at the Security Council meeting in 2000, which made projections on the effects of HIV/AIDS on uniformed military and peacekeepers. McInnes regarded these arguments as both speculative and based on 'worst-case thinking and snowballing', and that in retrospect, the threat posed by HIV/AIDS on security is 'less direct' than first thought. He was also highly suspicious that the move to securitise HIV/AIDS was 'an attempt to gain greater political attention for the HIV/AIDS crisis' (2006).

However, Barnett and Prins (2006) challenged the above view in their discussion of HIV/AIDS and security. They acknowledged that the information presented at the Security Council session of HIV/AIDS was based on speculative findings but insisted that this was necessary because HIV/AIDS is ‘a long-wave event’. A long-wave event was defined as an event which ‘exceeds the span of a human generation in both gestation and impact, but it touches people’s lives intimately here and now’ (Barnett & Prins 2006, p. 361). Therefore, due to the immediate need to respond to the HIV/AIDS pandemic, they argue that it was relevant and necessary for the Security Council to take action on the data presented, even if it was found to need revision in the future. Furthermore, for Barnett and Prins, criticisms of the effects of HIV/AIDS on uniformed military and peacekeepers, like those made by McInnes, are premature, because they argued that it is still too early to make generalisations about the uniformed military and HIV/AIDS because the evidence simply is not there. They insisted that there needs to be urgent, open and accurate research done on uniformed forces and the spread of HIV/AIDS, before the arguments presented at the Security Council are dismissed. Therefore, while the article agrees in part with McInnes, rather than calling for a re-think on the securitisation of HIV/AIDS, Barnett and Prins rationally posited that there needs to be more research into this issue.

Elbe (2006) also raised important concerns over the securitisation of HIV/AIDS. He stated that it is important that the focus on HIV/AIDS does not become solely a security issue to the detriment of other considerations such as development issues, which may become overlooked and neglected. In order to circumvent this, one suggestion by Elbe was that HIV/AIDS should not be solely categorised as a security issue, but it must also be framed as a security issue *in addition to* issues of health,

development, politics, economics and gender. Elbe also argued that HIV/AIDS should be framed 'as a security *issue*, or as an issue with an important security *dimension*, rather than as a dangerous and overwhelming security *threat*' (2006, p. 138), and that the focus should always be on the virus itself, not on PLWHA, who may be stigmatised or discriminated against if they were the focus. Therefore, while Elbe identified the possibility for the securitisation of HIV/AIDS, he advised against HIV/AIDS being identified solely as an issue of security or as a security threat, and in favour of it being primarily identified as an issue with a security dimension.

While the above criticisms reflect the need for caution when securitising HIV/AIDS in the traditional state-centric concept of 'security', HIV/AIDS can be effectively considered as a security threat or security issue using the broader definition of human security, without the fears of removing the focus away from issues such as development, health, political, economic or gender issues to issues of high-politics. Fourie and Schönteich (2001) argued that when using a human security framework of analysis, it is clear to see that Africa's security is most certainly threatened by HIV/AIDS. The authors stated that while HIV/AIDS is not a traditionally recognised security threat its 'consequences are just as serious'. They argue that examining the threat of HIV/AIDS to African security using human security as the analytical framework, provides a clear demonstration that economic and food security, and good governance and political stability, are just as important as issues of uniformed military and the effects of crime on society. Therefore, for Fourie and Schönteich, issues of human development become an integral part of the analysis, rather than being overlooked, which was feared by Elbe in his discussion.

Caballero-Anthony (2002) is another scholar who argued that while HIV/AIDS needs to be securitised, the traditional state-centric approach should be discarded in favour of a human security approach. Caballero-Anthony stated that the post-Cold War climate has meant that the state-centric approach to security has been made 'dysfunctional', and instead the human security policy framework better suits the current 'international landscape and experiences' (2002, p.22). Furthermore, Caballero-Anthony stressed that it is important that health issues such as HIV/AIDS are securitised, so that they are not overlooked, and because the human security framework better facilitates a more complete approach to health issues, it should replace the traditional concept of security due to its recognition of the inter-related nature of health, poverty, illiteracy, famine and even environmental degradation.

In another article by Caballero-Anthony, both SARS and HIV/AIDS were used not only to further her arguments for the need to securitise health issues, but also to reinforce her earlier argument that the human security framework should be applied to health issues because it allows for the inclusion of 'multidimensional, multilevel and multisectoral initiatives' (2006, p. 123). Caballero-Anthony also argued that due to the rapid transmission of SARS, and the fact that many of those who died were healthcare workers, many 'states have been made aware of their vulnerability to the threat of infectious pathogens that can easily cross national borders' (2006, p. 109). Therefore, due to their close proximity to the SARS outbreak, there has been real concern over health issues among many Asian states, particularly the effects that such future outbreaks would have on their national security, thereby securitising health issues within the region.

Similarly, in his discussion of *AIDS and National Security in Africa*, Ostergard (2002) regarded proximity as an important factor in how serious non-traditional threats to security are perceived by states. He argued that the fact that many African states consider HIV/AIDS a 'direct security threat' is largely because Africa has been 'disproportionately affected by the pandemic'. Therefore, because Africa feels the impacts of the pandemic more immediately than other regions or states, the heightened concern felt by many African states over the virus, has led to them securitising HIV/AIDS. So, both Ostergard and Caballero-Anthony propose that the securitisation of HIV/AIDS currently appears more acceptable in places where health issues cause intense feelings of insecurity. Therefore, the reluctance of many Western scholars to accept the securitisation of HIV/AIDS could in fact be due to their location away from areas which have experienced multiple serious health crises or pandemics.

Thus, while there is debate as to whether or not HIV/AIDS should be securitised, this author agrees with scholars such as Caballero-Anthony, Ostergard and Fourie and Schönteich, who believe that it is appropriate for health crises such as HIV/AIDS to be securitised using the human security framework. However, as mentioned earlier, the current human security framework is flawed in that while gender issues are given some attention, the defining documents on human security such as the UNDP article *Redefining Security: the Human Dimension* (1995) and the *Human Security Now* report by the Commission on Human Security (2003) are not wholly inclusive of a gendered analysis. Therefore, it is important that human security discourse, and policy documents, must include gender as a mainstream consideration rather than a secondary consideration. This change would result in both a more inclusive approach

to human security and health crises, and one which considered the differences in insecurity faced by men and women.

While official documents have been slow in fully integrating gender into their analysis of human security, several scholars have discussed the importance of including a gendered analysis in mainstream human security discourse. Hudson (2005) is one such scholar, and she also used HIV/AIDS vulnerability to provide an argument for the inclusion of gender in human security discourse. Like the argument contained in this dissertation, Hudson stated that the situation of women and girls reinforces the need to link HIV/AIDS and a gender inclusive analysis of human security because ‘their susceptibility to the disease is linked to their socio-cultural, biological, economic and political subordination within broader society’ (2005, p. 162). Furthermore, Hudson warned that human rights could be undercut in favour of ‘particular power interests’ if there is not a genuine attempt to make human security discourse ‘wholly inclusive’ of all humans. To overcome this, however, she argued that if scholars employed a feminist conceptualisation of security when discussing issues of human security, they would be able to strongly affect the previous complacency of former human security analysts who did not consider gender. Thus, for Hudson, the failure to adequately include ‘women’s pervasive insecurity’ has meant that the broader notion of human security merely offers a ‘partial understanding of human security’, and that until issues of human security are given feminist analysis, such complacency will continue.

Another document that explored the need to engender human security was a report jointly prepared by the Fafo Institute for Applied Social Science and the Norwegian

Institute of International Affairs. This document, which used the narrower 'freedom from fear' interpretation of human security, argued that it is necessary to include discussions about both men and women in any analysis of conflict situations. The document also stressed that 'any peace process that ignores the needs and roles of women is unnatural, and therefore inherently unstable' (2001, p.10). Similarly, McKay (2004) and Boyd (2005) also examined the need for transparency and analysis of the types of threats women face to their security during times of conflict. McKay proposed that it is important that the experiences of women become a part of mainstream discussions of human security and that women must also be integrated into the peace-building process, as they are often overlooked during this important period. Therefore, while all these authors examined human security from the narrower 'freedom from fear' interpretative framework, their discussions identified many strong arguments for the engendering of human security discourse.

Engendering Human Security (2006) is an important text that has paved the way for gendered discourse in human security by examining security from feminist perspectives. The text challenged the previous neglect of women in mainstream human security discourse, and examined a range of international examples and perspectives to provide focused analysis of how women experience different threats to their security than men. The editors of the text argued that for many years, discussions of women and human security have largely been 'fragmented' and that the evolving nature of human security discourse means there is a real opportunity for women to be included in mainstream discussions of security. They also proposed that an engendered human security framework would not only improve the lives of women

but it would also allow for a 'more humane security vision' (Truong, Wieringa & Chhachhi 2006, p. xxvi).

Bunch (2004) also agreed with the above proposition by Trunong, Wieringa and Chhachhi that an *engendered* human security framework has the potential to improve the lives of all humans, because human security provides a framework for examining security issues that recognises the interrelated nature of 'peace, security, equality, human rights, and development' and accentuates 'protection and empowerment' (2004, p. 30). However, Bunch criticised the Human Security Commission report (2003) for its failure to include a comprehensive gender analysis of human security into its mainstream discussion, and concluded that despite this human security is a concept that 'women can build on' (2004, p. 33). Fukuda-Parr came to similar conclusions in her discussion of the threats posed by globalization to the human security of women. While Fukuda-Parr welcomed the focus on threats to human security contained in the Human Security Commission report (2003), she too felt that it was important that in the future such important documents on human security must also include a 'gendered perspective' (2004).

Kermani (2006) also discussed the benefits offered by human security for extending human rights, as well as meeting the challenges posed by globalisation such as environmental degradation, HIV/AIDS, terrorism and drug and human trafficking. After reviewing a number of criticisms of human security, Kermani concluded that human security offers the possibility of securing both human rights and human development, and that it offered a framework for responding to the non-traditional threats to security that have been heightened by globalisation.

Therefore, most of the above-mentioned scholars argued that a gendered human security framework offered the possibility of meeting the new range of security threats posed by globalisation, while at the same time ensuring both human rights and human development needs are integrated into mainstream security discourse. Furthermore, they also recognised the possibility offered by human security for the threats faced by women to become integrated into mainstream security discourse. This would give women greater visibility in such discourse, and offers the prospect of women achieving empowerment and agency, as well as securing women's rights globally. This literature review now turns to a review of sources pertaining to HIV/AIDS in China, which is another major focus of this dissertation.

In his article “‘The ‘nameless fever’: The HIV/AIDS pandemic and China's women’, Renwick (2002) identified the need to examine the HIV/AIDS pandemic from a gendered perspective. He argued that particularly in developing countries women are increasingly vulnerable to HIV/AIDS and that, fundamentally, HIV/AIDS is an issue of human rights. Renwick contended that gender-specific factors, such as the Confucian patriarchal values on which Chinese society has traditionally been constructed and the contribution of the ‘hypermasculine’ Chinese state to the discrimination and marginalisation of women, has meant that Chinese women are not only more vulnerable to HIV/AIDS than their male counterparts, but also that the epidemiological response has been weakened by this social patriarchy.

Renwick also noted that some Chinese men believe that to have sex with virgins and young girls has a ‘rejuvenating power’ that will prolong their life, and have forced

young girls to have intercourse. Such acts of sexual violence appear to be on the increase as a result of the increased transmission of HIV/AIDS and other sexually transmitted infections (STIs). Men with these diseases have adopted the practice as a means of 'sexual cleansing', believing that the act will 'cleanse' them of their infection (Renwick 2002). This is a chilling echo of the eastern and southern African myth that sex with young virgins could cure men of HIV/AIDS, which also led to a rise in the transmission of HIV/AIDS among young girls (Feinstein & Prentice 2000, p. 23).

While Renwick's article dealt specifically with a gendered analysis of HIV/AIDS in China, it is quite brief and provides more of an overview rather than an in-depth study. It does, however, highlight that women are affected by HIV/AIDS differently to men in China, and that they are extremely vulnerable to the disease due to their disempowered status within Chinese society in addition to their physiological vulnerability. Therefore, the article provides a grounded basis for continued gender analysis of HIV/AIDS in China. In researching his information, Renwick, largely relied on existing primary and secondary sources on HIV/AIDS in China, including numerous sources from the Internet and reports produced by the UNAIDS. He does not cite information gathered from field research in China either through interviews or surveys, for example. Therefore, the author expects that this dissertation will deepen Renwick's work.

The United Nations report 'HIV/AIDS: China's Titanic Peril' (2002b) also offered a study of the vulnerability of Chinese women to HIV transmission, and stated that China is facing an HIV/AIDS 'catastrophe'. The report was based on the information

gathered by a joint HIV/AIDS situation/needs assessment in China supported by the United Nations Theme Group in China (UNTGC). The research for the report mainly relied on newspaper and journal articles, reports from various government departments such as the Ministry of Health, the Centre for AIDS Prevention and Control, the National Centre for STD and Leprosy Control, the State Family Planning Commission and the Information Office of the State Council of the People's Republic of China, as well as other UN documents and reports from the World Health Organisation (WHO) and the World Bank.

While the report provided a broad examination of HIV/AIDS in China, paying particular attention to recognised 'risk' groups that exist in Chinese society, women are only identified as one of a number of 'risk' groups. Therefore, they are not a primary focus of the work, which causes the gendered reasons for the vulnerability of women in China to HIV/AIDS to become blurred by the discussion of 'other' groups such as injecting drug users. The report also highlighted that while blood selling and the sharing of contaminated needles amongst intravenous drug users have been the main modes of transmission so far, current trends indicate that sexual transmission, both heterosexual and homosexual, is increasing, and may even become the main mode of transmission. Therefore, it is reasonable to suggest that in order for HIV/AIDS prevention programmes to be successful in China, they must include gender-specific responses (UNAIDS 2002b).

The report also stated that China's tight laws and regulations aimed at curbing the disease are in fact increasing the epidemic. The explanation provided for this is that because the laws and regulations are based on fear and prejudice and target those who

are HIV positive or those deemed vulnerable to HIV transmission such as prostitutes and IDUs, members of such groups are being driven underground and therefore miss out on important HIV/AIDS prevention knowledge. The report also emphasised that this fear, prejudice and punitive law-making has led many local governments to deny the HIV/AIDS status of their county, fearing it will reflect badly on them and the reputation of their county. Therefore, it becomes clear that an examination of the Chinese government's responses to HIV/AIDS, covering aspects such as rhetoric, policy enunciation, practice and awareness education, should be an integral part of any study on HIV/AIDS in China. This is largely due to the fact that the government's response has impacted on the way HIV/AIDS is viewed in China by both the general public and policy makers alike (UNAIDS 2002b).

The *2005 Update on the HIV/AIDS Epidemic and Response in China* (National Centre for AIDS/STD Prevention and Control 2006), a cooperative report issued by the Chinese Ministry of Health (MOH), UNAIDS and the World Health Organisation (WHO) also has been a useful resource in researching this dissertation, as has Xia Guomei's *HIV/AIDS in China* (2004). Both sources contain recent information on China's HIV/AIDS epidemic and response, and provide up-to-date estimates of the number of PLWHA in China. The *2005 Update on the HIV/AIDS Epidemic and Response in China* also provides estimates on the major transmission modes of HIV/AIDS in China and discusses recent laws and legislation passed by the Chinese government that dictate current responses to HIV/AIDS in the PRC.

The initial general reluctance of Chinese officials to admit to HIV/AIDS outbreaks which is discussed in the United Nations report *HIV/AIDS: China's Titanic Peril*

(2002b) can be equated with the ‘moral panic’ phenomena described by Beth Schneider and Valerie Jenness’s chapter ‘Social Control, Civil Liberties, and Women’s Sexuality’ in the book *Women Resisting AIDS: Feminist Strategies of Empowerment* (1995). The authors define moral panic as ‘a widespread feeling on the part of the public, or some relevant public, that something is terribly wrong in society because of the moral failure of a specific group of individuals. The result is that a subpopulation is defined as the ‘enemy’ (Schneider & Stoller 1995, p. 75). While Schneider and Jenness’s work primarily refers to the situation in the United States, the research here will explore the degree to which moral panic is also detectable in China.

Harriet Evans explored the phenomena of ‘moral panic’ in China in her book *Women and Sexuality in China* (1997). Evans reported that since the increase of sexually transmitted diseases in the PRC since the 1980s, public fears and moralistic prejudices of the past have resurfaced. She stated that newspaper reports on sexually transmitted diseases invoke images of ‘social degeneration and national decay’. Evans also stated that sexually transmitted diseases are suspected of being the product of ‘bourgeois’ lifestyles and rather than educating people on how to protect themselves physiologically from sexually transmitted diseases, the government has instead attempted to encourage morality believing that it alone can prevent the transmission of such diseases (1997).

Therefore, it would appear that the government’s strong moralistic stance against those who have contracted sexually transmitted diseases, including HIV/AIDS, has more than likely contributed to the spread of such diseases, as people who consider themselves not to be ‘at risk’ are given a false sense of security which may lead them

to not take precautions against the sexual transmission of disease. Furthermore, those who may believe themselves to be 'at risk', may intentionally not be tested, may not seek treatment for their illness, or may not even take precautions such as carrying a condom or their own injecting equipment, out of fear that their 'risky' behaviour will be discovered by members of their family, friends, the wider community or the authorities.

The Chinese government's 'moral' stance on HIV/AIDS, therefore, has many similarities to the phenomena of 'moral panic' detailed by Schneider and Jenness. These authors explain that the moral panic phenomena in the United States has been the impetus for implicating female prostitutes in the transmission of HIV/AIDS into the heterosexual population while ignoring the roles that male prostitutes play (who physiologically are more likely to spread the disease). Although their studies are of the situation in the US, they have similarities with the situation in the PRC. Evans states that in China, the discourse of sexually transmitted diseases, and HIV/AIDS in particular, has seen female prostitutes portrayed as 'contaminators' and 'polluters'. Homosexuals are also being targeted as 'contaminators'. This is largely because HIV/AIDS was, for many years, seen as a foreign or Western disease. Therefore, the transmission of HIV/AIDS into the Chinese population has for a long time been blamed on the foreigner and on Chinese homosexuals and prostitutes, all of whom are considered sexually perverse (Evans 1997). By assigning HIV/AIDS the status of being a 'moral' issue, and by identifying female prostitutes and homosexuals as 'polluters' and 'contaminators', the PRC has not only overlooked the various modes of transmission and increased the stigma of HIV/AIDS, but they have also limited many Chinese people's ability to protect themselves from the virus as they may

falsely believe that they are protected from transmission because they exhibit ‘moral’ behaviours.

However, the portrayal of prostitutes as ‘polluters’ or ‘contaminators’ is not a new phenomena, and Frank Dikötter’s chapter in ‘A History of Sexually Transmitted Diseases in China’ in *Sex, Disease and Society: A Comparative History of Sexually Transmitted Diseases and HIV/AIDS in Asia and the Pacific* (Lewis, Bamber & Waugh 1997), details how even in Imperial China, prostitutes were stigmatised as polluters. Dikötter also reinforced Evans’ claim that HIV/AIDS has largely been recognised as a foreigner’s disease that can only be contracted through homosexual acts or sexual promiscuity and that many Chinese believe HIV/AIDS is evidence of the imminent collapse of ‘Western capitalist society’ and reasonable punishment for their ‘nihilistic, individualistic and hedonistic values’ (Lewis, Bamber & Waugh 1997, pp. 78-79). Dikötter also stated that prostitutes engaging in sexual activity with foreigners have been singled out for extreme punishment.

In addition, Dikötter reinforced the point that rather than educating the masses on ‘safe sex’, the CCP has instead insisted that strong ‘sexual morality’ is the only way to combat the transmission of sexually transmitted diseases, including HIV/AIDS. Therefore, the CCP has failed to recognise other modes of transmission for HIV/AIDS. Dikötter argued that ignorance and social prejudices or practices remain the key barriers to preventing the spread of HIV/AIDS in China, and he also argued that the range of inaccurate information about the disease in public circulation¹⁸ and

¹⁸ In 1987 a publication was circulated that claimed that HIV/AIDS was transmitted through kissing and other intimate acts, as well as transmission by insects. Another publication produced by Wang Chengyi claimed that oral sex and sex with objects were the main modes of transmission (Cited in Milton, Bamber & Waugh (eds) 1997, p. 79).

the government's desire to control the disease by curbing non-procreation forms of sexuality can only ensure that HIV/AIDS will continue to be transmitted and that those with the disease will continue to be stigmatised.

Therefore, due to the lack of available *accurate* information on HIV/AIDS, many Chinese have taken the general view that it is by engaging in sexually perverse acts that one acquires HIV/AIDS. This view is dangerous as it stigmatises PLWHA and totally ignores the range of other modes of HIV transmission such as unsafe blood donation and transfusion practices, sharing drug injecting equipment, sexual transmission and mother to child transmission. It also contributes to the continuing misconception that HIV/AIDS is a disease that only or primarily afflicts the morally corrupt. Due to the lack of awareness about all modes of HIV transmission it is therefore likely that countless women are being put at risk of contracting HIV/AIDS from their husbands and partners, because the latter, who are more likely to have other sexual partners due to the greater tolerance of male promiscuity in Chinese society, either do not know they are HIV positive (HIV+), or are too ashamed or afraid to disclose their positive status because of the stigmatism that HIV+ status attracts in China. Given that the UNAIDS prediction for China is that heterosexual transmission will soon become the major mode of HIV transmission, women in China are therefore facing significant and unique vulnerabilities to HIV/AIDS that warrant special attention and remedy.

CHAPTER OUTLINES

The main focus areas of this study include: why women in China are becoming increasingly at risk from HIV/AIDS; the impact that this pandemic poses for their

human security; what measures the government has put in place to halt the spread of HIV/AIDS; whether or not these measures correlate with the objectives put forth by Beijing Platform for Action from the United Nations Fourth World Conference on Women (1995) regarding protecting women from the spread of HIV/AIDS; and the role, if any, played by IGOs, NGOs and INGOs in HIV/AIDS prevention and treatment in China. In addition to addressing central question 1.1, What is human security?, the Introductory Chapter of this dissertation proposes the topic statement, defines the key terms, outlines the key issues, methodology and central questions, and reviews the relevant literature.

Owing to the fact that HIV/AIDS in China is a central theme, Chapter Two, entitled 'Epidemiology of HIV/AIDS in China', is an overview of HIV and AIDS, as well as an epidemiology of HIV/AIDS in China. It addresses central question 2.1, What is the epidemiology of HIV/AIDS in China, and provides an overview of the major modes of HIV transmission in China. It explores the transmission of HIV/AIDS through IDU, blood selling and blood transfusions, the sexual transmission of HIV/AIDS in China (both heterosexual and homosexual), and mother-to-child transmission (MTCT). The chapter informs the reader of the current situation of HIV/AIDS in China, providing current estimates of PLWHA and identifies provinces that have serious localised epidemics. Therefore, it does not examine the epidemic from a gendered perspective.

Chapter Three, 'The Vulnerability of Women to HIV/AIDS: A Global Assessment', addresses central questions 3.1, What is the 'Gender and HIV/AIDS Vulnerability Matrix' and how can it be used to identify women's vulnerability to HIV/AIDS, and 3.2, What social, cultural, economic and political factors influence women's

vulnerability to HIV/AIDS globally? After defining the ‘Gender and HIV/AIDS Vulnerability Matrix’, this chapter uses the matrix to assess recognised vulnerabilities to HIV/AIDS faced by women globally. The ‘Gender and HIV/AIDS Vulnerability Matrix’ considers both gender roles and enabling environments when examining women’s vulnerability to HIV/AIDS. The influence of gender roles on women’s vulnerability to HIV is examined in the context of knowledge, sexual passivity and aggression, and promiscuity.¹⁹ The enabling environments incorporate the economic, cultural, social and political factors that contribute to the vulnerability of women to HIV transmission. Thus, the focus of this chapter is on identifying the range of gender roles and enabling environments that make women globally more vulnerable to HIV transmission than their male counterparts.

The following chapter: ‘Contextualising Vulnerability: The Status of Women in Pre-Revolutionary China’, examines questions 4.1, What was the status of women in pre-revolutionary China? This chapter, and the next, offer a longitudinal examination of the changing status of women in China over the past one hundred years. In order to identify specific factors that heighten Chinese women’s vulnerability to HIV transmission based on the current status of women in China, the researcher believes it important to consider not only the post-Mao reform and opening period, but also the period of the 1949 revolution and the Mao Years, as well as the pre-revolutionary period, as all three periods were times of change for women. Thus, it is argued in this dissertation that because many of the feudal practices and societal attitudes that existed in the pre-revolutionary period were never successfully challenged and overturned during the Mao years, but instead continued to exist, albeit often below the

¹⁹ Term used by UNAIDS to denote a person who has engaged in sexual acts with multiple partners. As it appears in this context the term is not intended as a negative categorisation (Feinstein & Prentice 2000, p. 24).

surface of the CCP imposed societal order of that period. Consequently the easing of the imposed societal order since the reform and opening period has contributed to the resurgence of many feudal practices and attitudes, all of which have a direct bearing on the vulnerability of Chinese women to HIV/AIDS. Thus, in order to understand the present status of women in China, one must have a longitudinal understanding of their changing status. Therefore, this chapter specifically examines the status of women in the pre-revolutionary period.

Chapter Five, 'Contextualising Vulnerability: The Status of Women in Post-Revolutionary China', is a continuation of the longitudinal examination of the changing status of women in China that began in Chapter Four. Chapter Five examines central questions: 5.1, How did the 1949 revolution alter the social, cultural, economic and political status of women in China; 5.2, Has the social, cultural, economic and political status of women changed since the reform and opening of China in the 1970s; and 5.3, What is the current social, cultural, economic and political status of women in China? The chapter briefly contextualises the changes that occurred in the status of women in China after the 1949 revolution, as well as the changes that have occurred since the reform and opening of China in the late 1970s to the present day. These factors warrant consideration because the social, cultural, economic and political status of women are key determinants in the vulnerability of women to HIV/AIDS.

The central questions addressed in Chapter Six, 'The Vulnerability of Chinese Women to HIV/AIDS' include: 6.1, What specific sources of HIV/AIDS vulnerability faced by women in China can be identified using the 'Gender and HIV/AIDS

Vulnerability Matrix’; 6.2, Are there any parallels between the vulnerabilities faced by Chinese women and recognised vulnerabilities to HIV/AIDS faced by women globally; and 6.3, What are the links between the status of women in China and their HIV/AIDS vulnerability? This chapter is an investigation of the specific sources of vulnerability to HIV transmission that women in the PRC face. Using the ‘Gender and AIDS Vulnerability Matrix’, it identifies the social, cultural, political and economic factors that are contributing to Chinese women’s vulnerability to HIV/AIDS. In addition to acknowledging the recognised HIV/AIDS vulnerabilities faced by Chinese women, this chapter also uses recognised vulnerabilities to HIV/AIDS faced by women globally, and draws parallels between these examples and the situation in the PRC. The chapter also establishes links between the status of women in China and their HIV/AIDS vulnerability.

‘Government and Civil Society Responses to HIV/AIDS in China’ is the title of Chapter Seven. It explores central questions 7.1, What were the objectives put forth by the Beijing Platform for Action regarding the protection of women from the spread of HIV/AIDS?; 7.2, Is the central Chinese government acting alone or in cooperation with either sub-national or national intergovernmental organizations (IGOs), non-governmental organisations (NGOs) and/or international non-governmental organizations (INGOs) in responding to China’s HIV/AIDS epidemic, and 7.3, If IGOs, NGOs and INGOs are involved, what roles are they playing in the response to the HIV/AIDS epidemic, and what influence, if any, are they having on the formation and implementation of policies towards protecting women from HIV/AIDS, or assisting those with the virus?

Chapter Seven argues that because China's response to HIV/AIDS has so far not taken gender into consideration, China's response to HIV/AIDS does not meet the objectives outlined in the Beijing Platform for Action regarding the protection of women from the spread of HIV/AIDS. In addition, it reinforces the argument that while the government has made progress in its response to HIV/AIDS, there still exists a range of obstacles that hinder an effective response to China's HIV/AIDS epidemic. While problematic laws and legislation that have contributed to an environment of stigma and discrimination against PLWHA reinforce some obstacles, the reluctance of the Chinese government to fully cooperate with civil society has also proven to be a major obstacle in China's response to HIV/AIDS. This chapter also identifies that inadequate funding for projects run by various IGOs, NGOs and INGOs has further hampered China's response to HIV/AIDS. The chapter concludes that until the Chinese government allows the full incorporation of civil society into all aspects of HIV/AIDS prevention and treatment, progress in HIV/AIDS prevention will be delayed.

Chapter Eight, 'Engendering Human Security Discourse', provides a detailed assessment of the findings in the preceding chapters, drawing them together in response to central question 8.1, Does the evidence from the research reinforce the assertion that gendered analysis is necessary in human security discourse? The chapter concludes that the evidence from the research does in fact reinforce the assertion that gendered analysis is necessary in human security discourse, and makes a solid case for the incorporation of gender into mainstream human security discourse. The chapter also examines how these insecurities have contributed to women's heightened vulnerability to HIV/AIDS. It argues that women's vulnerability to HIV transmission

is closely linked to issues of empowerment and gender-based power relations and that a deficiency in human security increases HIV/AIDS vulnerability. In addition, it also contends that women face many unique threats to HIV/AIDS when compared to their male counterparts, and that such vulnerabilities are often either caused by, or intensify, the range of human insecurities faced by women. The chapter therefore, concludes by proposing that because HIV/AIDS is identified as a major threat to human security worldwide, and there are gendered differences in human insecurity, it is imperative that human security discourse becomes inclusive of a gendered perspective, in both its mainstream discourse and approach to security, and in the mainstream policy documents produced by organisations such as the United Nations and the Commission on Human Security.

In conclusion, Chapter Nine briefly outlines the major arguments made throughout the dissertation that women most certainly do experience unique threats to their human security. It also concludes that such unique threats are critically important when identifying women's vulnerability to HIV/AIDS. The conclusion finds that as a theory, the human security framework offers women the prospect for greater visibility in security discourse by focusing on issues of human development, human rights, empowerment and a 'bottom-up' approach to security. Therefore, it is imperative that gendered perspectives be included in mainstream discussions of human security.

CHAPTER TWO

EPIDEMIOLOGY OF HIV/AIDS IN CHINA

This chapter provides an overview of the major modes of HIV transmission in the People's Republic of China. The chapter addresses central question 2.1, What is the epidemiology of HIV/AIDS in China? It explores the transmission of HIV/AIDS through IDU, blood and plasma selling, blood and plasma transfusions, sexual transmission, both heterosexual and homosexual, and mother-to-child transmission. This chapter also informs the reader of the current situation of HIV/AIDS in China such as estimates of the number of PLWHA, provinces that have serious localised epidemics and the major modes of transmission in such provinces. Therefore, the focus of this chapter is on providing an overall picture of HIV/AIDS in China. It does not examine the epidemic from a gendered perspective. However, gendered discussion of the HIV/AIDS pandemic in the PRC is undertaken in Chapter Five, 'The Vulnerability of Chinese Women to HIV/AIDS'.

While it is not presumed that the reader has an exhaustive knowledge of HIV/AIDS, it is presumed that the reader has the basic understanding that Human Immunodeficiency Virus (HIV) is a virus transmitted through bodily fluids such as blood, vaginal fluids and semen, and that it causes the Acquired Immune Deficiency Syndrome (AIDS). HIV attaches itself to immune system cells, which gradually die. This results in a weakened immune system, which causes the infected person to

contract opportunistic viruses or diseases. Ultimately, due to the weakened immune system of the infected person, such diseases cause the body to degenerate and the person dies (Feinstein & Prentice 2000, p. 1). For further medical discussion of HIV/AIDS, including major modes of transmission, please refer to Appendix 3.

A ‘TITANIC PERIL’

In June 2002, the United Nations Theme Group on HIV/AIDS in China (UNTGC) released a report titled *HIV/AIDS: China’s Titanic Peril*,²⁰ which claimed the PRC was ‘on the brink of explosive HIV/AIDS epidemics’ and that the Chinese government was focusing on ‘the tip of the iceberg’ such as unreliable and possibly understated figures on HIV transmission in China, rather than fully comprehending the enormity of the potential threat to the PRC being posed by HIV/AIDS (UNAIDS 2002b, p. 4). The report also predicted that education and treatment campaigns would be made difficult not only by the sheer size of the PRC and its population, but also due to poverty, lack of knowledge and poor access to condoms, as well as the regional variations in transmission modes (Ang 2002).

While the report recognized that the Chinese government had made ‘significant progress’ in preceding years in the development of HIV/AIDS laws, policies and regulations, it criticized the central government for what it saw as an ‘insufficient’ response to the rapid growth of HIV/AIDS infected persons in the PRC (UNAIDS 2002b, p. 5). Although the Chinese government was a signatory to the Paris

²⁰ The UN’s *HIV/AIDS: China’s Titanic Peril* has become widely known by the shortened ‘Titanic report’. Any reference to this report hereafter will be by the shortened title the ‘Titanic report’.

Declaration at the 1994 International AIDS Summit,²¹ the report emphasized that the continued denial of the problem by the Chinese government had hindered an effective AIDS response in China (UNAIDS 2002b, p. 5).

The report was a timely warning by the UN that the PRC needed to make drastic improvements to its HIV/AIDS prevention policies. By providing insights into the complex nature of the PRC's HIV/AIDS crisis, and the idiosyncratic role that blood selling had played in transmitting the virus, it also took an important step in opening the discourse of HIV/AIDS in the PRC. The report was also important because it directed international attention, particularly media attention, to the growing HIV/AIDS epidemic emerging in China, and in particular the transmission of HIV/AIDS through the commercial blood and plasma trade. Therefore, the release of the 'Titanic report' marks the point at which, rather than believing they could continue to control the flow of HIV/AIDS information within their borders and still manage to 'control' HIV/AIDS, the central government of the PRC was forced to recognise that to respond adequately to HIV/AIDS they did in fact need transparent, open HIV/AIDS policies and campaigns, as well as the assistance of international non-governmental organizations (INGOs) like the United Nations (UN) and the World Health Organisation (WHO).

One important step taken by Beijing that has contributed to a more open and transparent response to HIV/AIDS in China was the appointment of Vice-Premier Wu Yi as health minister. Wu Yi was appointed health minister to tackle SARS, after the previous health minister was stood down for his failure to adequately respond to the

²¹ The Paris Declaration was an agreement by signatories to control HIV/AIDS epidemics in their own countries as well as committing to the global control and prevention of HIV/AIDS (Wei 2000, pp. 12-9).

SARS crisis and the attempted cover-up of both the virus and its origins in southern China. Wu Yi's appointment has contributed to a greater openness on the part of the Chinese government in discussing health crises such as SARS. There have also been positive steps taken to open discourse on HIV/AIDS in the PRC since her appointment, which has clearly signaled that China has taken seriously international criticism over its lack of response to health crises (Park 2003, p. 54).

INITIAL GOVERNMENT RESPONSES TO HIV/AIDS IN THE PEOPLE'S REPUBLIC OF CHINA

Like their early response to SARS, the central government's initial response to the HIV/AIDS epidemic in the PRC was largely peripheral and China's political leaders long appeared to be in denial that they were in fact experiencing a HIV/AIDS epidemic within their borders (Eberstadt 2002, p. 31). It was not until September 2002 that the central government in Beijing began to speak openly about the PRC's growing AIDS crisis, after a health report was leaked from the Henan Provincial Health Department (Gittings 2002).²² The report claimed that as many as 35 to 45 percent of commercial blood and plasma donors in some areas of Henan Province had contracted HIV/AIDS as a result of inadequate safety precautions, and that the Henan authorities had attempted to cover up their province's epidemic.

Some critics have stated that the cover-up occurred largely because the provincial health department was directly involved in the commercial blood and plasma trade and therefore officials did not want to be 'tainted' by the incident (Gittings 2002). However, the commercial blood and plasma trade was not just restricted to health

²² The document was distributed on the Internet after it was obtained by AIDS activist Wan Yanhai. Wan was later arrested by Chinese state security in Beijing, and detained for allegedly disclosing a 'state secret' (Gittings 2002).

authorities. Local government authorities were also implicated in the scandal because rather than investigating officials involved in the illegal blood and plasma collection stations and punishing them, many were simply moved to other posts and some officials were even promoted (Hunter 2005, p. 93). Involvement in the commercial blood and plasma trade has also been found to extend beyond the health department and government officials, to the armed forces. Gittings reports that during the mid-1990s, even the local army and air force were investors in the drug companies who sought to profit from the commercial demand for blood and plasma products (2002). Therefore, it would appear that many parties, particularly those in official positions, benefited greatly from the trade and were protected by the continued suppression of information relating to Henan's HIV/AIDS epidemic.

The central government was further implicated in the commercial blood and plasma trade because for many years the practice of blood and plasma selling was widely heralded by the government as a means of financing rural health care and was even personally encouraged by many officials (Eberstadt 2002, p. 30). Campaigns in schools and villages encouraged blood and plasma selling and blood donors were paid 40 Chinese Yuan (CNY) for their plasma (Park 2003, p. 54). Therefore, it could reasonably be argued that because of their involvement in promoting the commercial blood and plasma trade, and the financial benefits that they reaped from the trade, it was in the best interest of the Chinese government, and in particular the Henan health authorities, to continue to silence and censor discussion of the issue of the commercial blood and plasma trade and HIV transmission in Henan.

It has also been suggested that another reason for the cover-up was the desire for economic investment and business opportunities to continue in Henan Province. Many officials feared that knowledge of HIV/AIDS in Henan would scare away investors interested in the province, because HIV/AIDS stigma and discrimination remains very high in China. Therefore, officials believed that not only might investors fear the virus, but they may have also felt that consumers might not buy products from HIV/AIDS infected areas, because of the stigma attached to HIV/AIDS. Thus, from a simplistic investment standpoint, the continued silence on HIV/AIDS in Henan was beneficial for the economic development of the province.

The fear of litigation is another possible reason for the suppression of information by authorities on the links between the commercial blood and plasma trade and the transmission of HIV/AIDS. In recent years, there have been examples of PLWHA who have successfully sued the government because they contracted HIV from unsafe blood transfusions. One such example is documented in the 'Titanic report'. The report states that a ten year old boy received a US \$47,000 compensation payout in Nanyang, when he successfully sued the Xinye County Health Department after being infected with HIV by a blood transfusion. The lawsuit was made possible because legal reforms have allowed state health authorities to be held accountable for injuries resulting from malpractice in health settings. Since the success of this lawsuit, several other adults and children have filed lawsuits after becoming HIV+ from either blood or plasma transfusions or blood or plasma selling (UNAIDS 2002b, p. 37).

Therefore, because of the involvement of Henan government and health authorities in the commercial blood and plasma trade, it is quite possible that similar lawsuits, even

class action lawsuits, may be brought against the Henan government and health department resulting in extensive payouts. If blood and plasma sellers were able to launch a successful class action suit against Henan authorities, the financial impact of that suit on the provincial government would be devastating, due to the sheer numbers of victims. Thus, in order to avoid culpability in such cases it is not unlikely that the government and health authorities have sought to suppress information that implicates them in the commercial blood and plasma trade.

Although the scandal has been exposed, local authorities have continued to prevent journalists from visiting HIV/AIDS areas in Henan (Hewitt 2001), and open discussion of HIV-tainted blood remains taboo. In a recent article for the *Wall Street Journal*, Guy Sorman reported that he hid ‘under a tarpaulin on a tractor-trailer’ to avoid the police checkpoint at Nandawu, a village of 3,500 people, of whom Sorman estimates 80% of families are ‘inflicted’ with HIV/AIDS (2007). Sorman believed that the police checkpoints were designed to keep people out of the village, and that it is a move by the government to not only conceal the true extent of HIV/AIDS in China, but also to ‘cordon off AIDS-affected areas and let the sick die out’. Furthermore, research on the transmission of HIV and the blood situation has been discouraged, and activists who exposed the blood scandal, such as Wan Yanhai,²³ have been jailed (Eberstadt 2002, p. 31). However, the leaking of official documents has proved that information about the epidemic cannot be completely censored.

Suppressing information about HIV/AIDS has made an effective HIV/AIDS response in the PRC incredibly difficult because misinformation and ignorance resulting from

²³ Refer to footnote reference 22, p. 61 for more information on Wan Yanhai.

the government's silence on the issue has contributed to not only the continued transmission of the disease, but also the stigmatisation of and discrimination against those who have contracted HIV/AIDS (Eberstadt 2002, p. 31). The continued silence has also meant that the extent of the problem has not been adequately researched and the social, cultural, economic and political factors driving the epidemic have also not been clearly identified.

As mentioned earlier, the failure by the Chinese government to disseminate information on issues of public health was also witnessed in their handling of the SARS (Severe Acute Respiratory Syndrome) outbreak. For months the Chinese government covered up the epidemic. However, when the World Health Organisation applied pressure to the PRC regarding their knowledge and handling of the epidemic, the Chinese government was forced to acknowledge the severity of SARS and step up measures to contain it, but it was also forced to admit that it had been incompetent in handling SARS and had attempted to cover-up the epidemic (Roberts 2003, p. 20). While this reversal in the discussion of SARS was viewed by some commentators as the beginning of a new openness in the discussion of health issues in the PRC (Roberts 2003, p. 20), this researcher believes it will be the government's handling of the HIV/AIDS epidemic in China in the years to come that will be the true indicator whether this openness is genuine or not.

LIMITATIONS OF EXISTING DATA

The data on China's HIV/AIDS epidemic discussed in the following sections are based on figures provided by the PRC's national HIV/AIDS sentinel sites. Although a national HIV/AIDS sentinel surveillance system has been in operation in China since

1995, the reliability of HIV/AIDS data is problematic. When the ‘Titanic report’ was written in 2002, estimates of HIV trends were taken from the results of tests, both at national and provincial levels, of hospitalized or incarcerated members of high-risk groups such as IDUs, people with STD/STI’s, pregnant women, long-distance truck drivers and sex workers (WHO 2001). Moreover, because some local authorities attempted to cover-up localized epidemics, the monitoring of new HIV/AIDS cases was inconsistent (Dorgan 2002), and poor medical training and lack of medical equipment, particularly in rural areas, meant estimates of present and new cases of HIV in China relied heavily on guesswork (Eberstadt 2002, p. 34). Regardless of its apparent weaknesses, however, and in the absence of other means of data collection, in 2002, the sentinel surveillance system was considered by UNTGC to be ‘the best current means for assessing HIV trends and for making epidemic predictions in China’ (UNAIDS 2002b, p. 12).

At the time the ‘Titanic report’ was written, accurate collection of data on HIV/AIDS was also made difficult because undocumented and untreated cases were extremely high (Eberstadt 2002, p. 28). Again, undocumented cases of HIV/AIDS were in part due to local authorities wanting to cover-up localized epidemics. However, it was also because testing facilities and medical personnel trained in testing and identifying HIV/AIDS were not available in particular areas, even those thought to be ‘high risk’ areas. Therefore, estimates on the numbers of PLWHA in such areas were made in the absence of documented evidence of cases, and were based on the findings of similar areas with testing facilities.

Undocumented or untreated cases were also the result of the reluctance of people in 'high risk' groups to be tested for HIV/AIDS because they feared the repercussions that a HIV+ status attracted. Undocumented cases were also the result of the refusal of many PLWHA to openly disclose their status, again because of the endemic stigmatisation of and discrimination against PLWHA in China. Even today, many PLWHA in China fear that if their positive status becomes known, they will be 'despised or feared by others' (China Daily 2000a). Therefore, many people in 'high risk' groups do not get tested, which makes estimates on the numbers of PLWHA in China difficult to make.

While the 'Titanic report' remains a valuable source on the early predictions of the number of HIV/AIDS cases in China, as well as the modes of transmission, another report has now been written which contradicts the 'Titanic report's' figures on HIV/AIDS numbers. This report, titled *2005 Update on the HIV/AIDS Epidemic and Responses in China*,²⁴ was a collaborative effort by the Ministry of Health (MOH), UNAIDS and the World Health Organisation. The figures presented in this report on the numbers of PLWHA in the PRC are lower than the estimates made in the 'Titanic report'. This difference is attributed to the increase in surveillance sites for monitoring HIV/AIDS from 194 sites when the 'Titanic report' was compiled, to 329 sites in 2005 (National Center for AIDS/STD Prevention and Control 2006, p. 3). Therefore, the increase in sites has allowed not only a wider range of data on the numbers of PLWHA to be used but it has also allowed data to be collected on a range of areas, not just the 'high risk'²⁵ areas that were used in the 'Titanic report'.

²⁴ References to the *2005 Update on the HIV/AIDS Epidemic and Responses in China* will hereafter be under the shortened title the '2005 report'.

²⁵ Higher estimates are expected when available data comes from 'high risk' areas because the number of PLWHA is generally much higher in such areas than 'low risk' areas.

Estimates on the numbers of PLWHA contained in the two reports also differ because the reports vary on the numbers of people believed to belong to 'high risk' groups. For instance, the '2005 report' estimates the number of former commercial blood sellers in China to be approximately 55,000. However, estimates on the extent of HIV transmission through blood and plasma selling used in the 'Titanic report' were based on the number of former commercial blood and plasma sellers being in the vicinity of 199,000. Furthermore, in the 'Titanic report' it was estimated that the number of men who have sex with men (MSM) living with HIV/AIDS was approximately 97,000. However, the '2005 report' estimate this figure to be closer to 47,000 (National Center for AIDS/STD Prevention and Control 2006, p. i).

While the numbers in the 'Titanic report' differ from those in the '2005 report', both reports are used throughout this dissertation when discussing the numbers of PLWHA in China and the major modes of transmission. This is because overall, the 'Titanic report' remains a more comprehensive document on the epidemiology of HIV/AIDS in China than the '2005 report', which is rather brief. This researcher also believes that the information contained in the 'Titanic report' remains important because it was prepared by an INGO, and therefore was independent of the Chinese government. In contrast, although the '2005 report' was jointly prepared by the Ministry of Health (MOH), UNAIDS and the World Health Organisation, the document was ultimately produced by the National Center for AIDS/STD Prevention and Control, a government organization. Therefore, it is not a report issued independently of the Chinese government.

In addition, the tone of the '2005 report' reads very much like an official response to the criticisms levelled at the Chinese government for their HIV/AIDS responses made in the 'Titanic report', which could cause the report to be biased towards presenting information and estimates favourable to the central government. Furthermore, the downward revisions of figures on the numbers of PLWHA contained in the '2005 report' are also problematic in light of China's previous history of trying to 'cover-up' and distort the true nature of health crises in the PRC. In fact, while clearly stating that UNAIDS and WHO did support the findings and figures contained in the report and that the Chinese government was afraid of being seen to be 'massaging the figures' due to their downward revisions of the estimates of PLWHA, Joel Rehnstrom, the UNAIDS Country Coordinator in China stated that 'We have endorsed the new estimate, but cannot certify the provincial and prefectural estimates which are the basis for the national one' (Parry 2006, p. 261). Considering that many provinces and prefectures have 'covered-up' HIV/AIDS cases in the past, this researcher remains unconvinced that the figures contained in the '2005 report' are truly representative of the current situation in China. Therefore, while the information contained in the '2005 report' is used by the researcher when discussing the epidemiology and government responses to HIV/AIDS in China, the information is treated cautiously and is compared to information from other sources such as the 'Titanic report'.

In addition, in the most recent update on HIV/AIDS globally, *AIDS Epidemic Update: December 2005*, prepared by UNAIDS and WHO, figures for the rates of HIV/AIDS in the PRC have not been revised downwards like the '2005 report' (UNAIDS & WHO 2005, pp. 31-33). Furthermore, estimates on the modes of HIV transmission are

taken from the 2003 estimates which suggest that the UN and WHO do not fully support the revised figures contained in the '2005 report', and that they endorsed the report in a bid to appease the Chinese authorities. Whatever the case, this researcher agrees with Rehnstrom's overall conclusion that 'What the report very clearly says is that China has a growing epidemic' (Parry 2006, p. 261)

STIGMA AND DISCRIMINATION

As mentioned earlier, because many PLWHA fear the stigma and discrimination HIV+ status attracts and therefore do not get tested even if they belong to 'high risk' groups, the ability to make accurate estimates of the number of PLWHA in China has been hindered. One major reason for the stigmatisation of PLWHA in China is the array of incorrect information that has circulated about HIV/AIDS. For instance, Beyrer's research has shown that some segments of Chinese society believed that HIV/AIDS could be contracted through mosquito bites and hand shaking, while other segments believed AIDS was a disease only caught when one engaged in sexual intercourse with a foreigner (1998, p. 111). These varied beliefs indicate that not only is there a wide range of misinformation on HIV/AIDS in China, many beliefs can even be contradictory to those held by other segments of society regarding the transmission of HIV/AIDS.

As a result of such misinformation, in some areas of China, PLWHA have been prevented from marrying, attending school and even working in employment fields such as childcare and the food service industry (UNAIDS 2002b, p. 36). Other PLWHA have been turned away from market places, been refused medical treatment,

have lost employment after their employers became aware of their HIV+ status, and have even being expelled from major cities such as Beijing by unruly crowds (UNAIDS 2002b, p. 52). Furthermore, the spouses and children of PLWHA have also been targets of HIV/AIDS related stigma and discrimination. Some spouses and children of PLWHA have lost employment or been forced out of school, due to the disclosure of the family members HIV+ status (Wang 2000b, pp. 50-51).

Another reason for the stigmatisation and discrimination of PLWHA in China is that many people believe the disease is punishment from supernatural beings for the immoral acts committed by those infected with HIV/AIDS. A survey conducted in Shandong Province in 1993 among hotel staff, students, workers, health care workers and administration officers found that 75.5 percent of people held this belief (Wang 2000b, p. 50). This is very much related to the 'moral panic' phenomena described by Evans (1997) whereby STIs have risen alongside public fear and moralistic prejudices.

The survey also found that 60 percent of those surveyed believed PLWHA should be quarantined²⁶ from the general population as a means of combating the disease. Surveys conducted in 1997 among university students in Hebei Province also found that 70 percent of respondents favoured quarantining PLWHA as a response to HIV/AIDS. In another survey conducted in Jiangxi province, 40 percent of university students also believed that isolating PLWHA was an acceptable means of combating HIV transmission (Wang 2006, p. 50).

²⁶ For more detailed discussion of quarantining please refer to pp. 280-81.

While the above figures are quite alarming, the results of a survey conducted among health care workers in Chengdu in 1996 are even more disturbing. This survey found that nearly half of the respondents preferred not to treat HIV/AIDS patients (Wang 2000b, p. 50). Another breach in the duty of care of hospital and medical authorities towards PLWHA is that there have been numerous cases of medical staff not treating a patient's HIV+ status as confidential. Frequently, medical authorities have informed the infected person's work unit and family of their positive status. As a result, many PLWHA have lost their jobs and families in addition to finding out their HIV+ status (UNAIDS 2002b, p. 51). Such breaches in confidentiality have also meant that many people who might otherwise wish to be tested for HIV/AIDS, especially those belonging to 'high risk groups', are reluctant or afraid to be tested because it remains highly likely that their results will not be treated confidentially.

Also contributing to the stigmatisation and discrimination of PLWHA is the marginalised status that they automatically acquire. Like other marginalised groups within Chinese society, such as IDUs, prostitutes and homosexuals, many Chinese people believe that PLWHA should be punished, not helped, and that they no longer have any rights (Wang 2000b, p. 57). Thus, even though a PLWHA may not have belonged to a marginal group prior to infection, one of the implications of HIV+ status is that thereafter the person becomes marginalised in Chinese society.

The extreme level of stigmatisation in China of PLWHA highlights the lack of knowledge and the range of misinformation that exists about HIV/AIDS. Stigmatisation and discrimination are also damaging to campaigns to treat and prevent HIV/AIDS infections because they usually force PLWHA or those in high-risk groups

to go 'underground'. Therefore, members of such groups become increasingly difficult to reach with HIV/AIDS prevention knowledge, contributing to the spread of the virus (Wang 2000b, p. 56). This also makes data collection on the numbers of people infected with HIV/AIDS more difficult.

HIV/AIDS IN CHINA: THE FIRST CASES

HIV/AIDS was first diagnosed in the PRC in 1985, and infection rates have been increasing continually since then (Fox and Sun Gang 1996, p. 12). Like other countries, the pattern of HIV transmission in China can be divided into phases. The initial stage of infection, the introduction stage, generally occurs when the virus is 'introduced' by foreigners or people returning home after living or travelling abroad. The intermediate stage, the diffusion period, occurs when HIV/AIDS begins to spread from these groups to other groups, most often the traditional 'high risk' groups such as IDUs, prostitutes and MSM. At this stage, a multi-sectoral response to HIV/AIDS that involves both government and civil society, and one which takes into account the roles that social, cultural, economic and political factors play in the transmission of HIV/AIDS is necessary to prevent further spread of the virus. However, if the virus is able to progress to the next stage of infection, the growth period, it is able to move out of the 'high risk' groups into the general population, rates of transmission increase rapidly and if there is not an adequate and effective response to HIV/AIDS the country soon progresses to the stage of 'rampant prevalence' (Xia 2004, pp. 2-6).

The first phase of infection in China occurred between 1985 and 1988. Infection numbers during this period were small and were generally imported. Infected persons mainly comprised of foreigners, or Chinese citizens who had lived overseas, and those

infected typically lived in the coastal cities (Wang 2000b, p. 48). However, during this stage there were also a few cases of iatrogenic transmission.²⁷ In Zhejiang Province, four people were infected after they were given imported blood products that were later determined to be HIV infected (Xia 2004, p. 6).

The period 1989 to 1993, marks the second phase of HIV/AIDS infection in the PRC and is generally recognised as a limited epidemic. Throughout this period, HIV/AIDS infection was largely found among IDUs of Yunnan Province, with 146 IDUs testing positive to HIV in 1989. Yunnan's close proximity to the countries located in the 'Golden Triangle' (Thailand, Laos, Burma and Vietnam), which produce opium and heroin, and the province's own opium and heroin production has meant that drugs are easily accessible and relatively cheap in this area. Therefore, many people became addicted to injectable drugs and HIV/AIDS has been easily transmitted in this region, and among IDUs in neighbouring countries, because of high rates of sharing needles and injecting equipment among IDUs. Also at this time, rates of HIV infection were found to be as high as 70 to 80 percent in Ruili, a border-town between Myanmar and Yunnan and 40 percent in Longchuan, which is located a little further away from the border. Thus, the diffusion period of HIV infection in China was very much centred on the transmission of HIV/AIDS through IDU (Xia 2004, p. 6). However, HIV transmission during this stage was not solely restricted to IDU. Small numbers of infections during this period were detected among prostitutes, STD/STI patients and workers returning from overseas employment (Wang 2000b, p. 49).

²⁷ Iatrogenic transmission refers to the transmission of HIV through medical treatments or therapies such as HIV contaminated blood transfusions, using syringes contaminated with HIV and exposure to HIV/AIDS through needle stick injuries.

The third phase of infection was marked by the spread of HIV transmission through IDU beyond Yunnan Province in 1995, and continues to the present day. Characteristic of the third phase is the rapidly increasing number of infections in all regions and provinces throughout China. Transmission modes have also become more diverse, and include IDU, prostitution, MSM, commercial blood and plasma donation, iatrogenic transmission, non-commercial sexual contact and mother-to-child transmission (Wang 2000b, p. 49). However, the epidemic in China may soon reach the 'rampant prevalence' phase if adequate measures to prevent future transmission of the virus are not soon implemented country-wide.

PRESENT CLIMATE OF HIV/AIDS

The worst-hit regions for HIV/AIDS in the PRC are Yunnan province in China's southwest and Henan province located in central China. The '2005 report' estimates that each of these provinces has approximately 30,000 HIV/AIDS cases. Other provinces with serious localised epidemics of over 10,000 HIV cases include the northwestern autonomous region of Xinjiang, Guangxi Zhuang Autonomous Region in the south, and Guangdong province in southeast China (National Center for AIDS/STD Prevention and Control 2006, p. 4).

As mentioned above, Yunnan has experienced rapidly increasing HIV/AIDS epidemic, largely due to widespread needle sharing and more recently prostitution. Sixty percent of HIV cases in Yunnan are in three small districts all along the China-Myanmar border (Beyrer 1998, p. 115). The Mekong River (known as Lancang River in China) carries an estimated 40 percent of the world's heroin from Myanmar and Laos into Yunnan, and links Vietnam, Cambodia, Laos, Burma, Tibet, Thailand and Yunnan (Beyrer 1998, p. 107). It is along this route that 80 percent of the PRC's HIV

infections have been found and 60 percent of the PRC's AIDS cases have been reported. The majority of those infected are reported to be young rural men and heroin addicts belonging to the Dai, Wa and Caching ethnic minorities (Beyrer 1998, p. 107).

By the end of 2001 China reported it had only 30,736 registered HIV/AIDS cases. Most of these people were either incarcerated or hospitalized (Page 2002). Over the next two years the PRC revised its official number upward to one million in September 2002 (See Table 2.1).²⁸ However, in 2002 other sources, such as UNTGC and US intelligence sources, suggested that the figure could be as high as 1.5 million to 2 million HIV carriers respectively. At this time, it was also claimed by some INGOs that Henan province alone could have as many as 1.2 million HIV carriers and in June 2002, *The New York Times* reported that an unnamed UN official claimed that China could already have at least 6 million HIV carriers (Eberstadt 2002, p. 30). If this figure was correct, then China would have had the largest HIV population in the world (Eberstadt 2002, p. 30). These variations demonstrate that there is a wide discrepancy in estimates on the numbers of PLWHA in China. However, by basing their estimates on those by the Chinese government and UNAIDS, experts have predicted that the number of PLWHA could reach 10 million by 2010 if adequate prevention measures are not taken (Feng 2002).

²⁸ Due to a lack of available current information on many of these indicators, the information contained in this table is from the 'Titanic report'. This data is included because even though it is dated, it documents important changes in male and female rates of HIV/AIDS status.

Table 2.1: HIV Information and Estimates for the PRC (1990-2001)²⁹

VARIABLE	1990-1995	1996-1997	1998-1999	ESTIMATES 2001
Estimated total adult HIV	10,000	100,000	500,000	800,000-1,500,000
Adult HIV prevalence	<0.002%	<0.02%	<0.1%	<0.2%
Male/Female ratio	9 to 1	7 to 1	5 to 1	4 to 1

Source: UNAIDS 2002b, *HIV/AIDS: China's Titanic Peril*, viewed 26 March 2003, <<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.

Working from the UN figures in the ‘Titanic report’, which put the PRC’s HIV/AIDS rate at between 800,000 and 1.5 million in 2001 (UNAIDS 2002b, p. 11), due to the sheer size of China's population the national prevalence rate was still relatively low. However, both Chinese authorities and UNAIDS estimates showed HIV prevalence rates were increasing by about 20-30 percent per year (Eberstadt 2002, p. 40). Hence, although prevalence rates were relatively low they were steadily increasing. Furthermore, high local prevalence levels mean that HIV can spread rapidly across the population as sexual transmission of HIV, both heterosexual and homosexual, becomes more widespread (Carter 2002b). Thus, the low prevalence rates offered the Chinese government a false sense of security, which contributed to their failure to implement country-wide programs to prevent further spread of the virus.

²⁹ Past estimates used in table are taken from the Ministry of Health and the Chinese Academy of Preventive Medicine. At the end of 2001, the MOH estimated the number of HIV/AIDS infected persons to be over 600,000. This figure was revised to 850,000 in April 2002. It was also estimated by the MOH Mid-Long Term Plan (1998), that 10 million people could be infected with HIV/AIDS by 2010 if adequate prevention measures are not taken (UNAIDS 2002b, p. 14).

However, the '2005 report' revised these earlier estimates and it suggested that there were only 650,000³⁰ PLWHA in China at the end of 2005. While the report did indicate that HIV transmission in China was continuing to rise, it did not provide an estimate on the rate of increase of HIV infections per year, which is an important indicator of how effective a state's response to HIV/AIDS is, and at what rate HIV is being transmitted (National Center for AIDS/STD Prevention and Control 2006, p. i). Therefore, due to the absence of these important figures in the '2005 report', this dissertation uses the estimates given for these indicators contained in the 'Titanic report'.

INTRAVENOUS DRUG USE (IDU)

The major modes of HIV transmission among HIV/AIDS cases in China, namely IDU, heterosexual and homosexual transmission, iatrogenic commercial blood and plasma selling and mother-to-child transmission are examined here, highlighting their prevalence rates and where they are more likely to be found geographically, beginning with IDU. By 1990, Yunnan Province was home to 90 percent of the PRC's HIV/AIDS cases, and the main mode of HIV transmission was IDU. In 2000, official estimates of the number of IDUs in China reached more than 600,000 (Hewitt 2001). While Yunnan continued to have a large IDU population, IDU in other provinces rose markedly during the 1990s. (See Tables 2.2 and 2.3)

³⁰ This figure is an average of the estimated range of between 540,000 to 760,000 PLWHA (National Center for AIDS/STD Prevention and Control 2006, p. i).

Table 2.2: Provinces and years when localised epidemics among IDU were first detected

1989:	Yunnan
1996:	Xinjiang
1997:	Guangxi, Sichuan
1998:	Guangdong
1999	Gansu
2000:	Jiangxi

Source: UNAIDS 2002b, *HIV/AIDS: China's Titanic Peril*, viewed 26 March 2003, <<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.

Table 2.3: Provinces and sites with highest HIV infection rates among IDU in 2000

PROVINCES	SITES AND RATES			
Xinjiang	Yining 84%		Urumqi 39%	
Yunnan	Ruili >80%	Wenshan 75%	Kaiyuan 57%	Yingjiang 70%
Guangdong	Sentinel site: 21%			
Guangxi	Baise 30-40%	Pingxiang 12%	Liuzhou 12%	
Jiangxi	Sentinel site: 17%			

Source: UNAIDS 2002b, *HIV/AIDS: China's Titanic Peril*, viewed 26 March 2003, <<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.

By 2001, the Chinese government stated that the sharing of needles by IDUs remained the main source of HIV infection in the PRC. (See Table 2.4) The Chinese government figures reported that up to 60 percent of users shared needles, a figure which jumped by 25 percent in one year (Hewitt 2001). The World Health Organisation's findings however, reported that 100 percent of IDUs in Xinjiang shared injecting equipment, followed by 81 percent in Jiangxi Province and 73 percent in Hunan (2001, p. 44). The World Health Organisation also reported in 2001

that ‘over half of the 25 IDU [surveillance] sites detected HIV infection, and HIV prevalence rates ranged from 1 percent to 80 percent in the provinces of Yunnan, Xinjiang, Guangxi and Sichuan’ (2001, p. 42).

Table 2.4: Nine provinces with needle sharing risks above 20 percent in 1998 and 2000

Provinces	1998	2000
Qinghai	50	75%
Hunan (Changsha)	78%	70%
Liaoning	-	46%
Chongqing	39%	36%
Guizhou	43%	36%
Inner Mongolia	38%	30%
Beijing	-	28%
Jiangsu	-	25%
Fujian	15%	23%

Source: UNAIDS 2002b, *HIV/AIDS: China’s Titanic Peril*, viewed 26 March 2003, <<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.

The ‘2005 report’ stated that there were approximately 288,000 IDUs infected with HIV/AIDS at the end of 2005, and that this figure accounted for 44.3 percent of China’s HIV/AIDS cases. Yunnan, Xinjiang, Guangxi, Guangdong, Guizhou, Sichuan and Hunan were all identified as each having over 10,000 HIV/AIDS infected IDUs, and the combined prevalence rate of HIV/AIDS for the seven provinces accounted for 89.5 percent of the above estimate of the number of IDUs infected with HIV/AIDS (National Center for AIDS/STD Prevention and Control 2006, p. 1).

As discussed earlier, IDU is most widespread, although not restricted to, the rural poor in either Yunnan province or along the drug trafficking routes throughout China. Many IDUs lack formal education, are illiterate, unemployed, or lack the resources to sustain daily life (UNAIDS 2002b, p. 62). Moreover, the Chinese government and

many segments of Chinese society view IDUs as having a ‘moral problem’ that can be cured by ‘thought reform’ via compulsory rehabilitation (UNAIDS 2002b, p. 62). This stance on drug use indicates the poor understanding of drug addiction that has existed in Chinese society and has been reflected in the drug laws that have been passed in China.³¹

Although the Chinese government recognized that IDU has consistently been the major source of HIV transmission in the PRC, rather than implementing clean needle and methadone programs in all areas where IDU is a serious problem, the Chinese government has long punished IDUs with imprisonment (Wang 2000b, p. 51). In 1990, the Chinese government introduced drug laws aimed at counteracting drug use and trafficking which required convicted IDUs to undergo either voluntary or forced detoxification. The law also required they be sent to government run rehabilitation centers (UNAIDS 2002b, p. 30).

However, the Chinese government failed to implement maintenance programs for those who had undergone detoxification and the relapse rate of IDUs after leaving the centres was as high as 70-90 percent (Wang 2000b, p. 52). In a measure to counteract the relapse rates, in 1995, legislation was passed that enabled Chinese authorities to send IDUs who relapsed to ‘reeducation-through-labour centres’ where they were forced to detoxify as well as perform physical labour (UNAIDS 2002b, p. 31). In addition to these laws, China also passed more than 30 laws, statutes and regulations in an attempt to ‘control’ drug abuse (UNAIDS 2002b, p. 31).

³¹ For further discussion of these laws please refer to pp. 278-90.

It is also important to note that rehabilitation centers usually do not inform IDUs about the connection between sharing needles and drug injecting equipment and HIV transmission (UNAIDS 2002b, p. 62). Thus, an important opportunity to reach IDUs through HIV/AIDS prevention education is missed. Therefore, government measures at these centres have long been solely aimed at stopping drug abuse and trafficking. The government has overlooked the possibility of the centres playing an important role in preventing the further spread of HIV/AIDS. Such an oversight is probably reflective of the government's misunderstanding that IDUs can be made to stop using drugs by employing punitive measures and the continued reluctance of the Chinese government to recognise the roles that social, cultural, economic and political factors play in the transmission of HIV/AIDS.

The Chinese government has long been criticised for its 'morality' based, punitive response to IDU, and its reluctance to acknowledge the social factors that can contribute to drug addiction. The government has also been criticised for its highly 'medicalised' response to IDU where IDUs are forced to detoxify. While clean needle exchanges and methadone programs have been repeatedly suggested as a means of helping to prevent the spread of HIV/AIDS in China as a result of the success of such programs in other countries, there still does not exist a comprehensive needle exchange or methadone program in China, regardless of the fact that IDU has been the leading mode of HIV transmission since the late 1980s.

However, the '2005 report' stated that pilot needle exchange and methadone programs were being conducted as a joint initiative of the MOH, the Ministry of Public Security and the State Food and Drug Administration (National Center for AIDS/STD

Prevention and Control 2006, p. 8). While it was initially proposed that there would be more than 1,400 needle exchange sites across the seven provinces hardest hit by HIV/AIDS through IDU (UNAIDS & WHO 2005, p. 32), the '2005 report' stated that only 91 exchange sites had been established across these provinces. The report also stated that there had been 128 methadone clinics established. In her study of the first methadone clinic in Beijing, Humeniuk found that the success of pilot methadone clinics would see some 1000 methadone clinics being established over the next five years. This plan would proceed even though some officials were opposed to such clinics because they believed them to be 'a tacit approval of drug use' (2005, p.287). Hence, it would appear that although there are still some opponents to the clinics, the overall attitude of the central government towards the issue of IDU has altered. It is beginning to realise that preventing HIV transmission through IDU is not a problem that can be solved punitively, instead recognizing that it is one which requires other measures such as methadone programs in order for IDUs to cease using opiates.

COMMERCIAL BLOOD AND PLASMA SELLING AND IATROGENIC TRANSMISSION

As stated earlier, the spread of HIV/AIDS through blood and plasma selling is relatively unique to China (Eberstadt 2002, p. 30). It is also representative of the ongoing economic transformation China has been undergoing since the 'reform and opening' policies of the late 1970s. The problem can be traced to the abandonment of the rural commune system and the resultant disintegration of the public health system in the countryside. It was in this environment that both patients and doctors needed a new way to generate finances for rural health care. The selling of blood and plasma by impoverished farmers to pharmaceutical concerns, clinics and unregulated agents

called 'blood heads' became a popular method of raising revenue (Eberstadt 2002, p. 30). Throughout the early 1990s, sellers were paid for their blood and plasma as a means of enticing them to sell their blood and plasma regularly as well as to offer the rural poor a monetary supplement to offset their low incomes. In fact, one former seller described the government's blood and plasma selling program as a 'poverty-relief program' (Park 2003, p. 54).

Since the 1950s, blood selling had been regarded as a means to supplement low incomes in parts of southern Henan. However, after medicines containing blood plasma became popular among Chinese consumers, the commercial blood and plasma trade became more profitable and Gittings reported that 'companies blindly expanded their scope of production and raced to compete for supplies...completely ignoring the quality of the [collected] blood group' (2002). In fact, according to an official report issued by the Henan Provincial Health Department on blood and plasma selling, some farmers in Wenlou, a village that has been ravaged by HIV/AIDS in southern Henan, admitted their rate of plasma selling to be as high as eleven times in two days. When compared to Red Cross standards on plasma donation, which is once every two weeks (Australian Red Cross 2001), the usual donation rate in some parts of Henan, which was on average once or twice a day, was dangerously high and a hazard to the seller's health, even in the absence of viruses such as HIV being transmitted to the seller (Gittings 2002).

HIV/AIDS has been easily transmitted through blood and plasma selling because in many collection stations in Henan, farmers sold their blood and plasma in groups, and were reinjected with the pooled blood of the group after the plasma had been

extracted to prevent anaemia among sellers. This practice greatly increased their chances of becoming infected with HIV/AIDS (Gittings 2002), and it is through these unsafe practices that broad segments of the Chinese population were exposed to the disease. However, the situation was not restricted to provinces where blood and plasma selling occurred. Eberstadt argues that when one considers the new-found mobility of the rural poor, many of whom sold their blood while they migrated for work, combined with HIV-tainted blood and plasma transfusions, the situation in China is quite serious (2002, p. 32).

The HIV/AIDS crisis and its links to the commercial blood and plasma trade were first realised after grassroots medical workers detected cases of HIV/AIDS in Henan Province in 1995 and 1996. The blood samples they took were sent to Beijing, Shanghai, Nanjing and Wuhan and the results confirmed that Henan Province had a serious HIV/AIDS epidemic (He 2000). By 2000, the numbers of PLWHA were estimated to have reached 500,000 to 700,000, and in 2001, HIV/AIDS cases in Shangcai County were reported to have doubled from 7,000 to 14,000. However, an official report issued by the Henan Provincial Health Department, suggested that such figures were 'unreliable', because of the provincial government's attempt to suppress the release of information on HIV transmission through blood and plasma selling. Similarly, provincial health and government officials rejected the results of a survey conducted in seven villages in Henan Province that found infection rates to be between 32 and 48 percent. The officials disregarded the results stating that they were representative of a 'small minority', and did not reflect the incidence of HIV elsewhere in the province (Gittings 2002).

While the extent of the crisis still remains unclear, a raid on illegal blood stations in Nanyang in 1998 highlighted the gravity of the transmission of HIV through blood and plasma selling. During the raid 6,280 bags of blood were confiscated and 99 bags out of a random sample of 101 were found to contain HIV positive blood (UNAIDS 2002, p. 26). If such results are representative of the extent of HIV in China's illegal blood supplies, then it is possible that the numbers of blood and plasma sellers and recipients of blood and plasma products infected with HIV could be quite numerous and dramatically increase the PRC's HIV/AIDS infections.

Latest figures contained in the '2005 report' estimate that there are currently 69,000 PLWHA who contracted HIV/AIDS either from commercial blood and plasma selling or by receiving HIV infected blood and plasma products. The report identified that Henan, Anhui, Hubei, Hebei and Shanxi have all experienced serious localised HIV/AIDS epidemics that can be directly traced to the transmission of HIV through unsafe commercial blood and plasma selling. As indicated earlier, the '2005 report' has revised its official figure on the number of PLWHA, who were infected with HIV as a result of unsafe commercial blood and plasma selling, downwards from the UNAIDS figure of 199,000 to just 55,000. This is quite a notable revision and the report justifies the revision by stating that the UNAIDS figure was severely overestimated, and that the screening of former commercial blood and plasma sellers conducted in 2005 has determined that the transmission of HIV/AIDS to commercial blood and plasma sellers was 'more localised than previously thought' (National Center for AIDS/STD Prevention and Control 2006, p. 3). Thus, a widely accepted, accurate estimate on the number of PLWHA remains uncertain.

Although unhygienic and dangerous practices such as reusing syringes and other blood and plasma collection equipment were outlawed by the authorities in 1998, evidence suggests that these practices still continue, further increasing the possibility of iatrogenic transmission of HIV/AIDS among the general population (Eberstadt 2002, p. 30). In addition, it has also been claimed that unsafe blood and plasma collection stations were still operating as late as 2000 (He 2000). Furthermore, the government has so far not pursued an effective public health measure to prevent the spread of HIV through commercial blood and plasma selling (Eberstadt 2002, pp. 31-32).

Also troubling is the fact that most PLWHA in China are not receiving adequate health care. In Wenlou, a village in Henan with high HIV/AIDS prevalence, only two doctors care for the more than 1,000 PLWHA there. Furthermore, these doctors were not educated by the Chinese health system on how to care for PLWHA, but by overseas doctors who worked in AIDS research in China (Park 2003, p. 54). This lack of training not only causes inadequate health care for PLWHA, it also contributes to stigma and discrimination of PLWHA by medical authorities and staff. There have been numerous cases where medical authorities have refused to treat patients they know to be infected with HIV/AIDS. It has also been reported that upon giving patients the results of a positive HIV/AIDS test, some doctor's have advised patients to 'go home and die' (Hunter 2005, p. 94).

Thus, Henan Province, in particular, continues to face an arduous task, and it is imperative that Henan authorities acknowledge that cover-ups and denials, especially in times of major health crises, only serve to worsen the situation. The spread of

HIV/AIDS in Henan Province, and the role the government played in that spread must become transparent so that all levels of government and the health authorities are held accountable for their failings. In addition, these failings need to be transparent so they can be overcome and the government can focus its attention on adequately responding to this looming crisis. Rather than trying to cover-up their failings, the Henan Provincial authorities must take on board the lessons learned from the 2003 SARS outbreak and hastily implement effective and transparent HIV/AIDS responses. If there are no adequate responses to this epidemic soon, experts predict that HIV/AIDS in Henan will spread quickly throughout the general population and it will become increasingly difficult to contain. Hence, Henan authorities must employ international best practice in order to adequately respond to the growing epidemic in their province.

An additional source of HIV transmission is iatrogenic transmission. The '2005 report' estimates that the number of HIV infections caused by iatrogenic transmission in China numbers around 14,000 (National Center for AIDS/STD Prevention and Control 2006, pp. 1-3). While iatrogenic transmission has largely occurred as a result of people receiving unsafe blood and plasma products, the practice whereby people have collected used syringes and other medical equipment and resold them as 'new' products has also contributed to this total. Shanghai medical authorities reported such an incident in August 2001, and since then have tightened controls over the disposal of medical equipment. At the time of the incident it was reported that other similar cases of used-needle deals had also been detected (Gittings 2001). Furthermore, as early as 1992, HIV and hepatitis contaminated blood was sold in large quantities to biological product companies in Shanghai and Wuhan. The blood was used to make products such as globulin, albumin, interferon and platelets, all of which were sold

throughout China, and are believed to have infected countless people with HIV and hepatitis (He 2000).

Iatrogenic transmission of HIV has also been caused by needle-stick injuries among medical staff such as nurses, surgeons and obstetricians. It has also been found that medical hygiene in remote or poor areas is often sub-standard, and medical equipment is not properly sterilised before re-use due to the lack of training for medical staff. This failure to comply with basic rules of medical hygiene and sterilisation is again evidence of the poor state of public health that currently exists in China. However, while iatrogenic transmission of HIV/AIDS is a notable mode of transmission, UNAIDS believes that it is likely that it will remain limited as a mode of HIV transmission, and is 'of overall minor importance for HIV epidemics on the larger scale in China' (2002b, p. 16).

SEXUAL TRANSMISSION

In addition to IDU and commercial blood and plasma selling, both homosexual and heterosexual transmissions of HIV/AIDS have also been identified as growing modes of HIV transmission in the PRC. This section will examine the transmission of HIV/AIDS firstly through prostitution, secondly by examining the incidence of transmission by MSM and finally it will examine the heterosexual transmission of HIV/AIDS among the general population.

Prostitution

The transmission of HIV/AIDS through prostitution is also a notable mode of HIV transmission in the PRC. The '2005 report' estimated that around 127,000 prostitutes

and their clients had been infected with HIV, and that this figure represented approximately 19.6 percent of HIV transmissions in the PRC (National Center for AIDS/STD Prevention and Control 2006, p. 2). UNAIDS and the WHO had similar findings. They reported in their 2005 update that prostitution accounted for approximately 20 percent of HIV transmissions in the PRC. The report also stated that poor levels of STI/HIV awareness among prostitutes has meant that many prostitutes continue working even after they display symptoms of STIs. Furthermore, studies conducted by UNAIDS and WHO have also found that many prostitutes still engage in paid sex with clients even after they discover the clients to be displaying symptoms of STIs (UNAIDS & WHO 2005, pp. 32-33). Thus, the transmission of HIV through prostitution is already a considerable part of the transmission of HIV/AIDS in the PRC, and threatens to rapidly transmit the virus among the general population.

After consolidating power in 1949, the CCP launched a social campaign to eradicate prostitution (Beyrer 1998, p. 109). During this campaign, four million women were taken from circumstances labeled 'feudal' by the communists, and were sent for rehabilitation designed to prevent them from further engaging in prostitution. The campaign was very successful and for many years, prostitution was virtually eliminated in China. In addition, throughout this period, STI/STDs were almost eliminated throughout China, further evidencing the success of the campaign to eradicate prostitution (Beyrer 1998, p. 109).

However, the economic explosion of the 1990s greatly altered Chinese society, and prostitution often veiled as 'hostessing' and 'available' karaoke waitresses, reappeared and prostitution again become widespread in the PRC (Hewitt 2001).

Around the turn of the century, the Chinese government estimated that the total number of prostitutes active in China is close to 4 million (Harding 2000), while the Public Security Bureau later estimated this figure could be as high as six million (UNAIDS 2002b, p. 65). Prostitution has become an essential part of the disco scene in Beijing and is actually attributed with the survival of discos, because the major source of the disco income does not come from alcohol sales but from prostitution (Beyrer 1998, p. 111). However, prostitution is not only restricted to the major cities. It has also reappeared in rural areas, border towns and at truck stops along China's main roads. Prostitution in the PRC has also taken on 'grey zone' features, whereby women workers in some teahouses, small shops and hair salons also sell sexual services (UNAIDS 2002b, p. 65).

The PRC's ever-increasing consumer society and the equally increasing wealth disparity have also caused making money through prostitution an attractive option for many of China's poor (Beyrer 1998, p. 115). In fact, Xia states that considerable numbers of women belonging to the 'floating population' have become involved in prostitution in order to survive or so that they can send money back to their families. One informant, a young woman from Sichuan who worked in a brothel disguised as a sauna, told Xia that she remitted five or six hundred *yuan* to her parents each month. Therefore, in addition to supporting herself, her involvement in the prostitution industry also helped to support her family. However, the girl's parents were unaware of the real source of her money, believing she had a legitimate job as a waitress in a restaurant. The informant stated that if her real occupation were known by others 'her reputation would suffer' (Xia 2004, p. 42).

Furthermore, during China's economic reforms, many people who worked in state-owned enterprises (SOEs) lost their jobs. It has been estimated that approximately 60 percent of stood-down workers were women, so for many women unemployment and economic difficulties are a reality. Therefore, Xia also identified female laid-off workers as a particularly vulnerable group who are often forced into prostitution due to their economic situation. In an interview Xia conducted with one such laid-off worker who had become a prostitute to support herself and her family, she was told by the woman that she often solicited taxi drivers at the subway stations because commercial sex was 'very convenient with taxi drivers. You just speed off in the taxi' (2004, p. 49). Xia's informant also said that in her experience taxi drivers preferred laid-off workers who supported themselves through prostitution rather than prostitutes employed in hair salons because they believed that the laid-off workers were 'cleaner' than the 'traditional' prostitutes. As a result, sexual exchanges between the informant and the taxi drivers were often done without the use of condoms (2004, p. 49).

Due to the economic opportunity prostitution offers, traffickers of women are also preying on the rural poor for their daughters to resource the growing prostitution industry in the PRC and neighbouring countries (Beyrer 1998, pp. 129-131). In fact, cross-border trade in girls and women has flourished. Beyrer, an epidemiologist, projects that the proposed development of the Mekong region into a 'Golden Quadrangle' linking Thailand Burma, Laos and Yunnan by road will not only promote tourism but will make the trade in drugs, antiques and women easier (1998, p. 108-09).

The cross-border trade of women facilitates the spread of HIV/AIDS because it not only increases the likelihood of the women contracting HIV/AIDS, but also their increased mobility means that they have the potential to travel to areas where they may otherwise have had no connection. The link between mobility and HIV transmission is evidenced in the Xishuang region of Yunnan. Factors such as poverty and lack of education, as well as language links between the Dai dialect and northern Thai dialect has enabled the Xishuang region of Yunnan to become a major centre for the recruitment and traffic of Chinese women for the Thai sex industry (Beyrer 1998, p. 107). Furthermore, this region has also been identified as a return destination for ethnic Dai women returning from sex work in Thailand. Many of the women who have worked in the Thai sex industry have also contracted HIV/AIDS, and they often engage in prostitution upon their return to China (Beyrer 1998, p. 107). Furthermore, many of these women are unaware of their HIV+ status, and have little if any knowledge of HIV/AIDS prevention. As a result, sexual transmission now threatens to become a major mode in the transmission of HIV into Yunnan's general population (Page 2002) [See Table 2.5 for rates of HIV status and prostitution in the PRC].

Table 2.5: Percentage of HIV positivity among prostitutes in selected southern Chinese sentinel sites

Province	Second quarter of 2000	Fourth quarter 2000
Guangxi	9.9% (N=354)	10.7% (N=394)
Yunnan	1.6% (N=450)	4.6% (N=370)
Guangdong (Guangzhou)	1.2% (N=251)	3.0% (N=336)

Source: UNAIDS 2002b, *HIV/AIDS: China's Titanic Peril*, viewed 26 March 2003, <<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.

The growth of the sex industry is of particular concern to epidemiologists as it has contributed to rapid growth rates of all sexually transmitted diseases, especially

syphilis (*AIDS in China from Drugs to Blood to Sex* 2000). When a person contracts an STI, the STI can actually facilitate the transmission of HIV/AIDS making the person more susceptible to the disease. Thus, the growing rate of STIs in the PRC means that there is a strong likelihood of HIV transmission rates increasing among the general population because it demonstrates that not only are people engaging in unprotected sex with multiple partners, but should they be already infected with an STI, their vulnerability to HIV transmission is greatly increased. (See Table 2.6)

Table 2.6: Percentage of HIV positivity among male STI patients at sentinel clinics.

Sentinel sites	Percent	Number
Yunnan Province:		
Menglian	8.1%	9/110
Gejiu	6.8%	10/148
Bingchuan	6.1%	9/147
Ruili	5.8%	7/121
Gengma	4.8%	6/126
Baoshan	4.3%	13/301
Wenshan	2.3%	8/344
Dehong	1.8%	5/280
Chuxiong	1.8%	5/280
Wuhua District (Kunming)	1.7%	2/118
Guangxi Province:		
Liuzhou	2.0%	6/303
Guangdong Province:		
Maoming	1.3%	3/228

Source: UNAIDS 2002b, *HIV/AIDS: China's Titanic Peril*, viewed 26 March 2003, <<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.

Equally disturbing are the rates of condom use in commercial sex. Generally, it is the client who decides whether or not a condom is to be used, and some prostitutes believe HIV is only caught from foreign clients (UNAIDS 2002b, p. 66). Current figures suggest that only nine percent of prostitutes insist on condom use (Hewitt

2001). Condom use is also made problematic due to possession of condoms being used in some areas of China as evidence of prostitution (Wang 2000b, p. 53). Although a State Council regulation passed in 1998 reversed the previous regulation that allowed possession of condoms to be used as evidence, this practice still does occur, and knowledge of it being used in the past appears to continue to impact on present day decisions regarding condom possession (UNAIDS 2002b, p. 66).

Further contributing to the growth of the sex industry is the effect the one-child policy has had on the sex ratio in the PRC. By restricting couples to having one child, the preference for sons(s) has been heightened causing an imbalance of the sexes. In younger age groups the ratio sits at 116 boys to 100 girls, therefore 'the demand for women exceeds the supply' (Beyrer 1998, p. 109). As finding a wife becomes even more difficult, Beyrer argues, the willingness of men to pay for sex will increase (1998, p. 109). Thus, it would appear that China's sex industry, and the trade in women, is set to continue growing alongside the demand for paid sex.³²

The recent increase in interaction between prostitutes and IDUs has also increased the likelihood of HIV transmission through paid sex. Until recently, IDUs in Yunnan and Xinjiang were largely comprised of ethnic minorities who were generally poor and less mobile, whereas prostitutes primarily lived in urban areas. Therefore, the two groups rarely came into contact. However, the PRC's expanding sex industry is causing this situation to change rapidly. Yunnan's recent tourist boom has not only seen an expansion in the sex industry but has also produced a thriving sex tourism trade (*AIDS in China from Drugs to Blood to Sex* 2000). In the midst of these

³² These issues are discussed in more depth in Chapter Six, 'The Vulnerability of Chinese Women to HIV/AIDS'.

changes, prostitutes and IDUs have begun to intermingle. Due to the number of sexual partners a prostitute is likely to have, it has been recognized that prostitutes have the potential to spread HIV more widely than IDUs who usually only transmit the disease within their circle of fellow IDUs. However, if HIV continues to spread from IDU to prostitutes, the transmission rate of HIV will increase, and transmission to the general population via prostitution and through the prostitute's non-commercial sexual relationships will also be increased (*AIDS in China from Drugs to Blood to Sex* 2000).

Even though the sex industry has been rapidly increasing, the government response has largely been to ignore prostitution, instead choosing to take the line that it is uncommon (Beyrer 1998, p. 111). When authorities do respond to the problem it often involves detention of prostitutes in rehabilitation centres, and education programs designed to inform women on the 'social evils' of prostitution. As with the inmates of the drug rehabilitation centres who return to IDU after release, many women continue to work as prostitutes after leaving the centers, however risky, feeling they have no other options. Furthermore, the centres only provide scant information on sexual health; so again, while HIV/AIDS information could be reaching this high-risk group, this is in fact not occurring (UNAIDS 2002b, p. 65).

Men who have sex with men (MSM)

Another recognized mode of HIV transmission in China is male-to-male sexual intercourse. MSM is a general term that covers the four types of men recognized as participating in same-sex intercourse. Although, the categorisation of MSM can include male homosexuals, male bisexuals, transsexuals and some male heterosexuals,

it is usually only male homosexuals and bisexual men who are included in estimates of MSM by researchers examining STIs and HIV/AIDS (Xia 2004, p. 61).³³

While China did previously ‘tolerate’ male-to-male sexual intercourse, and classics such as *Flowers in the Mirror* and *A Dream of Red Mansions* depicted homosexuality,³⁴ during the Qing dynasty homosexuality came under attack by more conservative views on ‘traditional morality’, and in the eighteenth century, China passed a law which subjected those accused of ‘sodomy’ to be punished (Xia 2004, p. 59). With the reform and opening of China in the 1980s, homosexuality in China became a little more ‘noticeable’ and some homosexuals found they were able to be a little more active in society. However, the wider Chinese society still did not accept homosexuality and it continued to evoke fear and rejection, with homosexuals continuing to be viewed as ‘abnormal, defective and immoral’ (Xia 2004, p. 59).

However, while homosexuals did become more ‘noticeable’ during this period, He stated that it was not ‘Until the early 1990s [that] homosexuals revealed their sexual orientation publicly to society or to the media’ (Hsiung, et. al. 2001, p. 41). Homosexuality was also widely criticized during this time as being a ‘pernicious influence of Western capitalism’ and up until 1997, homosexuality was still illegal under China’s criminal law, with some homosexuals being sent to reeducation-through-labour centres because of their sexual orientation (Xia 2004, p. 59). In fact, the stigmatisation of homosexuality in China was so great that it wasn’t until 2001

³³ Xia categorises MSM as follows ‘male homosexuals who are sexually responsive only or mainly to men; male bisexuals who are sexually responsive almost equally to both sexes; transsexuals, those males who believe they were born into the wrong sex and who desire to change sex; and some male heterosexuals’ (2004, p. 61).

³⁴ It should be noted however that even though MSM were depicted in these novels, such characters were also expected to marry a woman and produce heirs for the family.

that homosexuality was removed from the government's official register of mental disorders (UNAIDS 2002b, p. 67). Prior to this decision, countless male homosexuals were arrested for 'hooliganism' and jailed, or placed in institutional care until they were 'cured' (Hsiung, et. al. 2001, p. 41).

While greater tolerance of homosexuality occurred throughout the 1990s, Xia states that rather than being accepted as a 'normal form of sexual orientation', male-to-male sexual intercourse became a societal peculiarity, which was tentatively accepted by most Chinese as long as it did not personally impact on their lives (2004, p. 60). It has been estimated that during the 1990s, approximately 10,000 to 20,000 men actively participated in the Beijing gay scene (UNAIDS 2002b, p. 67). With the growing incidence of HIV/AIDS, however, homosexuality again came under attack from conservative morality in China, and MSM became a convenient group to blame for the introduction of HIV/AIDS into China (Xia 2004, p. 60).

The stigma faced by MSM has meant that they too are a difficult group to reach with HIV/AIDS information and prevention awareness. Also preventing the facilitation of information to this 'high risk' group is the fact that a strong support network among MSM in China that could be used to facilitate HIV/AIDS information does not exist (UNAIDS 2002b, p. 67). Furthermore, MSM remain a very closed group out of fear of stigma and discrimination, and many MSM continue to hide their sexual orientation by marrying women. In fact, research conducted by the Qingdao University Teaching Hospital found that one-third of homosexual respondents were married to women (Xia 2004, p. 64). Therefore, bisexual transmission of HIV/AIDS is of particular

importance when responding to HIV/AIDS in China, because of the potential it poses for the spread of HIV/AIDS through the general population.

In 2003, the 'Titanic report' stated that there was no current information on the numbers of men who had contracted HIV/AIDS or other STIs as a result of male-to-male sexual intercourse. However, the report did state that two Beijing hospitals reported that male-to-male intercourse was the identified mode of infection for one-third of their AIDS patients. Other research contained in the report was taken from a survey of 857 MSM³⁵ conducted in 2000. That survey revealed that 77 percent of respondents had engaged in anal intercourse in the previous year, 59 percent had engaged in sexual intercourse with a woman, 9 percent had bought sex from men and 3 percent had sold sex. Alarmingly, only 9 percent reported 100 percent condom use when engaging in anal intercourse, and only 71 respondents had ever been tested for a HIV test,³⁶ even though 182 had been diagnosed with at least one STI (UNAIDS 2002b, p. 67).

The 2005 *AIDS Epidemic Update* prepared by UNAIDS and the WHO reported that approximately 11.1 percent of HIV/AIDS cases in China were the result of male-to-male sex. The report also stated that a recent study of male sex workers in Shenzhen had found that 5 percent of respondents were HIV positive (UNAIDS & WHO 2005, p. 32). However, while the '2005 report' also discussed the incidence of MSM and HIV/AIDS, it concluded that there were approximately 47,000 MSM living with HIV/AIDS in the PRC. This figure differs greatly from earlier estimates by UNAIDS, which estimated the number of HIV+ MSM to be approximately 97,000. The '2005

³⁵ The average age of the respondents was 30 years.

³⁶ Out of which three tested positive for AIDS.

report' also concluded that male-to-male sexual transmission accounted for approximately only 7.3 percent of HIV transmissions. Therefore, the estimates on MSM is another area where the '2005 report' figures differ from those by UNAIDS and the WHO.

When providing an explanation for the differences in estimates, the '2005 report' stated that its figures were only based on 'MSM with high-risk behaviours', not MSM as an inclusive, all-encompassing category. In addition, the report suggested that as a result its figures were in fact 'more realistic' than the figures contained in the 'Titanic report' (National Centre for AIDS/STD Prevention and Control 2006, pp. 2-3). However, the '2005 report' does not clearly identify how they distinguished between 'high risk' and 'low risk' behaviours among MSM, and findings by UNAIDS in the afore-mentioned survey that only 9 percent of MSM reported 100 percent condom use when engaging in anal sex suggests that for the most part male-to-male sex in China involves 'high risk' behaviours.

Apart from abstinence, 100 percent condom use is the only effective form of protection against HIV transmission and this is clearly not occurring among the majority of MSM. In addition, there have been no large-scale HIV/AIDS prevention campaigns targeting MSM in China since the 'Titanic report' was written. Therefore, it is highly unlikely that such 'high risk' behaviours have changed significantly. Thus, MSM are an important 'high risk' group that has the potential to easily transmit HIV/AIDS to the general population. Therefore, it is imperative that this mode of transmission is given adequate attention when preparing HIV/AIDS prevention campaigns.

Heterosexual transmission among the general population

The incidence of heterosexual transmission of HIV/AIDS among the general population is also increasing in China. This mode of transmission generally refers to the transmission of HIV/AIDS through heterosexual intercourse among traditional 'low risk' groups. The 'Titanic report' concluded that heterosexual transmission among the general population threatened to become a major mode of HIV transmission in the future and that this type of transmission would be 'among individuals who do not belong to any specific risk group, nor engage in any specific high risk behaviour' (UNAIDS 2002b, p. 21).

By testing young, unmarried people for HIV/AIDS, UNAIDS and the Chinese Ministry of Health have found that 1 percent of those tested were HIV positive. Although small, this figure indicates that HIV is already spreading beyond 'high risk' populations into the general population (cited in UNAIDS & WHO 2005, p. 33). Furthermore, the '2005 report' states that there are approximately 109,000 people belonging to the general population and partners of HIV+ people have tested positive for HIV/AIDS, and that this group accounts for 16.7 percent of the PRC's estimated number of PLWHA (National Center for AIDS/STD Prevention and Control 2006, p. 2).

As discussed earlier, the transmission of HIV/AIDS into the general population indicates that a HIV epidemic is moving beyond the 'growth period' toward the 'rampant prevalence' period. If effective prevention and control measures are not introduced prior to or during the growth period, and the country's HIV/AIDS

epidemic moves into the 'rampant prevalence period', large scale HIV transmission is inevitable. Although rates of HIV among the general population remain low in the PRC, the spread of HIV through heterosexual intercourse among the general population is very much a warning that the numbers of PLWHA may soon explode across the country making the epidemic very difficult to prevent and control.

MOTHER-TO-CHILD TRANSMISSION (MTCT)

Mother-to-child transmission also has emerged as an increasing mode of HIV transmission in the PRC, and is also an indicator that HIV/AIDS is being transmitted to the general population. The '2005 report' stated that there were approximately 9,000 cases of MTCT during 2005, and that this mode of HIV transmission was responsible for 1.4 percent of the total number of HIV infections in the PRC (National Center for AIDS/STD Prevention and Control 2006, p. 2).

The 'Titanic report' also found that while MTCT of HIV/AIDS had been detected at surveillance sites across China, the incidence of this mode of transmission was relatively low. In addition, the report predicted that MTCT would continue to grow, especially if HIV transmission among the general population continued to expand (UNAIDS 2002b, p. 21).

However, the low rate in China of MTCT of HIV/AIDS is problematic. This is largely because pregnant women who test positive for HIV rarely give birth to their child. Instead, they are coerced into having an abortion, hence MTCT does not occur. Furthermore, if a woman tests HIV+ she is often pressured not to conceive, thereby again reducing the numbers of MTCT of HIV/AIDS compared to other countries with

considerable HIV/AIDS epidemics. Taking anti-retroviral drugs during pregnancy, giving birth by caesarian and not breastfeeding can all help prevent the transmission of HIV/AIDS from mother-to-child, however, antiretroviral drugs are not widely available to most Chinese women living with HIV/AIDS because they are too expensive or medical staff may be unaware of them (Jolly & Ying 2003, p. 10). Therefore, while MTCT rates in other states have been used to monitor the transmission of HIV/AIDS among the general population, in the case of the PRC this may not be possible, because many HIV+ women have been prevented from conceiving and giving birth.

However, MTCT has been recognised as an area of concern by the Chinese government. The '2005 Report' stated that pilot programs to prevent MTCT have been launched in 271 counties across 28 provinces and autonomous regions, and is one of the services provided by the 'Four Frees and One Care' policy³⁷ (National Center for AIDS/STD Prevention and Control 2006, p. ii-iii). Hence, for women who have access to these programs, it would seem that they will be allowed to continue with their pregnancy and have access to the necessary therapies and services to prevent MTCT.

CONCLUSIONS

In this chapter central question 2.1, What is the epidemiology of HIV/AIDS in China? has been addressed. It was found that while transmission of HIV/AIDS has thus far

³⁷ The 'Four Frees and One Care' policy is the cornerstone of China's current response to HIV/AIDS. It involves the distribution of free antiretroviral drugs to PLWHA who are either financially disadvantaged or those living in rural areas, the delivery of free and voluntary counselling and testing, the free distribution of antiretroviral drugs to pregnant women who are HIV+ and free testing of newborn babies, the provision of free schooling to children orphaned by AIDS, and the provision of 'care and economic assistance' to households whereby one or more people are HIV+ (National Center for AIDS/STD Prevention and Control 2006, p. iii).

been largely restricted to IDUs, prostitutes and commercial blood and plasma donors, other modes of transmission, such as homosexual intercourse, heterosexual intercourse and MTCT will all soon be more identifiable as the source of transmission in people testing HIV+.

Clearly, HIV/AIDS in the PRC is being transmitted to diverse groups of the population. With the increase in IDU, MSM, prostitution and the transmission of HIV through the commercial blood and plasma trade, the general population of China will soon start to reveal the extent to which HIV/AIDS has penetrated the society. While thus far men have made up the majority of those infected with HIV/AIDS, the transmission of HIV via heterosexual intercourse among the general population will see the number of women with the virus rapidly increase.

The next chapter, 'The Vulnerability of Women to HIV/AIDS: A Global Assessment', uses the 'Gender and HIV/AIDS Vulnerability Matrix' as an analytical tool to determine the recognised political, economic, social and cultural factors that make women globally more vulnerable to HIV transmission than their male counterparts, and identifies behavioural patterns that contribute to women's vulnerability to HIV transmission.

CHAPTER THREE

THE VULNERABILITY OF WOMEN TO HIV/AIDS: A GLOBAL ASSESSMENT

In addition to physiological risks,³⁸ women worldwide face a number of vulnerabilities to HIV/AIDS, deriving from a variety of social, cultural, economic and political factors. These vulnerabilities are largely the result of gender inequality. Therefore, in order to adequately respond to HIV/AIDS, such inequalities must be addressed as part of HIV/AIDS prevention campaigns. This chapter establishes a framework by which to assess the vulnerabilities to HIV transmission faced by women globally, and adapts these threats into a vulnerability matrix that can be used to assess recognised and perceived vulnerabilities to HIV/AIDS globally and, more specifically, in the discussion of the People's Republic of China that follows in Chapter Six.

Therefore, this chapter begins by addressing central questions 3.1, What is the 'Gender and HIV/AIDS Vulnerability Matrix' and how can it be used to identify women's vulnerability to HIV/AIDS and 3.2, What social, cultural, economic and political factors influence women's vulnerability to HIV/AIDS globally? After defining the 'Gender and HIV/AIDS Vulnerability Matrix', it uses the matrix to assess recognised vulnerabilities to HIV/AIDS faced by women globally. The 'Gender and HIV/AIDS Vulnerability Matrix' considers both gender roles and enabling

³⁸ For more information on women's greater physiological risk to HIV transmission, refer to footnote 10, p. 22.

environments when examining women's vulnerability to HIV/AIDS. The influence of gender roles on women's vulnerability to HIV is examined in the context of knowledge, sexual passivity and aggression, and promiscuity.³⁹ The enabling environments incorporate the social, cultural, economic, and political factors that contribute to the vulnerability of women to HIV transmission. Therefore, the focus of this chapter is to identify specifically the recognised social, cultural, economic and political factors that make women globally more vulnerable to HIV transmission than their male counterparts.

To demonstrate the increasing impact HIV/AIDS is having on women, and in doing so justify the incorporation of gender into HIV/AIDS discourse, one needs only to consider the following statistics produced by the Joint United Nations Programme on HIV/AIDS:

- 'About three-fourths of HIV infections [worldwide] are caused by sexual intercourse.
- Three-fourths of these are caused by heterosexual intercourse (sex between a man and a woman).
- [Worldwide] women are far more likely to become infected through heterosexual intercourse than they are through any other means of transmission' (Feinstein & Prentice 2000, p. 2).

Thus, many women not belonging to the 'high risk' groups worldwide are increasingly at risk from contracting HIV/AIDS, but in many instances, prevention

³⁹ Term used by UNAIDS to denote a person who has engaged in sexual acts with multiple partners. As it appears in this context the term is not intended as a negative categorisation (Feinstein & Prentice 2000, p. 24).

campaigns have not gone far enough to consider the gender dynamics that increase women's vulnerability to the virus. The areas identified by the 'Gender and HIV/AIDS Vulnerability Matrix' are important determinants in identifying the social, cultural, economic and political factors that heighten women's vulnerability to HIV, and the matrix could also be used to evaluate prevention campaigns to determine whether or not they do target the different vulnerabilities faced by women.

DEFINING THE 'GENDER AND HIV/AIDS VULNERABILITY MATRIX'

As the numbers of women worldwide infected with HIV have grown, the role that gender has played in the spread of the disease has drawn increasing attention. In the *Gender and AIDS Almanac*, the influence of gender roles on three main areas of HIV/AIDS vulnerability is examined in the context of knowledge, sexual passivity and aggression, and promiscuity. The almanac defines the term gender roles as 'society's expectations of how males and females should look, feel, behave and live', and argues that a society's gender roles can affect the vulnerability of its men and women to HIV transmission (Feinstein & Prentice 2000, p. 22).

The almanac also proposes the term 'enabling environment' to signify the social, cultural, economic and political factors that contribute to the vulnerability of women to HIV transmission. The enabling environment is essentially any environment which may 'facilitate the spread of HIV/AIDS' (Feinstein & Prentice 2000, p. 26). However, it is also part of the cycle of HIV transmission, because HIV infection can exacerbate the conditions of the enabling environment, which in turn can cause the number of people infected with HIV to increase.

The *Gender and AIDS Almanac* analysis is significant because it has been used by this researcher to formulate a matrix for examining the role that gender plays in HIV/AIDS vulnerability. The frameworks of *gender roles* and *enabling environment* form the matrix for the analysis of women's vulnerability to HIV/AIDS used in this chapter and in Chapter Six, 'The Vulnerability of Chinese Women to HIV/AIDS', and is hereafter referred to as the 'Gender and HIV/AIDS Vulnerability Matrix'.⁴⁰ The value of the matrix as a tool in assessing recognised vulnerabilities is tested in the examination of Chinese women's vulnerability to HIV/AIDS in this dissertation. It is intended that if the matrix is found to be a worthy analytical tool in examining HIV/AIDS vulnerability globally, and in China, then it could be used to determine women's vulnerability in other country specific studies. The matrix is also a useful tool in distinguishing what vulnerabilities are 'shared vulnerabilities' that is, those that transcend national, social and cultural boundaries, from those that are national, social and culturally specific. Clearly, such information will be useful in combating the spread of HIV/AIDS globally, as well as tackling HIV/AIDS regionally or nationally.

While the matrix is utilised in this study for analytical purposes, the author believes that the Matrix could also be useful in tackling the transmission of HIV/AIDS among national, social or cultural groups who may have left their 'traditional' homeland and relocated elsewhere, and who also face similar gender roles or enabling environments in their new location as in their original locality.⁴¹ Therefore, it would appear that the

⁴⁰ See Matrix 3.1, p. 109.

⁴¹ The author is largely referring to expatriate populations, refugee populations, or those who have been displaced from their 'traditional homeland' or locality. While this is an area for further study, the author proposes that such populations would benefit from the findings of the 'Gender and HIV/AIDS

usefulness of the matrix in detecting HIV/AIDS vulnerability has the potential to be multifaceted and transnational.

Matrix 3.1: The ‘Gender and HIV/AIDS Vulnerability Matrix’

GENDER ROLES	ENABLING ENVIRONMENTS
Sexual Health, Reproduction and STI Knowledge	Economic Factors: <ul style="list-style-type: none"> - Poverty - Vulnerability of sex workers
Sexual Passivity and Aggression	Cultural and Social Factors: <ul style="list-style-type: none"> - Traditional practices - Changes to family and social structures - Rape and sexual assault - Violence between intimate partners - Male preference and/or perceived superiority
Promiscuity	Political Factors: <ul style="list-style-type: none"> - Access to political power - Instability - War and armed conflict - Provision of health care services - Provision of welfare assistance - Denial of reproductive rights to citizens

Adapted from: Feinstein, Noah & Prentice, Becky, 2000, *Gender and AIDS Almanac*, UNAIDS, Geneva, viewed 18 February 2003, <<http://www.unaids.org/gender/docs/Gender%20Package/GenderandAIDSalmanac.pdf>>, pp. 22-43.

Vulnerability Matrix’ for their original locality, as it is highly likely that the gender roles and enabling environments they would have faced there, would strongly influence their gender roles and enabling environments in their new location, even though such factors may not be present in the other populations that co-exist in the new locality. For example, it is highly likely that many of the gender roles and enabling environments faced by PRC nationals are also faced by members of the Chinese diaspora, more predominantly those who retain strong social and cultural links to their Chinese ethnicity. However, this is a line of enquiry that requires future study to determine whether such a hypothesis is valid or not.

WOMEN AND HIV/AIDS

Before using the ‘Gender and HIV/AIDS Vulnerability Matrix’ to examine the social, cultural, economic and political factors that increase women’s vulnerability to HIV transmission worldwide, this chapter will first briefly examine the global discourse of HIV/AIDS and the initial invisibility and later stigmatisation of women by this discourse. An overview of the discourse is important because although women have been infected and affected by HIV/AIDS since it was first identified, they have not been an integral part of HIV/AIDS discourse, which has allowed them to continually be overlooked by HIV/AIDS prevention and treatment campaigns. This has even caused them to be viewed as ‘vectors’ of transmission rather than recognising the unique vulnerabilities women face against HIV transmission. Therefore, the following section clearly illustrates the importance of the ‘Gender and HIV/AIDS Vulnerability Matrix’ in the discourse of women and HIV/AIDS, and the role that it plays in identifying specific sources of vulnerability attributed to women’s disempowered status that must be overcome in order for successful HIV/AIDS prevention and treatment campaigns to be implemented by states.

For many years, epidemiological studies of HIV/AIDS were not gender specific, nor did they include separate statistics for men and women. This was largely because women were not perceived as being particularly vulnerable to HIV/AIDS, and because it was believed to be a virus that primarily targeted homosexual men, and men who engaged in ‘high risk’ activities such as IDU (Berer 1993, p. 40). In fact, when the immune deficiency virus was first detected in 1981, it was initially identified as Gay Related Immune Deficiency (GRID), because it was primarily identified among gay men in the United States (US). GRID was later renamed AIDS

when it was discovered that women were also testing positive for the disease in both the US and the United Kingdom (UK). However, the early connection of HIV/AIDS to gay men continued to dominate HIV/AIDS discourse and it was not until 1990, when the WHO made women the focus of its 'World AIDS Day' campaign, that the public were presented with information related to the impact HIV/AIDS was having on many women around the globe (Gorna 1996, p. 48).

In reality however, while the 1990 'World AIDS Day' campaign was an important step in highlighting that women were being infected and affected by HIV/AIDS, the campaign really only scratched the surface in opening discourse on women and HIV/AIDS. The campaign did not discuss the social, cultural, economic or political factors that were making women vulnerable to HIV/AIDS. It also did not examine the particular complexities associated with women's real concerns about how they could prevent HIV transmission in the event of sexual violence and how to persuade sexual partners to use condoms. Instead, Gorna argues, the campaign was actually intended as a 'media hook' to provoke interesting news stories on 'World AIDS Day' rather than a concerted effort by the WHO to finally open up a HIV/AIDS discourse that was inclusive of women (1996, p. 49).

Discussions of women and HIV/AIDS that resulted from the 1990 'World AIDS Day' coincided with the emergence of myths about the 'types' of women who became infected with the virus, which teetered between 'victims', virginal women who became infected by 'other's bad behaviour' and 'vectors', women who had HIV/AIDS due to their own 'bad behaviour' who then transmitted the virus to unsuspecting men. However, the vector image soon won out, and the virus became

primarily categorised as a ‘promiscuous⁴² woman’s disease’ (Gorna 1996, pp. 48-62). This was largely the result of the portrayal of women in many early HIV/AIDS prevention campaigns aimed at preventing heterosexual transmission of the virus. In many of these campaigns, women were portrayed as ‘vectors’ of HIV/AIDS, especially in countries where there were high rates of HIV/AIDS among prostitutes.⁴³ Campaigns aimed at preventing heterosexual intercourse, particularly through commercial sex, depicted prostitutes as potentially being HIV+ and therefore infecting their male clients with HIV/AIDS. However, the mode of HIV transmission that infected the prostitute was not considered, nor was the unwitting women who became infected due to their intimate partners being infected with HIV through IDU, iatrogenic transmission, hetero/homosexual intercourse or by engaging in or soliciting commercial sex.

Therefore, because the message in such campaigns was incomplete, the image of woman as ‘vector’ was reinforced, and women were not being warned of the vulnerability to transmission that they faced, particularly from their intimate partners. The message centred around men being infected by prostitutes, whereas the real message trying to be conveyed was based on the premise that men were part of the frontline in preventing heterosexual transmission of HIV/AIDS because these men would most likely infect their female sexual partner’s with HIV after engaging in one of the ‘high risk’ behaviours, that is procuring prostitutes. However, the ‘real message’ was overlooked or missed, and the message that was ultimately received was that women were ‘vectors’ of HIV/AIDS (Berer 1993, p. 41).

⁴² In this instance the term promiscuous is meant negatively.

⁴³ See Appendix 5 for an example of a poster that portrays women as ‘vectors’ of HIV transmission.

Women were also regarded as ‘vectors’ in discussions of MTCT. Discussion of MTCT of HIV is generally restricted to the numbers of women who pass HIV/AIDS to their infants with little attention being paid to the source of the mother’s infection or the HIV status of the child’s father. In fact, even today the latter statistics are quite often missing from the literature on MTCT. This oversight also contributed to the perception of the woman as ‘vector’ because it was she who ‘infected’ her child. Furthermore, because the mother was usually the first to be identified as being HIV+ as a result of prenatal tests for STIs, she was often blamed as being the source of infection regardless of the fact that her partner or husband may have infected her (Berer 1993, p. 41). The perception of women as ‘vector’ is particularly problematic because it stigmatises women who are HIV+ and it overlooks the social, cultural, economic and political factors that increase women’s vulnerability to HIV/AIDS worldwide.

While the current literature on women and HIV/AIDS has moved beyond primarily viewing women as vectors of HIV, women are still sometimes overlooked in many HIV/AIDS prevention and treatment campaigns, such as those in the People’s Republic of China, and responses to HIV/AIDS do not always actively seek to empower women socially, culturally, economically or politically. This chapter will now examine the recognised social, cultural and political factors that make women vulnerable to HIV transmission, using the ‘Gender and HIV/AIDS Vulnerability Matrix’ beginning with sexual health, reproduction and STI knowledge.

GENDER ROLES

Sexual Health, Reproduction and STI Knowledge

Correct knowledge about HIV/AIDS, including the prevention methods and transmission routes of the virus, is an essential part of an effective response to HIV/AIDS. However, for many people worldwide, adequate and correct knowledge about the virus is not accessible for a number of reasons. In their report *Gender and AIDS Almanac* (2000), Feinstein & Prentice identified a number of key vulnerabilities faced by women worldwide in terms of access to HIV/AIDS knowledge.

The first key vulnerability identified is centred on the premise that in most societies many females (women and girls) lack adequate and correct knowledge to protect themselves against HIV transmission. This is largely because, for social and cultural reasons, gender is the determining factor in what a man or a woman knows about sexual behaviour and associated issues. Many girls and women have little knowledge of sex and reproductive health because it is believed inappropriate knowledge for them to have. This is often the case because many societies place a high value on women's virginity, purity and faithfulness. Consequently, to have such knowledge outside of marriage is deemed unnecessary, and may even be viewed as indicating sexual activity outside of marriage or a desire to engage in sexual activity prior to marriage (Feinstein & Prentice 2000, p. 23). Therefore, the attitudes and behaviours that may heighten a woman's individual risk of contracting HIV are influenced in such a social milieu by gender norms that hinder her knowledge about HIV/STI prevention.

However, even if a woman has gained accurate knowledge about HIV/STI prevention, gender roles and expectations may prevent her from being able to share this

knowledge with her husband/partner, or even her ability to apply this knowledge to her current situation. In Thailand, for instance, condoms are generally associated with illicit sex. Thus, even though a woman may know that condoms can prevent HIV transmission, she may be unable to ask her husband/partner to use a condom for fear that her request be seen by her husband/partner as an accusation of him having sex outside of the marriage (Whittaker 2000, p. 93).

For other women, male sexual aggression prevents them from using condoms. The fear of violent retribution was identified by women from a range of countries such as Guatemala, Jamaica and Papua New Guinea as being the reason why they did not try to negotiate condom usage with their sexual partners (Feinstein & Prentice 2000, p. 24). Furthermore, economic insecurity may render HIV/STI prevention knowledge to be of little use in situations where men and women are unable to pay for condoms, or when a woman's economic dependence on her husband/partner makes it difficult for her to discuss safer sexual practices with her partner (Irwin, Millen & Fallows 2003, p. 21).

It should be noted that gender norms do not only affect women's vulnerability to HIV/AIDS. Men are also put at risk by gender norms that affect knowledge of sexual and reproductive health. In many cultures, men are expected to have higher levels of knowledge on sexual matters and behaviour, and are typically expected to engage in sexual activity with multiple partners prior to marriage. Therefore, a lack of sexual knowledge by men is often interpreted as being a sign of weakness, or possible lack of experience. In a society where male sexual prowess is valued, embarrassment over one's lack of sexual knowledge or experience can prevent men from seeking accurate

knowledge about HIV/STI prevention (Feinstein & Prentice 2000, pp. 22-24). Gender norms also encourage men to have higher rates of partner change than women, a practice that often begins during adolescence, and one which not only heightens a man's HIV vulnerability, but also the vulnerability of his future sexual partners (Feinstein & Prentice 2000, pp. 22-24).

Young women and men are also often prevented from acquiring accurate knowledge about sexual and reproductive health. This is usually the result of societal values that restrict sexual intercourse to marriage. Young men and women are therefore not believed to have a need for such information, or there may be denial or reluctance to recognise that young people are sexually active (Feinstein & Prentice 2000, p. 23). Furthermore, knowledge about sexual and reproductive health is sometimes deliberately withheld from young people because it is wrongly believed that such knowledge will make them sexually promiscuous (Feinstein & Prentice 2000, p. 33).

However, even when young people do have access to sexual and reproductive health knowledge, barriers still prevent them from employing such knowledge. For example, in some societies it may be extremely difficult for a young person to obtain or be able to pay for condoms. Therefore, even though sexually active persons may wish to use condoms to protect themselves, they are prevented from doing so (Feinstein & Prentice 2000, pp. 33-34). This is particularly relevant to women because worldwide many females lack the financial resources necessary to exercise control over their own bodies and lives. Instead, they are economically dependent on men and are susceptible to the abuses of power this unequal relationship may provoke (UNAIDS, UNFPA & UNIFEM 2004, p. 7).

While unequal power relations continue to limit women's ability to insist on condom use with their male partners, it is hoped that microbicides⁴⁴ will soon be able to circumvent unequal gender-based power relations by allowing women to protect themselves against HIV transmission without their partner's knowledge or the need for their cooperation. While clinical trials of microbicides were conducted in Zimbabwe, Brazil and India, and it was hoped that the product would be available in 2007 (Hunter 2005, p. 188),⁴⁵ a recent trial of a microbicide gel in India, Uganda, Benin and South Africa was stopped after it was found that the gel made the women more vulnerable to HIV transmission. The trial began in 2005, and since then 30 women involved in the trial contracted HIV, and a similar trial in Nigeria was also stopped (BBC 2007). However, trials of three other microbicides are still being conducted and although the failure of the above mentioned trial was a setback, the President of the International AIDS Society, Pedro Cahn believes that 'this will strengthen future microbicide research and increase our overall knowledge of how such compounds work' (BBC 2007). Thus, an effective microbicide has still not been produced, and trials will need to continue.

While microbicides have been heralded as a step forward in reducing women's vulnerability to HIV transmission, the use of microbicides is considered problematic by this researcher for three main reasons. Firstly, if/when they do become available it is highly likely that this product will be out of the economic reach of many women,

⁴⁴ Microbicides in the form of gels, suppositories, creams, sponges or films, are inserted in the vagina or rectum prior to intercourse. It is hoped that microbicides will be effective in killing or inactivating HIV, thereby making intercourse with a HIV infected person safer (Hunter 2005, p. 188).

⁴⁵ While it was anticipated that microbicides would become available in 2007, even if trials of microbicides are successful, the limited funds being given to the manufacture of microbicides may delay their release. It has been estimated that it will cost approximately \$775 million to market microbicides. However, only \$230 million have thus far been contributed (Hunter 2005, p. 188).

especially those in the developing world. Therefore, it may make little inroad into preventing the transmission of HIV/AIDS in the developing world or for women who are economically challenged. Secondly, because microbicides should be inserted prior to intercourse, it is possible that they may not be as effectively used without partner cooperation or knowledge as originally thought because many women are not in a position to determine when sexual intercourse will take place. Thirdly, if microbicides are made widely available, they may in fact circumvent campaigns aimed at empowering women because they could be viewed as a 'quick fix' solution. Therefore, it is imperative that microbicides are viewed as part of an all encompassing response to protect women from HIV transmission, one that incorporates the empowerment of women as well as incorporating medically based methods of prevention.

HIV prevention has also been impeded because of the value placed on a woman's virginity. In societies where virginity is revered, many women do not seek out information on sexual or reproductive health for fear that their virginity may be questioned or they may be perceived to be of 'easy virtue' (Whelan 1999, p. 9). Whelan's report *Gender and HIV/AIDS: Taking stock of research and programmes* found that in Latin America and Mauritius, many young women actually engaged in high-risk sexual behaviours that substantially increased their vulnerability to HIV/AIDS in order to protect their virginity and to avoid pregnancy out of marriage. Types of sexual activity practised included anal sex, which has a substantially high physiological risk of HIV transmission, and 'light sex' whereby there is genital contact and penetration to the point of pain. In both instances, the primary concern of the women interviewed was to avoid pregnancy and to protect virginity. HIV infection

was not identified as a concern. Whelan states that in addition to poor HIV/AIDS awareness and prevention knowledge, another possible reason for this lack of concern could be that in the case of 'light sex', the act itself was not believed to be sexual intercourse, because full penetration did not occur. Therefore, because the act was not considered sexual intercourse, 'safer sex' was not believed to be necessary (Whelan 1999, p. 10). This clearly illustrates the very poor levels of sexual health knowledge in such regions.

The report also found that in many regions with high rates of HIV/AIDS, virginity is seen as a sign of purity, which signifies that someone is disease free. This has resulted in older men forming relationships with much younger women, sometimes exchanging money and gifts for sex, because virginal women are believed to be free of HIV. Another reason for older men to seek out younger women is also due to the myth in some parts of Africa that sex with a virgin can cleanse a man of HIV/AIDS. Both of these practices have increased young women's vulnerability to HIV/AIDS in some regions (Whelan 1999, p. 10).

Sexual Passivity and Aggression

Women's vulnerability to HIV/AIDS is further heightened in societies where women are expected to be passive towards sex. Many societies socialise women to 'defer to the sexual pleasure of men' (Feinstein & Prentice 2000, p. 24). An example of how sexual passivity can heighten women's vulnerability can be clearly seen in sexual interactions where women will undergo high-risk sexual behaviour because they believe it will enhance their partner's pleasure. An example of this is the practice in parts of west, central and southern Africa where women insert external agents such as cleaning powders and herbs into their vaginas, which in turn constricts their vagina

and enhances the sexual pleasure of their male partner. The practice is not only damaging to the vagina, but due to the lacerations and inflammation that occur, it significantly increases the woman's chances of contracting HIV. The practice is also common in South Africa, but in this region it is also performed to ensure that women do not have vaginal secretions, because vaginal secretions are often perceived by their sexual partner to be symptomatic of an STI (Whelan 1999, p. 10).

Sexual passivity can also affect a woman's ability to protect herself from HIV transmission, and can also prevent her from taking an equal role in initiating sex. In societies where women are encouraged to be sexually passive, men are usually in control of when and how sex takes place. Furthermore, cultural expectations regarding sexual passivity may mean that women within that culture may be dissuaded or unable to negotiate safer sex practices with their sexual partners, which increases their vulnerability to HIV transmission (Feinstein & Prentice 2000, p. 24).

As mentioned above, anal sex is another example of a high-risk sexual behaviour. It can be linked to both sexual passivity and aggression. While some women may engage in anal sex to protect their virginity, others consent to this practice in order to please their sexual partner. Whelan states that in interviews conducted among women in Rio de Janeiro and São Paulo it was found that many women were pressured by their partners into having anal sex despite them being unwilling to do so (1999, p. 11). This example highlights the practice of anal sex as both an act of sexual passivity by women as well as being an act of sexual aggression by men. Similar interviews were conducted in Brazil, where it was found that for some Brazilian men 'anal sex implies the conquering of a second virginity and symbolizes their power and control over

women' (Whelan 1999, p. 11). Thus, due to the coercive nature of anal sex in these examples, the act indicates both male sexual aggression and female sexual passivity, both of which are identified by Feinstein and Prentice as being key vulnerabilities to HIV transmission.

Sexual aggression is generally only enacted by men and is a gender-stereotyped behaviour, which increases both male and female vulnerability to HIV transmission. Sexual aggression covers a range of behaviours, such as promiscuity, risk-taking and being 'in control' of sexual exchanges. These behaviours increase men's risk of contracting HIV because they often cause men to engage in unsafe sexual practices. Furthermore, the *Gender and AIDS Almanac* identifies that in some societies, drug and alcohol use are primarily a male pursuit and that they often lead to unsafe sexual encounters and can reduce inhibitions. The report also states that drug and alcohol use are often a contributing factor in sexual violence (Feinstein & Prentice 2000, p. 24), clearly linking them to sexual aggression.

Women's vulnerability to HIV/AIDS is heightened by male sexual aggression because it can often be linked to the occurrence of sexual coercion, non-consensual sex and sexual violence against women. For many women, decisions about their sexual behaviour are denied to them because they are forced into sexual intercourse against their will. This is applicable both inside and outside of committed relationships. In such instances, condom usage is unlikely, so women's vulnerability to HIV transmission is increased (Irwin, Millen & Fallows 2003, p. 31), and it has been said that rape and sexual violence 'make a mockery of the notion of safer sexual relations' (UNAIDS, UNFPA & UNIFEM 2004, p. 8) upon which many HIV/AIDS

prevention campaigns are based. It is also important to note that women's *biological* vulnerability to HIV transmission is also increased by violent or coerced sex, due to the damage done to the membranes of the genital area, which helps facilitate HIV infection (Feinstein & Prentice 2000, p. 24).

Sexual aggression or gender-based violence against women is also aggravated by war, conflict and economic disruption. Rape as a weapon is increasingly being reported worldwide, as is the abduction and rape of women during times of conflict. During the Rwandan genocide of 1994, hundreds of thousands of women were targets of sexual violence by men, and recent studies found nearly 80 percent are HIV+ as a result (Garrett 2005). More recently, militia in the ongoing civil war in the Democratic Republic of Congo, have targeted women, using rape as a weapon. It is believed that an AIDS epidemic in this region will soon emerge because it has been estimated that up to 60 percent of the militia, who have already raped and tortured thousands of women across the country, are HIV+ (UNAIDS, UNFPA & UNIFEM 2004, pp. 44-45). It has also been found that the infection rate of women in northern Uganda, who have been targeted for rape over the past two decades by the Lord's Resistance Army, a paramilitary group, is double the infection rates of women throughout the rest of Uganda. Similarly, of the women who were raped during the civil war in Sierra Leone and survived, half have tested HIV+ (Garret 2005).

However, women are not only susceptible to rape and sexual exploitation by military forces engaged in conflict. When investigating the conduct of UN peacekeepers in the Democratic Republic of Congo, it was found that the peacekeepers had not only sexually exploited the women they were charged with 'protecting', but they were also

‘vectors’ of HIV. A report by the United Nations acknowledged that abuse and exploitation of women had been ‘widespread’ during this deployment, and that some soldiers believed the distribution of condoms to them, which was intended to protect them from contracting the STIs, was in fact ‘an unofficial endorsement of sexual exploitation’ (McInnes 2006, pp. 322-323). Clearly, this instance reflects not only the poor preparedness of soldiers entering such peacekeeping situations, but also the vulnerable status that even women in post-conflict scenarios face sexual exploitation and HIV transmission.

Furthermore, it has also been estimated that up to two million women worldwide, are trafficked into the sex industry each year, a practice that increases their likelihood of becoming HIV infected (UNAIDS, UNFPA & UNIFEM 2004, pp. 44-45). Therefore, the many examples discussed above clearly demonstrate that sexual passivity and aggression are key factors that increase women’s vulnerability to HIV transmission globally.

Promiscuity

As previously mentioned, many societies hold a ‘double standard’ whereby female virginity is valued, and male promiscuity is encouraged. Often, this ‘double standard’ is not just restricted to unmarried people. In many societies, the ‘double standard’ governing sexual relations means that men are forgiven for sexual transgressions whereas women are still expected to uphold strict sexual purity by staying faithful to their husbands (Feinstein & Prentice 2000, p. 24). In her study of the sexual health knowledge of women in northeast Thailand, Whittaker found evidence of this ‘double standard’. She stated that while men were expected to be faithful to their wives, many women regarded the incidence of husband’s visiting prostitutes as ‘undesirable but

normal behaviour' (Whittaker 2000, p. 92). The women interviewed also told Whittaker that their husbands' patronage of prostitutes was preferable to them having second wives, because to support another household would be a drain on finances and emotions (Whittaker 2000, p. 92). Thus, if a woman's sexual partner engages in promiscuous behaviour, and unequal gender-based power relations prevent her from being able to negotiate condom use in her relationship, her vulnerability to HIV is increased and her ability to protect herself is denied.

Another aspect of women's vulnerability to HIV transmission, which is categorised as 'promiscuity' by the 'Gender and HIV/AIDS Vulnerability Matrix', is the incidence of young African women and girls forming relationships with 'sugar daddies'.⁴⁶ These relationships often involve the exchange of sex for money, food, rent and school fees (Feinstein & Prentice 2000, p. 25). The young women and girls in these relationships are highly vulnerable to HIV transmission because the unequal gender-based power relations within the relationship mean that they have little control over the demands and desires of the 'sugar daddy'. As the numbers of children orphaned by AIDS increases, this trend is expected to continue (Irwin, Millen & Fallows 2003, p. 32). In addition, a Human Rights Watch report on AIDS orphans in Zambia found that many orphaned girls face a greater risk of sexual violence than their non-orphaned peers because they lack the financial and emotional support network and physical protection offered by their family. The study also found that hundreds of girls orphaned by AIDS were being forced into prostitution to survive, or were victims of sexual violence and abuse by guardians and family members (UNAIDS, UNFPA & UNIFEM 2004, p. 46).

⁴⁶ The term 'sugar daddies' refers to older men who have sex with young women, often schoolgirls, in exchange for money or gifts. For the 'sugar daddies', these relationships are often enacted on the belief that the girls 'are virgins and free from HIV' (Feinstein & Prentice 2000, p. 25).

The *Gender and AIDS Almanac* also identifies the stigma and negative connotations often associated with female promiscuity as being a barrier to effective HIV prevention. Feinstein and Prentice state that such a barrier exists because people avoid seeking HIV prevention knowledge out of fear of being labelled promiscuous by others. This is largely because of the continued belief that HIV/AIDS is a disease that primarily affects promiscuous people (Feinstein & Prentice 2000, p. 25).

Thus, it is important that gender roles are examined when determining the vulnerability of women to HIV transmission. As discussed above, there exists a range of factors such as sexual health, STI and reproductive knowledge, sexual passivity and aggression and promiscuity, all of which are derived from gender roles and influence women's vulnerability to HIV transmission. However, in addition to gender roles, it is important that enabling environments are also examined because they too play a key role in women's vulnerability to HIV transmission. The following section examines such enabling environments beginning with economic factors.

ENABLING ENVIRONMENT

Economic Factors

Worldwide patterns of HIV infection suggest that HIV/AIDS often affects the most impoverished, and can in turn cause families, communities and nations to become impoverished due to escalating costs of care, medicine and lost earnings. UNAIDS has found that developing countries are home to 95 percent of all AIDS cases. Furthermore, adults in developing countries who have low incomes, have higher rates of HIV infection (Feinstein & Prentice 2000, p. 26). These results support the assertion that economic factors are a significant influence on HIV vulnerability.

In addition to the above mentioned factors, women's vulnerability to HIV transmission is also heightened if they lack economic stability, because they are more likely to be dependent on a male partner. This dependence can make it quite difficult for a woman to leave a relationship if she has no other means of support. In addition, economic dependence can affect gender-based power relations within the relationship making safer sex options difficult for the woman to negotiate. As noted above, even if such an option can be negotiated, safer sex may also be compromised by economic factors because both partners may be unable to afford condoms (Irwin, Millen & Fallows 2003, p. 21).

Economic hardship is also the major motivating factor for many women who exchange sex for money, goods or services. Thus, without adequate economic structures to support those who are economically challenged, the vulnerability of women is heightened as they seek out sexual exchanges to support themselves and other dependents. In fact, Irwin, Millen and Fallows refer to the commercial sex industry as 'a last-ditch survival strategy...where other possible escape routes have been shut down', and argue that commercial sex work is more accurately described by the term 'survival sex' (2003, p. 23). This distinction is also noted by Whelan who refer to this type of sex work as 'transactional sex' (1999, p. 15). Such definitions clearly imply that it is due to the absence of other economic alternatives that many women turn to prostitution.

It should be noted that survival or transactional sexual encounters are not restricted to men unknown to the woman. In some instances, women experiencing economic

hardship may form ties to men whereby they exchange sex for goods, services and money on an occasional basis when they are in particular need of economic relief. An example of this practice can be found in the Democratic Republic of Congo, where women refer to such sexual partners as 'spare tyres' (Whelan 1999, p. 15) to be used as a last resort, but at the same time, without other avenues of support, these men become an economic lifeline for many women. However, the actions of such men are far from noble and they not only increase the women's vulnerability to sexually transmitted infections such as HIV/AIDS, they also exploit the women by using their economic disadvantage for their own sexual gratification.

HIV vulnerability, as a result of economic factors, can also be heightened if men and women are forced to migrate to work. Rural to urban migration is particularly disruptive to families and marriages, and often results in the formation of 'sexual networks in urban areas where there is an unequal ratio of men to women and seroprevalence⁴⁷ 'is likely to be high' (Whelan 1999, p. 14). Unprotected intercourse and multiple sex partners are also common behaviours among men who migrate for labour, which not only increases their own vulnerability to HIV but also the vulnerability of their sexual partners or wives.

Labour migration also heightens a women's vulnerability to HIV transmission because it can be a contributing factor in women's involvement in the sex trade. This involvement can occur as a survival strategy for women facing economic hardship after migrating to urban areas for work, or it can actually be because women are tricked into the sex trade after applying for false jobs such as domestic or factory

⁴⁷ In the case of HIV/AIDS, seroprevalence refers to the number or percentage of people who are seropositive, that is those who have tested positive for HIV/AIDS.

work, which in reality are covers designed to dupe women into the sex trade. In fact, one notable case of such an occurrence was reported by Feinstein and Prentice. They stated that employment agents have sold many young Burmese women seeking work in Thailand into the sex industry (2000, p. 27). Thus, the economic hardships faced by many women, particularly those in more remote areas, has seen them fall 'prey' to human traffickers.

In other cases, families may actually sell their daughters into prostitution out of economic necessity. In her book, *The Globalized Woman*, Wichterich claims that 'in Nepal, Bangladesh and Burma parents are more and more often aware that their young girls are being sold into the sex industry, but that poverty leaves them with no other source of income' (2000, p. 62). In other instances young women or 'bonded girls' are forced to work in brothels to pay back debts that their parents have incurred from borrowing money from brothel owners, agents or procurers (Sittirak 1998, p. 81). Again, it is economic hardship that is the key impetus for such exchanges, and it is the unequal gender-based power relations that dictate that women are the ones sold.

Labour migration also increases women's vulnerability to HIV transmission because it often separates women from family protection or social support networks that might otherwise protect them from unwanted sexual advances. In addition to this lack of protection, migrant women often work in low status occupations such as domestic or factory work, whereby they may work or live in isolated conditions. Thus, many migrant women are vulnerable to sexual abuse by their colleagues or employers, which in turn increases the likelihood of them contracting HIV/AIDS (Tallis 2002, p. 19).

The impact of HIV/AIDS on families and societies has also increased economic hardships for women. In Sub-Saharan Africa, where 28 500 000 people were infected with HIV/AIDS by the end of 2001 (UNAIDS 2002a, p. 8), women have been expected to carry more of the burden of coping with the social and economic impacts of HIV/AIDS than men. In fact, as the pandemic has increased, so too has the dependency on women at a household level. Household work, childcare and caring for the sick have all become demanded of women, as has their income-earning labour. Due to the high incidence of men becoming ill from HIV/AIDS and leaving the work force, in some regions of Africa the HIV/AIDS pandemic has led to women being employed in traditionally male-dominated work, such as the carpentry industry, in order for such industries to survive (UNAIDS 2002a, p. 49). While in other circumstances this could be viewed as a step toward empowerment, for many women, the need to enter paid employment, or fields traditionally dominated by men, has not only increased their 'double burden', but it also increases the possibility of them experiencing sexual harassment or sexual violence for the same reasons raised in the above discussion of the vulnerabilities of women who migrate for labour.

In addition, even though HIV/AIDS has created a greater reliance on women, studies done in the late 1990s in Cote d'Ivoire and Thailand have shown that more money is being spent on medical treatment for men who have contracted HIV/AIDS, than is spent on women because men are considered the 'breadwinner' therefore their health is given priority (UNAIDS 2002a, p. 49). This again highlights the interwoven nature of gender and HIV/AIDS, and reinforces the assertion that gender must become an integral part of HIV/AIDS responses.

While economic factors contribute to the enabling environment for HIV transmission, HIV/AIDS can also cause economic insecurity or poverty. For many PLWHA, HIV/AIDS related illnesses cause them to need time off work or to stop working altogether. If that person is the mainstay of the household, or even if their wages are factored into the household's economic security, the lack of income can cause the household to become impoverished. As mentioned above, economic insecurity is a motivating factor for women and children to enter the sex trade. It can also lead to children being withdrawn from school to engage in child labour. Furthermore, in countries where women are unable to inherit land, access to productive resources and therefore a degree of economic security are often denied to the widows and children of men who have died from HIV/AIDS (Feinstein & Prentice 2000, p. 27). Such a fate not only increases their economic vulnerability but their HIV/AIDS vulnerability also. This is again evidence of the strong linkages that exist between economic factors and HIV/AIDS vulnerability.

Cultural and Social Factors

In addition to affecting economic security, inheritance laws that prevent women from inheriting land are also an example of a cultural practice that contributes to women's HIV vulnerability (Feinstein & Prentice 2000, p. 27), and cultural and social factors are considered enabling environments for HIV transmission (Feinstein & Prentice 2000, p. 28). However, because they are deeply embedded in a society's belief and value system they can be very difficult to challenge. Bernadette Wanyonyi, the Executive Director of Maendeleo Ya Wanawake Organisation (MYWO), an organisation that attempts to introduce alternative, safer initiation rites in societies that practice female genital mutilation (FGM) believes;

Changing attitudes is like changing people entirely. You have to give people something if you want to take something away. You have to fill the vacuum with something that is justifiable according to their own beliefs and traditions (Cited in Spinder, et. al. 2000, p. 23).

FGM is a cultural practice that exists in some African countries such as Kenya. It is widespread in most practising countries with the WHO estimating that seven million out of the fourteen million women in Kenya have undergone FGM. There are actually four types of FGM, ranging from a clitoridectomy,⁴⁸ to infibulation.⁴⁹ There are many myths as to why FGM should be performed, including that uncircumcised girls are witches, dirty or promiscuous, and the belief that if the clitoris touches the head of a baby it will die, or if it touches a man's penis then he will become sick (Spinder, et. al. 2000, p. 24). FGM facilitates the transmission of HIV, because it often is performed on numerous girls at the same time, with cutting equipment that is unsterilised and often reused. So, in addition to mutilating the woman's genitals it also greatly increases her risk of contracting HIV. Male circumcision ceremonies also carry high risk of transmission for the same reasons (Feinstein & Prentice 2000, p. 28).

Another example of a cultural factor that facilitates the transmission of HIV is the importance placed on male sexual pleasure that exists in many cultures. It has been stated by Doyal that throughout the world male desire is accorded primacy, that is, sex is something performed by men, whereas for women sex is something that happens to them (Cited in Tallis 2002, p. 17). Hence, male sexual pleasure is elevated above female sexual pleasure often at the expense of the female participant. This has been

⁴⁸ A clitoridectomy is the total or partial removal of the clitoris (Spinder, et. al. 2000, p. 24).

⁴⁹ This is the most extreme form of FGM and involves stitching the vaginal opening, as well as the total or partial removal of the external genitalia (Spinder, et. al. 2000, p. 24).

evidenced in the earlier discussion of male sexual pleasure in Africa,⁵⁰ and earlier discussions of anal sex and male sexual behaviour in São Paulo, Rio de Janeiro and Brazil.⁵¹ By according male sexual pleasure primacy, especially when it is to the detriment of the female participant, the HIV/AIDS vulnerability of the woman is significantly increased.

If gender-based violence is viewed as an acceptable factor in preserving gender relations at work, in the home and in the public sphere, it can also contribute to women's vulnerability to HIV transmission. In societies where there exists 'a cultural ethos that violence is a valid means of solving inter-personal disputes' (Whelan 1999, p. 11), women may avoid discussing the use of condoms or fidelity issues with their partners for fear of violent response. Acceptance of gender-based violence can also lead to frequent occurrences of sexual assault or forced intercourse within a community. Again, these factors contribute to women's vulnerability to HIV (Whelan 1999).

Women's vulnerability to HIV transmission is also increased because of the cultural status motherhood attracts in some societies. For many women, bearing children is the key factor that determines their worth and position within society. Therefore, to use barrier methods of contraception, or to engage in non-penetrative sex to avoid HIV transmission is not culturally acceptable, because it would prevent conception. Infertility increases a woman's vulnerability not only because it lowers her social value, which can affect her economic security and support, but also because in many

⁵⁰ See earlier discussion of importance of male sexual pleasure in Africa pp.119-20.

⁵¹ See earlier discussion of men pressuring their partners to engage in anal sex in São Paulo, Rio de Janeiro and Brazil, pp. 120-1.

cultures it enables a man to take a second wife or even divorce his first wife. If the latter occurs, and the woman is unable to remarry, her HIV vulnerability is again heightened because her living conditions may force her to engage in survival sex (Whelan 1999, pp. 11-12).

As previously mentioned, cultural beliefs that encourage men to have multiple sex partners exist in many societies. This practice increases men's vulnerability to HIV transmission, as well as the vulnerability of their sexual partners because it increases the likelihood that they will be exposed to HIV/AIDS. Furthermore, cultural views on virginity and female chastity also heighten women's vulnerability to HIV. Thus, social and cultural factors can include a myriad of issues, some of which spill into other areas of the matrix analysis. Furthermore, because they are often so embedded within a society they are frequently the most difficult factors to address and require a rigorous response from governments, health departments and the involvement of civil society.

Political Factors

The final enabling environment that heightens HIV vulnerability identified by UNAIDS is the political environment. It has long been determined that government responses, or their lack of responses to HIV can heighten a person's vulnerability to HIV transmission. Fear-driven policies that focus on compulsory testing of vulnerable groups and quarantining or controlling the lives of PLWHA have been proven ineffective, and Whelan argues that they generate a 'double jeopardy' for women because in addition to sexual discrimination, they then face health-related discrimination (Whelan 1999, p. 19).

Whelan also notes that adolescent vulnerability to HIV is heightened due to political factors because social values generally dictate government policy. Therefore, because in many societies adolescent sex is still viewed as taboo, condoms are often not distributed to youths, meaning a particularly vulnerable group within society can be denied prevention efforts as a direct result of government policy (Whelan 1999, p. 20).

The disproportionately small numbers of women who reach decision-making positions in government also influence women's vulnerability to HIV, and reflects the key role governments play in HIV/AIDS responses. This is largely because without an equal representation of women in formulating HIV/AIDS policies, it is likely that such policies will be 'ill-suited' to address women's needs (Feinstein & Prentice 2000, p. 30). Therefore, women's equal participation in politics is absolutely essential in ensuring their voices are heard.

Gender-related discrimination in education, employment, access to health care and the sentencing of gender-based violence perpetrators, as well as discriminatory property inheritance and ownership laws also heighten women's vulnerability to HIV transmission (Whelan 1999, p. 20). While the latter examples can be directly linked to government policies, the former can also be attributed to government because under the UNDP's human security framework, equal access to education, employment and healthcare are all identified as the responsibility of governments. Therefore, in countries where such access is unattainable for women, governments must pursue social programmes and initiatives aimed at challenging social and cultural beliefs that

cause gender inequality, as well as introducing legislation that both supports and protects the emancipation of women.

Women's vulnerability to HIV is further intensified during times of political instability caused through conflict and war. This is largely because of the increase of social upheaval during such events, as well as the disruption of family relationships and social support networks. Conflict and war can also contribute to reduced or no employment opportunities and can cause forced migration on a mass scale. Furthermore, gender-based violence is often intensified during the violence of war (Feinstein & Prentice 2000, p. 30). When discussing sexual violence as a weapon of war, Mary Robinson, the UN High Commissioner for Human Rights stated that 'sexual violence is the most obvious distinctive experience of women in armed conflict' (Cited in Nordheim-Larsen et. al. n.d.). She also argued that because of the high value placed on female chastity that continues in many cultures, rape as a weapon remains 'the ultimate humiliation of the male enemy' (Cited in Nordheim-Larsen et. al. n.d.).

The recent conflicts in Rwanda and the former Yugoslavia reveal that rape and other forms of sexual violence remain widely entrenched as weapons of war (Whelan 1999, p. 20). It has been estimated that 30,000 women were raped during the conflict in the former Yugoslavia as a means of 'ethnic cleansing' (UNIFEM 2000, p. 86). Women were subjected to brutal gang rapes, and brothels were established in which women were enslaved throughout the conflict. While HIV seroprevalence data for these regions is still limited, it is believed that a large number of the women who suffered these atrocities were infected with HIV as a result (Whelan 1999, p. 20). These

examples are strong evidence of the vulnerable status women face in times of instability and conflict, which is largely the result of unequal gender-based power relations and the false perceptions of male superiority. Clearly, these factors also play a key role in elevating women's vulnerability to HIV transmission.

CONCLUSIONS

This chapter has not only introduced and defined the 'Gender and HIV/AIDS Vulnerability Matrix', but it has also demonstrated how the matrix can be used as an analytical tool for determining the social, cultural, economic and political factors that contribute to women's vulnerability to HIV/AIDS globally. The findings of this clearly reinforce the growing realisation worldwide that women and men have different vulnerabilities in terms of HIV transmission, and that these vulnerabilities can be directly related to gender roles. This chapter has also identified a number of unique and shared vulnerabilities faced by women globally, and demonstrated where those vulnerabilities 'fit' in the 'Gender and HIV/AIDS Vulnerability Matrix'.

The key areas of HIV/AIDS vulnerability not only encompass gender roles such as sexual health, reproduction and STI knowledge, but also issues such as sexual passivity and aggression and sexual promiscuity. In addition, enabling environments, that is, the social, cultural, economic and political environment of the state, were also shown to heighten women's vulnerability to HIV/AIDS.

While the focus of this chapter has been to provide a global examination of women's vulnerabilities to HIV transmission using the 'Gender and HIV/AIDS Vulnerability Matrix' as a framework of analysis, the focus of Chapter Six is to identify these

vulnerabilities in the context of the People's Republic of China. The author posits that while the vulnerabilities outlined above are not China specific, the pattern of HIV transmission in developing countries continues to replicate itself. Thus, many of the vulnerabilities may be found to be 'shared vulnerabilities', that is, vulnerabilities that know no boundaries. If this is the case, such a finding would mean that many of the lessons learned and experiences of such countries are relevant to the formulation of prevention and treatment campaigns in China, and that the 'Gender and HIV/AIDS Vulnerability Matrix' should be employed as a reliable framework by which future researchers could further investigate women's vulnerability to HIV/AIDS in specific countries, regions or globally.

CHAPTER FOUR

CONTEXTUALISING VULNERABILITY: THE STATUS OF WOMEN IN PRE-REVOLUTIONARY CHINA

Before identifying the specific sources of vulnerability females in China face in relation to HIV transmission, this chapter will briefly contextualise the social, political and economic status of women in China prior to the 1949 revolution⁵². The chapter specifically addresses central question 4.1, What was the status of women in pre-revolutionary China? The social, cultural, economic and political status of women are important factors that must be considered in a comprehensive study of Chinese women's vulnerability to HIV transmission because, as discussed in the previous chapter, the social, cultural, economic and political status of women is a key determinant in the vulnerability of women to HIV/AIDS globally. For this reason, both this chapter and the following chapter, which examines the status of women in post-revolutionary China (1949-present), offer a comprehensive overview of the

⁵² This chapter and the next Chapter are intended to provide a brief overview of women's status in China. Due to limitations on the scope and length of the current study, these Chapters only highlight some of the most salient features of the changing status of women in China. They are not intended to provide a full analysis of urban-rural, class or regional differences in the status of women. For more indepth studies of the changing status of women please see Croll, Elisabeth 1995, *Changing Identities of Chinese Women*, Zed Books, London, Croll, Elisabeth, Davin, Delia & Kane, Penny 1985, *China's One-Child Family Policy*, MacMillan, Hampshire, Davin, Delia 1976, *Woman-Work: Women and the Party in Revolutionary China*, Oxford Univeristy Press, London, Evans, Harriet 1997, *Women and Sexuality in China. Dominant Discourses of Female Sexuality and Gender Since 1949*, Polity Press, Cambridge, Jacka, Tamara 1997, *Women's Work in Rural China*, Cambridge Univeristy Press, Cambridge, Johnson, Kay Ann 1983, *Women, the Family and Peasant Revolution in China*, University of Chicago Press, Ono, Kazuko 1989, *Chinese Women in a Century of Revolution 1850-1950* (rev. ed.), Stanford University Press, Stanford, Wolfe, Margery 1985, *Revolution Postponed: Women in Contemporary China*, Stanford University Press, Stanford and Yang, C.K. 1959, *The Chinese Family in the Communist Revolution*, Massachusetts Institute of Technology Press, Cambridge.

status of women in China and the changes that have occurred since the early stages of the 20th century, and more recently the 1949 revolution and the 1978 reform and opening of China.

While an examination of the contemporary status of women, that is the status of women over the past twenty years, may suffice in determining women's vulnerability to HIV/AIDS, this researcher believes it is important to consider the key changes that have occurred in the status of women in China over the past one hundred years. While there certainly were calls for the emancipation of women prior to 1949, the real achievements made in improving the status of Chinese women was the result of the societal order 'imposed' by CCP policies during Mao Zedong's time as leader. This societal order saw varying levels of success in the replacement of the traditional family structure with a new democratic family structure, it allowed women greater freedom in marriage and divorce and it helped facilitate the entrance of women into the workforce. However, because the societal order that facilitated these changes largely resulted from directives and policies from the CCP, in other words it was a 'forced' or 'imposed' order, the effectiveness and ability of such changes to offer Chinese women sustained long term emancipation from the traditional societal order and family structure is questionable.

While it is certainly not argued that the CCP did not achieve any steps in emancipating women, in fact this researcher acknowledges they made countless positive improvements in women's lives and many definite inroads in addressing the 'women's question', this researcher contends that the relaxation of the rigidity and imposed societal order of the Mao years (1949-76), since the beginning of the reform

and opening period has resulted in the re-emergence of feudal practices. Such a finding highlights that the key attitudes and gender stereotypes underpinning the Chinese patriarchal system were not overturned or seriously challenged during the Mao years, and their growing resurgence in the reform and opening period threatens the positive achievements made by the CCP during the Mao years.

Therefore, in order to identify specific factors that heighten Chinese women's vulnerability to HIV transmission based on the current status of women in China, it is important that one has an understanding of the current period, the post-Mao reform and opening period, the period aligned with the 1949 revolution and the Mao Years, and the pre-revolutionary period, as the three periods were not subject to the same societal strictures that fostered the 'imposed' societal order conducive to the emancipation of women. Thus, it is argued that because many of the feudal practices and societal attitudes that existed in the pre-revolutionary period were never successfully challenged and overturned during the Mao years, but instead they continued to exist, albeit often below the surface of the CCP imposed societal order of that period, that the easing of the imposed societal order since the reform and opening period to the present has contributed to the resurgence of many feudal practices and attitudes, all of which have a direct bearing on the vulnerability of Chinese women to HIV/AIDS. Thus, in order to understand the present status of women in China, one must have a longitudinal understanding of their changing status. Therefore, this chapter specifically examines the status of women in the pre-revolutionary period.

THE STATUS OF WOMEN IN PRE-REVOLUTIONARY CHINA

As discussed above, the status of women in China underwent great change during the twentieth century, and this study focuses primarily on the major changes that occurred from the turn of the twentieth century to the period leading up to the CCP coming to power in 1949. The pre-revolutionary period was a time of great social change and challenge for all of Chinese society and the women's movement was often just one part of larger, broader movements such as the May Fourth Movement and the land reform movements of the mid to late 1940s. These movements were often due to new ideas penetrating China from abroad, which in turn caused many Chinese intellectuals to begin questioning the stifling effects that Confucianism, traditional values and the rigid family structure had on the Chinese nation state and Chinese society. During this period many long held beliefs, such as the status of women and the traditional family structure were questioned and attacked, resulting in many of the social changes discussed below.

At the beginning of the twentieth century, most of China's female population was living in oppressive conditions whereby they were virtually the property of men and had few rights. Throughout their lives, women were hidden, hampered and disfigured⁵³ on the basis of a well-developed rhetoric that outlined both daughterly behaviour and female qualities (Croll 1995, p. 6). It was Confucian ideology from which much of the rhetoric stemmed in pre-revolutionary China, and it was Confucianism that claimed that women belonged in the same class as slaves and inferior men (ed. Sheridan 1984, p. 15), and that 'to be a woman meant to submit'

⁵³ See discussion on footbinding on pp. 157-60.

(Croll 1995, p. 13). Therefore, the Chinese family structure and the roles and status of Chinese women were very much grounded and influenced by this Confucian rhetoric.

The influence of patriarchal Confucian ideals was detectable in other works in early China that also discussed the ‘accepted’ role of women. In *Biographies of Admirable Women*, Liu Xiang stated that to be ‘unselfish, loyal, self-sacrificing, and chaste in the service of father, husband, and ruler’ were important qualities of admirable women (Ramusack & Sievers 1999, p. 160). Similarly, in Ban Zhao’s *Precepts for Women*, written in the first century AD, Ban Zhao, a female scholar, instructed that women should be ‘obedient, unassuming, yielding, timid, respectful, reticent and selfless on the basis of first others then herself’, and that a woman should ‘endure reproach, treasure reproof, and revere a husband, for a husband, he is Heaven’ (Croll 1995, p. 13). Thus, even works by educated women reflected the patriarchal Confucian societal order and rigid family structures that women were expected to maintain, which both constrained women and reinforced their inferior status.

While Ban Zhao’s writings were long accepted as prescribing ‘appropriate’ female behaviours, in the early 1900s they came under attack and Ban Zhao was described by He Zhen, a progressive female scholar, as ‘Ban the traitor’. He Zhen stated that Ban Zhao ‘had been deceived by Confucian fallacies and brought harm and shame upon her fellow women; she was a slave to men, a great traitor to women’ (Cited in Kazuko 1989, p. 67). He Zhen’s attack on Ban Zhao, whose writings had long been heralded because they defined ‘traditional’ female behaviour, in part reflects the effect influences from abroad had on Chinese intellectuals, in that they found a basis on which to question long-held beliefs such as doctrines on ‘traditional female

behaviour'. In addition, it also marks the time when Chinese intellectuals began to make calls for the emancipation of women and a breakdown of the traditional family structure, which had been recognised as an oppressive structure for both women and men due to the constraints it imposed on them.

The traditional Chinese family structure reinforced women's marginal status because it was primarily organised around male authority. Women were firstly 'temporary' members of their natal family because of societal rules that governed that at some point in the future they would 'desert' their own family to become a member of their husband's family. Once married, a woman's position was again marginal due to her status as a 'stranger' or 'intruder' in her husband's family (Johnson 1983, p. 9). Thus, it can be argued that because women never really had a 'secure membership' within either family unit,⁵⁴ and due to the fact that their 'temporary membership' was determined by others, the power to determine their own future stability and security was removed from women. Hence, the result of such disempowerment not only reinforced the 'weak' status of women in Chinese society, but it also allowed women to be oppressed by the patriarchal system, the traditional family structure and by the more powerful members of their own family, primarily their father, brothers, husband and son, but also female relatives such as their mother-in-law, first wives or concubines who had higher rankings than they themselves may have held.

However, Ban Zhao's work was not the only text that defined 'appropriate' female behaviours, and other early works clearly defined the status of women in the traditional family structure. *The Classics for Girls*, another text from early China

⁵⁴ The 'uterine family' as defined by Wolf, could be considered an exception to this statement as it did allow women greater security than that offered by her natal family or husband's family (1985, pp. 206). The 'uterine family' is discussed in more depth on pp. 147-48.

which is similar in content to *Precepts for Women*, declared that a woman is subject to ‘The Three Obediences’, or rather that throughout her life she was ruled by three authorities. When she was young, she was subordinate to her father and elder brothers, when married, she obeyed her husband, and when widowed her son was her authority. Also contained in the book are ‘The Four Virtues’, whereby a ‘woman should know her place in the universe... be reticent in words... be clean of person... and she should not shirk her household duties’ (Croll 1995, p. 13-14). Again, the teachings of these books were not only influenced by patriarchal Confucian doctrine, but they also reflected wider societal views, and contributed to women’s perceived inferior status. The texts also emphasised a perceived male supremacy/superiority, and were major determinants in the ongoing status of women in China as they enabled men to retain a ‘legitimate’ power over their female counterparts.

The unequal gender relations between men and women in pre-revolutionary China were also reflected in the marriage relationship. When a woman was married, the only property she had was her dowry, as she left behind her family and entered into her husband’s family as a subservient outsider. The Confucian traditions allowed men to take second wives and concubines, even though women were not permitted to marry a second time for they were supposed to revere the memory of their late husbands (Fairbank & Reischauer 1989, p. 16). Marriages were neither based on love, nor did they require either party’s consent, because they were usually arranged by parents and/or matchmakers (Curtin 1974, p. 11). Hence, from the outset, such an arrangement put women in a particularly vulnerable position, weakening any power they may have been able to exert over their desired life direction and it also made them susceptible to male dominance and oppression.

Marriage in pre-revolutionary China was also largely focused on the sale of women. Women were often viewed as property that could be bought, sold or even ‘rented out’, and their value was linked to their ability to provide domestic labour and their potential to produce male offspring (Snow 1967, p. 48). Daughters-in-law were frequently bought or ‘adopted’ as little girls. This practice was an ideal situation for both the bride’s and groom’s families as it not only ensured a bride for the purchasing family’s son, but it also greatly reduced the family’s marriage expenses. In addition, the practice saved the girl’s family from the expense of raising a daughter. The price paid for a daughter-in-law was primarily affected by the girl’s age, with older girls being more costly. This practice also meant that often daughters-in-law were much older than their future husbands and actually played a role in the everyday activities of raising the boy such a nappy changing and baby-sitting. Thus many brides were in the strange position of being a ‘nanny’ to their husband, before later being his wife (Kazuko 1989, pp. 143-44). While this practice clearly disempowered women, in some instances it did benefit the purchased woman, because the unique experience of being their future husband’s ‘nanny’ actually allowed some women to form kindly relationships with their husband and also with their mother-in-law. If such relationships were established they greatly elevated the purchased woman’s stability within the family and ultimately their overall happiness (Kazuko 1989, pp. 143-44).

Due to the economic nature of marriage in pre-revolutionary China, many men were prevented from entering marital relationships. For men who were unable to pay a woman’s dowry or purchase a daughter-in-law for their son, options such as co-purchasing and renting women were available. The practice of *huoqi*, whereby two or

three men combined their money to purchase one wife to service them all was practiced in China, as was *dianqi* or *zuqi*, whereby a man could rent the wife of another man for a prescribed period of time (Kazuko 1989, pp. 144-45). These practices not only disempowered and dehumanised women, they are also clear indicators of the oppressive nature of marital relationships in China and the very real perception of women as property. Curtin uses the Chinese proverb 'A woman married is like a pony bought – to be ridden or whipped at the master's pleasure' (1974, p. 11) to illustrate the degraded status even married women held in Chinese society.

A wife's marital responsibilities also represented her low status in Chinese society. Wives were primarily acquired to assist with labour, take care of household duties and to produce sons who would continue the family name, the latter role clearly being the most important. The 'breeder role' attached to women was a double-edged sword, as it had the potential to either elevate a woman's status, if she produced sons, or it could cause her to be cast out and ostracised if she failed to have children or only gave birth to daughters. Thus, in order for a woman to be recognised as having worth, she needed to fulfil her role as 'virtuous wife and good mother'. However, even then she was still not accorded equal status with her male counterparts.

Although motherhood could bring women a degree of security within the family, it is important to note that this security was limited as mothers did not have legal control over their children. This was especially true for concubines. According to traditional society, the Number One wife had more rights over the children of concubines, and under Confucian rules she was the one awarded the title of 'mother'. In spite of this, Number One wives could easily be cast out of families so this practice still did not

ensure a Number One wife a secure position within the traditional family (Snow 1967, p. 48).

One means of achieving a degree of power within the traditional family structure was by establishing what Margery Wolf calls the 'uterine family' (1985, p. 206). Put simply, this term refers to the emotional bonds that a mother was able to forge with her offspring, particular her sons, which in turn served to circumvent the filial loyalty her offspring had to their father. Wolf states that such a practice was an act of 'subversion' aimed at strengthening a woman's status within her husband's family as it served to 'protect herself from the unquestioned power and authority of the men's family' (1985, p. 206). Thus, by establishing strong emotional links with her sons, she gained an important ally when battling patriarchal practices within her husband's household.

While the uterine family did allow women to subvert patriarchal customs to a degree, it also reinforced the importance of giving birth to sons. Yet in this instance, rather than serving the desires of the husband's family to provide male heirs, male preference was to bolster the mother's position within her husband's family, which in itself was an empowering act for her. It is for this reason that Johnson, in her evaluation of the uterine family, stated that 'the ideal son for a Chinese mother was one who, above all else, was personally loyal to her and would serve as her "political front man" in domestic and even public affairs' (1983, p. 18). Johnson also asserted that such a relationship allowed women to use 'accepted patriarchal norms and culture [filial piety] for their own non-patriarchal purposes' (1983, pp. 20-21).

Hence, it is clear that rather than being passive victims of patriarchy, Chinese women did attempt to subvert the patriarchal structures that bound them. However, in doing so, such subversion sometimes reinforced patriarchal concepts and customs. Johnson also argued that while offering some women a tenuous reprieve from male dominance within their household, the uterine family never really challenged 'male hegemony' and that it caused women to not only participate in their own oppression, but it actually contributed to a strengthening of the Confucian family structure. Furthermore, it also caused many women to give away their own daughters so that they could 'adopt' a daughter who would eventually marry their son. By doing so women could ensure that their future daughter-in-law would not threaten the bonds established by the uterine family, thereby further securing the mother's position within her husband's household. Hence, in order to strengthen their own position, women were sometimes forced to do so at the 'expense' of their own daughter (Johnson 1983, p. 21).

Marriage resistance was another means by which women could subvert the stifling constraints and unequal status accorded them by traditional marriage, and was less complicit with the Confucian family structure. Some women managed to resist marriage by working in factories or mills, as the economic opportunities gained by working women offered them a degree of freedom because it meant they could be self-reliant rather than having to rely on a husband or male family member. For some factory and mill workers, marriage resistance took the form of women living in women-only houses that they rented with the help of other women workers. These arrangements allowed some women to avoid marriage altogether because they were able to support themselves financially and also because they were supported by like-

minded women who were also enjoying the freedom from rigid family life that economic independence afforded them. While there still were rigid rules governing behaviour in these 'spinster homes', rather than reflecting the traditional family structure, the rules were more inclined to be based on the subordination of younger women to their older, more experienced counterparts (Kazuko 1989, pp. 121-22).

While this type of marriage resistance prevented women from having a 'traditional' family life, for some women such a constraint did not prevent them from forming intimate relationships or having children. Often these intimate relationships were with other women, and were known as 'golden orchid matches'. These relationships not only enabled women to have a 'familial' relationship, but they also allowed women an outlet for erotic impulses, and there were instances of lesbian couples adopting daughters to whom they passed on inheritances (Kazuko 1989, pp. 121-22). Such relationships again illustrate that some Chinese women were able to successfully circumvent the constraints of the traditional family structure and patriarchal Chinese society. These acts of 'subversion' or at the very least 'circumventing' such social structures offer a portrait that not all Chinese women were passive 'victims' of male oppression and the traditional family structure.

Marriage resistance also took the form of women getting married but 'not going down to the family' or rather they did not move into the marital home. For other women who did get married and went to the marital home, marriage resistance took a more militant stance and these women would sew their trouser legs tightly together, they often went on hunger strikes, they did not allow their husband to approach them and even threatened their approaching husband with a knife. In other instances, women

were able to negotiate with their parents for a marriage partner they approved of or desired, rather than being forced to marry a stranger or someone they disliked (Kazuko 1989, p. 123). Hence marriage resistance, in its various forms, demonstrates again the resistance that some Chinese women exhibited in the face of patriarchal norms and culture.

One of the most extreme forms of marriage resistance was suicide, and one of the most well-known occurrences of such marriage resistance in modern China was the suicide of Miss Zhao in Hunan province (1919). Miss Zhao stabbed herself to death in her sedan chair on route to her wedding. The marriage had been arranged by her parents against her wishes, and her suicide was reported in the press and provoked Mao Zedong to write a series of scathing essays critiquing the incident. In one essay, 'The Question of Miss Zhao's Personality', Mao blamed Miss Zhao's death not only on her own and her fiancé's parents, for forcing her into an arranged marriage, but he also placed blame on the whole of Chinese society for allowing the continuation of the traditional family structure (Mao cited in Lan & Fong (eds) 1999b, pp. 79-80). Mao stated that Miss Zhao's death could be attributed to the fact that because she lived in China, the 'Chinese family structure' and also the 'marriage system' meant that she had no 'free will' (Mao cited in Lan & Fong (eds) 1999b, p. 79). Thus, she was bound by what he later called 'the evils of society' (Mao cited in Lan & Fong (eds) 1999a, pp. 85-88) to follow the direction of parents. Hence, Mao Zedong was clearly targeting the traditional family structure, and he challenged its legitimacy in his critique of Miss Zhao's death.

This stance clearly reflected the influence of the West on Chinese intellectuals at the time. This was evidenced when Mao stated that unlike China, whereby children were ‘indirectly raped’⁵⁵ as a result of ‘parental authority’ and the ‘policy of parental arrangement [of marriage]’, had Miss Zhao lived in the West she would not have met such a dire end because ‘In the West, the free will of children is not affected by the parents’ (Mao cited in Lan & Fong (eds) 1999b, p. 79). Mao attributed this Sino-Western difference to the Western family organisation (Mao cited in Lan & Fong (eds) 1999b, p. 79), clearly indicating that he not only believed the traditional family structure was responsible for the oppression of women and had a stifling effect on both males and females,⁵⁶ but also that the future direction for Chinese society was an overturning of the traditional family structure, in favour of a more egalitarian family unit.

Suicide was also used by some women as a means to escape an unhappy or abusive marriage situation. Delia Davin stated that while being ‘supremely negative’ such an act could be considered ‘the characteristic female protest’ (Davin 1976, p. 10). Such an interpretation reinforces that the act of suicide could again be viewed as an act of subversion against the traditional family structure, albeit a defeatist action nonetheless. Helen Snow’s interpretations of suicide also suggested that it was a means for ‘mistreated wives’ to seek vengeance against their husband and in-laws because it ‘caused loss of “face” to her husband’s family and exposed it to a vendetta from her own clan’ (Snow 1967, p. 48). In addition, Snow stated that the method of

⁵⁵ Mao defined ‘indirect rape’ as occurring when parents forced their children into arranged marriages. He stated ‘[t]heir daughter did not want to love that person, but they forced their daughter to love that person. This, too, is a kind of rape, which is called “indirect rape”’ (Mao cited in Lan & Fong (eds) 1999b, p. 79).

⁵⁶ When Mao stated that he believed the unchallengeable parental authority awarded by the Chinese family structure also caused sons to be ‘indirectly raped’ by their parents (Mao cited in Lan & Fong (eds) 1999b, p. 79).

suicide was often calculated for maximum effect claiming that '[a] favourite method was jumping into the family well so that every drink of water would be reminiscent of the tragedy' (Snow 1967, p. 48). Mann concurs with Snow's conclusion on the sometimes calculated nature of suicide in her discussion of widow suicide. Mann stated that;

The many other motives for widow suicide are easy to imagine: loneliness, fear of hardship, unwillingness to face the burdens of caring for a dead husband's aging parents, abusive in-laws, or even the conviction that as a wandering ghost a dead woman could take revenge on living persons who had made her miserable (1997, p. 25).

Clearly, such accounts of suicide indicate it was sometimes quite a strong protest by Chinese women against the traditional family structure and the patriarchal male system. However, the defiance of such an act should not be overstated as it is important to note that suicide was culturally sanctioned as one of the only honourable ways for a woman to escape an unwanted sexual relationship. Therefore, while it can be viewed as a protest, suicide was a protest that worked within the culturally defined parameters of Chinese society and was an act that neither threatened the Confucian order, nor the traditional family structure and patriarchal male system.

The death of a husband or a betrothed male also enabled women to escape a marriage, because women were not permitted to remarry, even when the deceased man had been her fiancé. However, such an escape path was often undesirable because women in these situations held a precarious position within the family, particularly if the woman had not produced a male offspring by the time of her husband's death, and was therefore unable to develop a measure of security through her uterine family. Furthermore, societal expectations on the chastity of widows to their deceased husbands dictated that women remained married to their husband, and should revere

their husband, even in death. Therefore, future intimate relationships or outlets for erotic impulses were denied to them. These expectations of widows were rigid and a woman who displayed adequate levels of reverence and stayed single after the death of her husband was praised for her chastity. Women who did not observe these traditions were severely chastised. A popular saying regarding this issue was 'It is better to die of starvation than to lose one's honour' (Kazuko 1989, pp. 145-46).

Divorce also highlighted the unequal gender relations that existed in the marital practices of pre-revolutionary China. While for women the only permissible way to escape a marriage was to commit suicide or to be forced to leave the marital home by one's husband or in-laws, men were freely permitted to divorce their wives. In fact, there were seven broad areas that were used by men to divorce their wives. They were; disobedience to parents-in-law, childlessness, licentiousness, being too talkative, illness, jealousy or stealing. Thus, the ability for men to divorce their wives was virtually unrestricted and for divorced women 'there was no recourse from male arbitrariness' (Kazuko 1989, p. 145) because they were unable to challenge their husband's decision to divorce them.

The traditional family structure in China was criticised in the writings of Lu Xun. In a number of published essays, Lu Xun paid particular attention to traditional views on chastity and virtue. Lu Xun believed that these bastions of 'acceptable' female behaviour needed to be overcome in order for Chinese society to be improved. In one essay, Lu Xun gave a traditional definition of both terms. He wrote that a chaste woman was perceived as a woman 'who does not remarry or run off with a lover after her husband's death', and that traditional interpretations of virtue prescribed that a

woman 'kill herself when a husband or fiancé dies' or that she should 'commit suicide when confronted by a rapist or meet her death while resisting (Kazuko 1989, pp. 97-100). Clearly, these traditional expectations were debilitating to Chinese women because they not only relegated women to an inferior status to men, but they also legitimised the oppression of women and reinforced the strictures of the traditional family structure.

However, Lu Xun also felt that the rigid rules governing chastity and virtue had more to do with Chinese politics than merely pertaining to male oppression of women. He argued that the importance accorded to chastity and virtue for women had increased during the time of 'alien' rule by the Manchus and that the oppression of men by these foreign rulers had contributed to an increase in the oppression of women by subjugated Chinese men. Lu Xun further stated that this oppression had allowed a 'warped morality' to infiltrate Chinese society, whereby women internalised their oppression by men and did not speak out against them, which in turn warped Chinese society (Cited in Kazuko 1989, pp. 97-100). While Lu Xun's argument speaks much about the cycle of oppression, it overlooks the continued, endemic oppression of Chinese women that had occurred for many years prior to the Manchu rule of China, and it fails to adequately link this oppression to its Confucian roots. Furthermore, by linking women's silence about their oppression by men to the 'warping' of Chinese society, he also wrongfully blames the victim, that is Chinese women.

The effect of the oppression of women by the Chinese patriarchal system is an important element in discussions of the status of Chinese women, and it has strongly influenced the perception of a feminine weakness or unimportance. In pre-

revolutionary China, females were often considered to be unimportant right from the time of their birth. Female births were often received with less celebration and fewer expectations than male births (Croll 1995, p. 32). In fact, the lack of importance given to female babies, and their lowly status in Chinese society, were primary reasons as to why female babies were more likely to be subjected to infanticide. While infanticide of both boys and girls was practiced among all classes, in the majority of cases it was female babies whose lives were taken. The practice of infanticide was so widespread that others often took little notice when a child was being drowned, and people began to give the practice euphemistic names such as 'transmigrating to the body of someone else', or 'giving her away to be married' (ed. Ebrey 1993, p. 313).

The euphemistic names for infanticide given above reflect the degree that Buddhist beliefs of the afterlife played in the practice. Buddhist beliefs hold that after a person dies they become a *preta* or 'departed person' until their funeral rites. After the funeral rites were complete the departed person was then 'born again'. The level of their rebirth, that is whether the departed person was reborn as an insect, animal or human, was dependant on the departed person's karma and their knowledge (Welch 1967, pp. 179-80). Therefore, it was often believed that the infant would be better off being returned to the cycle of rebirth. In this cycle it was quite possible that the departed person's next life would be a much better one, especially if a little girl was reborn as a boy.

Therefore, while reasons for infanticide were varied, they sometimes were an act of hope by parents for their baby to be 'reborn' into a better life. In other instances, the practice was more out of necessity. For instance, poor families who already had too

many children often needed to 'dispose' of new-born babies because they could not take care of the infant in addition to the infant's other siblings, and in other instances it occurred because the family wanted a boy (ed. Ebrey 1993, p. 313). However, the practice was also sometimes an act of mercy for little girls by their mothers who feared what their future would hold for them. Such an act prevented the child from experiencing the types of hardship that was a woman's lot in pre-Revolutionary China. Furthermore, infanticide was also sometimes an attempt to improve the lives of other daughters by limiting the number of females in the family (Snow 1967, pp. 50-52). Therefore, while the practice of infanticide was on many occasions the result of the inferior status assigned to women, the oppression of women by the patriarchal society and the traditional family structure, there were occasions whereby it was an act of mercy or necessity due to limited resources available to the family. It could also be argued that like the previous discussion on suicide, when done as an act of mercy, although extreme, female infanticide could be considered both a protest against and a subversion of the traditional family structure.

Women's low status in Chinese society was also highlighted by the fact that prior to the twentieth century, the formal education of women was largely neglected. Women scholars like Ban Zhao, who attributed her exceptional education to her 'scholarly parents' (Stearns, et. al. 2003, p. 54), were definitely a rarity. However, the penetration by Westerners into China began to challenge patriarchal notions and by 1905 three hundred and eighty-nine intermediate and high schools, as well as colleges, all run by Protestant missions, had been founded. These mission schools marked new territory for the Chinese because they fostered the education of women, individualism, Christianity and other Western traditions. Furthermore, they refused to

have their students pay tribute to Confucius or the Emperor like the government schools (Fairbank & Reischauer 1989, p. 393). However, even though doors were opening, girls still had to overcome family and village opposition to be able to attend school because they were seen to be invading the realm of men as well as losing their femininity (Croll 1995, p. 41). In addition, many girls who attended such schools were often forced to leave school before they graduated, due to the continuation of the practice of early marriage (Kazuko 1989, p. 29). Therefore, although inroads were being made into the education of women in China, any major changes were still being curtailed.

The binding of women's feet was also an oppressive practice that received strong criticism at the turn of the twentieth century. Foot binding was used to represent a more elite social status because it made sedan chairs and servants a necessity, both of which were costly endeavours (Verschuur-Basse 1996, pp. 5-6). However, it also became a new ideal of female beauty and a source of male eroticism. The hidden feet became a source of sexual delight for many men and the practice has been described as 'one of history's most powerful sadomasochistic male fantasies' (Johnson 1983, p. 1). The practice began in China during the *Song Dynasty* (960-1279 AD) and was a convenient mechanism for female confinement. In the previous dynasty, the *Tang*, ladies of the court had enjoyed an active lifestyle that included horse-riding and polo. However, after the introduction of foot binding, such activities were impossible to partake in because foot binding effectively crippled women, making even walking hard to undertake (ed. Upshur 1995, p. 273).

Foot binding marked the end of a girl's freedom of movement ensuring she would come under the complete control of men and other women in more senior positions within the household such as a woman's mother-in-law, her husband's first wife, or concubines who had more power in the household than the woman had. While it was first practised among the upper classes, foot binding quickly spread to other classes because it was believed to be an 'essential prerequisite for an advantageous marriage' (Croll 1995, p. 20) and also allowed a woman with appropriately bound feet to marry up and out of her own class. Foot binding also gave would-be concubines from low-levels of Chinese society the opportunity to enter families of the gentry where in some instances they were awarded quite important positions (Ramusack & Sievers 1999, p. 184). Kazuko states that foot binding clearly indicated the role of Chinese women at the time as being 'the playthings' of men (Kazuko 1989, p. 11).

Foot binding became such an important tradition in early Chinese society that rather than asking whether or not the bride was attractive, the families of prospective grooms were more inclined to ask matchmakers about the size of the girl's feet (Croll 1995, p. 20). The only girls who escaped having their feet bound were those belonging to certain ethnic groups who did not believe in the practice, such as the Hakka women who were scorned as 'big-footed barbarian women' as a result (Kazuko 1989, p. 11), or girls from poor families who were needed as agricultural labour, and whose mobility was therefore crucial (Croll 1995, p. 20).

In 1892, an anti-foot binding society was organised by the prominent reformer, Kang Youwei. While the movement was disbanded for a period during the 1890s, it was reformed and later resulted in the 1900 imperial edict banning foot binding. During

the late 1890s and early 1900s, calls were also being made for female emancipation and a weakening of the Chinese family system. However, it was not until the May Fourth Movement that the edict and the calls for emancipation began to be readily accepted. The May Fourth Movement took its name from student demonstrations in Beijing in 1919 against the provisions in the Versailles Treaty that gave Chinese territory to Japan. However, apart from political activism it also incorporated other sectors of the population, including the women's movement and called for comprehensive social and cultural change (Lieberthal 1991, pp. 140-46).

For Kang Youwei, the abolition of foot binding was an important step in restoring Chinese women's 'humanity' as well as increasing their health and strength. In doing so, Kang believed that the Chinese nation and the military would also be strengthened, because he believed that foot binding was causing the Chinese race to be hereditarily weakened and that it had been the root cause as to why the Chinese were labelled barbarians by many outsiders, particularly those from the West (Kazuko 1989, p. 33).

Kang Youwei also made calls for marriage to be totally revised. Kang believed marriage to be a tool used against women and proposed that men and women should be free to enter into marriages of a limited duration that was agreed to by both parties. Kang also proposed that the duration of such marriages could be anywhere from a month to a year, and terms such as 'marriage' and 'husband and wife' were not to be used, nor should there be an expectation that such unions last an 'entire lifetime'. Furthermore, the specifics of the union were to be detailed in a document he titled the 'contract of intimate relations', which could be extended if so desired or cancelled out if relations soured (Kazuko 1989, p. 43). Kang's radical plans at revising marriage

represented the growing realisation at the time that the Chinese family structure was an oppressive force against Chinese women and that it required a massive overhaul in order for women to achieve any degree of emancipation. However, Kang's ultimate focus was not on emancipating women, but on strengthening the nation. For Kang, free, educated women were necessary to produce stronger sons to save China.

The Chinese women's movement had its beginnings in the lobbying for anti-foot binding edicts and female emancipation. However, it later encompassed wider issues such as the revolution against the emperor. Women's brigades and armies were formed during this time, and many women joined their ranks. After the downfall of the imperial dynasty and the formation of the republic (1912), many such groups were disbanded 'because the new government found the military wing of the women's rights movement too threatening' (Curtin 1974, p. 17).

The combination of the women's movement and the May Fourth movement resulted in the questioning of existing cultural practices and political systems such as 'repressive sexual morality' and the traditional Chinese family. During this time new texts on female behaviour were written. *The New Woman* and *Woman's Bell* are examples of such texts. They were a new style of journal, which attempted 'to rouse women as a means of reforming society' and to 'educate women and enable them to take part in the progress of society' (Curtin 1974, pp. 18-19). These new texts were a revolutionary change to the aforementioned texts on female qualities and daughterly behaviour that were influenced by the heavily patriarchal Confucian rhetoric.

Throughout this period, Chinese women in urban areas did experience a number of gains such as a more ready acceptance of the education of women as well as greater employment opportunities for professional women (Curtin 1974, p. 21). Furthermore, anarchist intellectuals made 'free choice in marriage and divorce, and the replacement of the cult of chastity with a new morality of free love... requisites to the reform of Chinese society' thus family revolution had become central to politics (Ramusack & Sievers 1999, p. 209). The family was considered especially dangerous by the anarchists because it not only enabled women to come under the complete control of men, but it also allowed 'egoism' to rise. Egoism was contradictory to anarchist beliefs because it focused on the individual. Therefore, it prevented universal love and the betterment of humanity, which in turn affected national strength and self-reliance. Thus, women's emancipation again fell under the broad umbrella of a political movement. However, for the anarchists the real barrier to the achievement of their political goals was the destruction of the 'feudal' marriage and the traditional family structure, so women were certainly not a convenient inclusion (Kazuko 1989, p. 69).

During the early 1920s, Chinese women contributed to the growth of the trade union movement throughout China. Female factory workers launched strikes against poor working conditions and wages and organised night time discussion and education groups to further emancipate women. In Shanghai, women participated in street demonstrations organised by the All-Shanghai Women's Federation. Peasant women were also being organised into countryside women's organisations by the Chinese Communist Party, who following the example of the Soviet Union, recognised the importance of female emancipation in revolutionary struggle. These women spoke out about their oppression at the hands of husbands and parents-in-law, and divorce was

allowed to be initiated by women. While the CCP did achieve a number of gains for women prior to their national victory, due to their unequal distribution of power throughout China, these gains were not uniform (Curtin 1974, pp. 17-33). Therefore, it was not until after the 1949 revolution, when the Communist Party took over complete control of China that the status of women in Chinese society really began to change, ostensibly for the better.

CONCLUSIONS

From the turn of the twentieth century to the 1949 takeover of China by the CCP, women had made some progress on the road to emancipation. Intellectuals like Kang Youwei and Lu Xun had begun targeting the traditional family structure, questioning its impact not only on Chinese women but also the Chinese state. Traditional concepts on filial piety, chastity and virtue were also challenged and calls were made for the elimination of arranged marriages in favour of free love and freedom in choice of marriage partner. Divorce was also proposed as a means of escaping feudal, abusive or unhappy marriages. The combination of the burgeoning women's movement, the May Fourth Movement, influences from the West and the growing power base and support of the CCP and its policies fostered a greater awareness of the 'women's question' in China, and the perceived male supremacy/superiority that had long dominated Chinese society became increasingly threatened.

It is also important to note that not all women were passive victims in their oppression. Some Chinese women employed tactics such as the development of the uterine family, marriage resistance and in extreme cases female infanticide and

suicide as a form of subversion of the traditional family structure and the societal order. Even so, these forms of resistance by themselves were not sufficient to significantly alter society and the traditional family structure, and the traditional expectations of women were particularly debilitating for them. In addition, at times such acts of subversion were achieved at the cost of other females and they often actually reinforced the traditional family structure. Clearly, the overturn of the traditional family structure and the patriarchal societal order required a mass movement and propaganda campaign on a scale never before seen in China, and such an opportunity only arose after the Communist ascendancy to power.

The following chapter, *Contextualising Vulnerability: The Status of Women in Post-Revolutionary China*, examines the CCP's policies on the 'women's question' in the post-revolutionary era and what affect such policies really had on the status of women, during both the Mao years (1949-1976) and the post-Mao reform and opening period and beyond.

CHAPTER FIVE

CONTEXTUALISING VULNERABILITY: THE STATUS OF WOMEN IN POST-REVOLUTIONARY CHINA

Proceeding on from the previous chapter, *Contextualising Vulnerability: The Status of Women in Pre-Revolutionary China*, this chapter examines the social, political and economic status of women in China after the 1949 revolution, as well as outlining the changes that have occurred since the reform and opening of China in the late 1970s. The chapter specifically addresses central questions 5.1 How did the 1949 revolution alter the social, cultural, economic and political status of women in China, 5.2 Has the social, cultural, economic and political status of women changed since the reform and opening of China in the late 1970s and 5.3 What is the current social, cultural, economic and political status of women in China? Once again, these factors are important considerations in a comprehensive study of Chinese women's vulnerability to HIV transmission because the social, political and economic status of women is a key determinant in the vulnerability of women to HIV/AIDS globally.

As mentioned above, this chapter builds on the previous examination of women's status in the pre-revolutionary period in order to offer the reader a longitudinal understanding of the changing status of women in pre/post-revolutionary China. Again, it is important to begin the chapter with reference to this researcher's belief that consideration of the key changes that have occurred in the status of women in China over the past one hundred years is important in determining Chinese women's vulnerability to HIV/AIDS. Such a consideration is thought to be important because

while the post-revolutionary period saw real inroads made in emancipating Chinese women, the researcher argues that such achievements were the result of the societal order ‘imposed’ by CCP policies during Mao’s time as leader, not a result of a change in the attitudes and beliefs of the strongly patriarchal Chinese society. Therefore, because these changes resulted in a ‘forced’ or ‘imposed’ societal order, the effectiveness and ability of such changes to offer Chinese women sustained long term emancipation from the traditional societal order and family structure is questionable, particularly when one considers the re-emergence of feudal practices in the less rigid atmosphere of the reform and opening period which have persisted.

Hence, in order to identify specific factors that heighten Chinese women’s vulnerability to HIV transmission based on the current status of women in China, this chapter specifically examines the post-revolutionary period. It begins with an examination of the Mao years (1949-1976) and then moves into an examination of the post-Mao reform and opening period (1976-present). That these two periods are examined separately once again reflects the researcher’s belief that because many of the feudal practices and societal attitudes that existed in pre-revolutionary period were never successfully challenged and overturned during the Mao years, the easing of the ‘imposed’ societal order since the reform and opening period has contributed to the resurgence of many feudal practices and attitudes, all of which have a direct bearing on the vulnerability of Chinese women to HIV/AIDS. Thus, it is important that one has a longitudinal understanding of the changing status of women in China when determining the factors that contribute to their vulnerability to HIV transmission.

THE MAO YEARS (1949-1976)

In 1949, Mao Zedong, leader of the Chinese Communist Party, stated that ‘women hold up half the sky’ and that ‘the female half of the population was... the equal of men and for the first time [they were] to be entitled to half of a heaven’ (Croll 1995, p. 69). This statement was important because it not only forewarned that there would be attempts to alter the Chinese societal order, but it also indicated that the future role of women in China, as perceived by Mao, was that they were the equals of men and they should play an equal role in building a stronger China. Hence, at the time of the Communist takeover, gender equality had become a key consideration for policy makers regarding the future direction of the PRC.

Mao’s proclamation at the Gate of Heavenly Peace in Beijing reflected the resolutions made months earlier at the First Chinese National Women’s Congress held in March 1949. This congress was not only important because it introduced the newly formed All-China Federation of Democratic Women, but also because it signalled the approach, albeit a strongly paternalistic one, that the CCP planned to take to resolve gender inequality in post-revolutionary China. The congress also clearly signalled that the CCP believed it was structural, rather than ideological, constraints that had kept Chinese women oppressed. Therefore, according to Party rhetoric, which was informed by Marxist principles, women would be liberated after the classes were liberated (Edwards & Roces 2000, p. 61). However, this explanation was overly simplistic as it failed to recognise the ideological constraints and rigid social order that had bound Chinese women for centuries.

Another important precursor to Mao's proclamation was the Chinese People's Consultative Conference in September 1949. This conference was important because the key document to emerge from the conference, the 'Common Program', identified the emancipation of women as a necessary factor for establishing a 'people's democracy' (Kazuko 1989, pp. 176-77).⁵⁷ In addition, the 'Common Program' also identified the social order as a factor in the oppression of women, and that the feudal system was an important factor in the 'bondage' of women. It also promoted 'freedom of marriage' as both desirable and necessary for the emancipation of women (Kazuko 1989, pp. 176-77). Thus, it was recognised in these early discussions that solving the 'woman question' would require more than just structural changes.

Soon after Liberation, the CCP attempted to emancipate women, by formulating gender policies aimed at freeing women from 'feudal' practices as well as awarding them equal rights with their male counterparts (Edwards & Roces 2000, pp. 61-62). These early campaigns resulted in practices such as infanticide, prostitution and concubinage soon becoming outlawed (Curtin 1974, p. 34). The Electoral Law (1953) granted women voting rights, and under the Land Reform Campaigns during the early 1950s, women were entitled to allocated land. In addition, because women were called on to play a role in 'rebuild[ing] a strong, prosperous China', SOEs were compelled to implement childcare and maternity leave provision (Edwards & Roces 2000, p. 61). With the inception of the Marriage Law in 1950, women's freedom of choice in marriage was recognised, as was their right to own property, to receive

⁵⁷ The article relating to the emancipation of women read: 'The People's Republic of China shall abolish the feudal system that holds women in bondage. Women shall enjoy equal rights with men in political, economic, cultural, educational, and social life. Freedom of marriage for men and women shall be put into effect' (Kazuko 1989, pp. 176-77).

inheritance and also to retain custody of children (Curtin 1974, p. 34). Clearly, these early years were a time of great change for women.

The new Marriage Law was an important step in the emancipation of women as it allowed them to not only be legally protected from being forced into undesirable marriages by third parties, but it also allowed women to initiate divorce. Curtin reports that in 1950, women initiated as many as 91 percent of Shanghai's applications for divorce (1974, p. 36). Kazuko also reported that over 75 percent of the total number of divorce applications for that period were initiated by women and she postulates that behind this figure 'were many women who desired divorce but, because of diverse constraints and restrictions, did not apply for it' (1989, p. 179). Furthermore, as a testament to the large number of divorce cases being initiated, in a survey of eight major cities throughout China during this period, it was found that 48.9 percent of civil cases were divorce cases (Jancar 1978, p. 131). Edwards concurs with these findings, reporting that the new law was so successful that it was soon dubbed the 'divorce law' (Edwards & Roces 2000, p. 61).

Reasons for divorce included 'the arbitrary and compulsory marriage system, the buying and selling of wives, ill-treatment of womenfolk, child marriage, bigamy, adultery and desertion' (Teng Ying-chao, cited in Curtin 1974, p. 36). Importantly, the Marriage Law granted women the opportunity to leave undesirable marriages, a path previously denied to them by the patriarchal societal system, and it also turned the traditional family structure on its axis, as it removed power from third parties; that is parents, matchmakers and in-laws, and instead allowed young women and men to seek out love matches.

However, while the Marriage Law was a bold step in the emancipation of women, and Chinese society, from the traditional family structure, the new reforms were not welcomed by all, and they were often resisted, particularly in rural areas. Divorce was considered undesirable because it could affect household economic stability and domestic labour. Therefore, because the Marriage Law enabled women to apply for divorce and to retain custody of their children, many families faced not only the splintering of the family unit, but also a loss of labour, a 'loss of face' and there may not have been good prospects for another marriage to occur therefore limiting the number of offspring that could be borne. Furthermore, freedom in marriage disrupted the traditional family roles that were important in the continuation of Chinese society. Thus, for some, the combination of the land reforms and the Marriage Law was a double blow.

The Marriage Law was resisted and in its most extreme form this resistance resulted in the murders of female activists employed to educate the peasants on the changes. In October 1951, the Minister of Justice announced that tens of thousands of Chinese women had died tragically during the 1950-1951 period (Jancar 1978, p. 131). Davin found that in 1951, over 10,000 women in Southern and Central China were reported to have either committed suicide or been the victims of murder and that these deaths were attributed to the societal changes brought about by the Marriage Law. Davin also claimed that in 1955, conflict over marriage and divorce caused the death of 70-80,000 women annually (1976, p. 87). Such extreme resistance is a clear indication of the effect of the Marriage Law on Chinese society, and the unwillingness of the more

conservative elements of Chinese society to accept such a change.

When examining the reasons behind the murder of women during this period it was found by Curtin that in some instances, female activists were murdered by members of their family because of their defiance of traditional customs (1974, pp. 36-37). In her analysis of the murder of women during the early 1950s, Helen Foster Snow also blamed conservative elements for such deaths. Snow quoted an American journalist in China as saying that 'irate feudal-minded fathers' were responsible for the murders of Women's Federation cadres (Snow 1967, p. 56). Kazuko also concluded that resistance to the Marriage Law sometimes culminated in women being murdered. In her discussion of marriage-related deaths during the early 1950s Kazuko stated that;

The majority of the dead were young women who had boldly resisted traditional conventions. Clearly, many of them had received land during the land reform and had decided on divorce once their livelihood was assured. No sooner had they ceased being their husbands' slaves and decided to live as individual human beings than their lives were cut off (1989, p. 181).

Clearly, the Marriage Law and the implications it had for the traditional family structure were strongly resisted by some and many women lost their lives as a result. Women under the age of 25 made up 60 percent of those who died tragically, and Jancar states that 'the highest correlation between cause of divorce and murder was the accusation of cruelty on the part of parents-in-law or husbands and that the main reason for husbands to murder their wives was because they had demanded a divorce (1978, p. 131). Therefore, many women who attempted to escape a marriage in which their husbands or parents-in-law perpetrated violence against them were murdered for doing so. In addition, Jancar cites the Chinese press as stating the majority of those women who lost their lives had become productive workers in the economy and had

embraced the new morality, clearly indicating that they had not only been emancipated from the traditional family structure, but they were active participants in the new roles for women determined by the CCP.

As indicated by the figures above, many women also lost their lives during this period as a result of suicide. The major cause of suicide for women during this period was divorce, or rather the slowness of officials in processing divorces, or their refusal to grant a divorce. Women who were refused divorce were often ostracized and were accused of promiscuity by their peers, hence this was an undesirable predicament to be in (Jancar 1978, p. 131). Kazuko states that some cadres, responsible for enforcing the Marriage Law, actually prevented women from getting a divorce, because they still fostered patriarchal concepts and wished to retain the traditional family structure (1989, p. 180) There were instances of cadres being reluctant or slow to issue women seeking a divorce with a letter of introduction, which was required by the government in order for divorce applications to be processed. Others devised 'supplementary marriage laws', which made it difficult for women to remarry after divorce,⁵⁸ and in extreme instances, cadres ordered people seeking divorces to be executed after holding 'trials' in courts they has established (Kazuko 1989, p. 181).

While the above discussion provides reasons for women committing suicide after being prevented or impeded in seeking a divorce, it is also apparent that there was no infrastructure to support divorcees after their divorce was finalised. Therefore, women who left their husbands often had nowhere to go and no support mechanisms and committed suicide as a result (Jancar 1978, pp. 131-32). Thus, while in theory the

⁵⁸ An example of such a 'supplementary law' was the regulation by a cadre that 'After divorce, if the man is not yet remarried, the woman may not remarry' (Kazuko 1989, p. 180).

passing of the Marriage Law emancipated women from the constraining structures of the traditional family, in practice this emancipation was not wholly achievable for many women.

When discussing the reason for the introduction of the Marriage Law, Jancar states that she believes the legislation was actually designed to replace Confucian morality with a new morality based on Communist legality or rather 'the assumption of state control over family life' (Jancar 1978, p. 130). She also argues that it is no coincidence that the Marriage Act was launched at the same time as the Land Reform Act because 'both acts were aimed at the complete 'overturning' of the old order through the simultaneous use of economic and social means' (Jancar 1978, p. 130). These assertions are similar to those made by Davin in her evaluation of the Marriage Law and the land reform campaigns. Davin stated that;

As land reform was the primary instrument in the overthrow of the old power structure in the villages, so the Marriage Law was the main factor in changing the old authority structure within the family (1976, p. 106).

Therefore, while the Marriage Law can be viewed as a forward step in the emancipation of women, by allowing women 'free will' in marriage, the opportunity to escape a marriage through divorce, and an attempt to overthrow the traditional family structure and to eradicate feudal practices, it was also aimed at allowing the CCP to exert a measure of control over the individual lives of the Chinese population.

Kazuko supports the conclusions of Davin and Jancar, and she argues that the nature of the Marriage Law meant that marriage was no longer viewed as 'a private matter unrelated to state or society; rather, it united public and private interests in men and

women as constituents of that state and society' (1989, p. 178). Therefore, because the government became directly involved in the marriage process, due to the checks that were done to determine whether or not the marriage was based on 'free will', they became involved in the lives of individual Chinese people (Kazuko 1989, p. 178). Therefore, when combined with the Land Reform campaigns, the early years of Liberation were marked not only by great revolutionary change, but they also reflected the CCP's desire to totally overhaul the existing power structures in China, including the traditional family structure, and to exert a measured degree of control, or at least influence, over individuals and Chinese society.

The Marriage Law was also successful in changing the family structure, although it did not remove it entirely. In his analysis of the impact on the Communist revolution on the Chinese family, Yang stated that while the CCP attempted to transform the traditional family structure, it was not their intention to remove the family structure altogether, because it was still an important 'basic social institution'(1965, p. 19). Even with the introduction of the people's communes, which in itself was an attempt at breaking down the clan/kinship structure that permeated Chinese society, the family remained an important social institution. Thus, Yang concluded that the Communists recognized the importance of retaining the family structure, but altering it from its traditional form to one that was more egalitarian. While the Marriage Law was one way of eradicating many of the feudal practices associated with the traditional family structure it was also believed that the socialist industrial society would also assist in the transformation, because it would help to break down the filial loyalty entrenched in Chinese society and that this loyalty would soon be replaced by loyalty to the Party and to the state (Yang 1965, p. 19).

Davin also argues that the Party did not intend to disrupt the family structure, instead they attempted to transform it into a more egalitarian structure. Furthermore, Davin stated that the CCP was careful not to ‘alien[ate] its supporters by over-radical policies on marriage and the family, so reforms have been brought about with patience and caution’ (1976, p. 106). Hence, the Party recognized the importance of retaining some type of family structure, in this case the ‘new democratic family’ structure, because the family grouping remained an important part of Chinese society while at the same time being an important, albeit convenient unit in both rural and urban Chinese society.⁵⁹

In addition, Yang concluded that another reason for the failure of the CCP achieving a complete breakdown of the traditional family structure and supplanting it with the ‘new democratic family’ structure was due to the potential disruption of ‘family unity and harmony’ such a change could cause (1976, p. 106). As discussed above, many people faced a double blow from the Marriage Law and the land reform policies of the early 1950s, thus familial harmony was particularly susceptible to such disarray, which in turn had the potential to affect economic production within the kinship village. It was also feared that any disruption in the village economy could directly threaten the CCP’s economic program for China. Such a scenario was undesirable for the CCP and during 1955-6, the women’s movement was called on to be ‘devoted to the cause of the socialist reconstruction’ and women were told that ‘their responsibility lay in homemaking and encouraging their husbands and relatives to accept the socialization of commercial and industrial enterprises’ (Yang 1959, pp.

⁵⁹ In fact, the family unit provided the basis for the later introduction of household registration.

135-36). Clearly, the CCP was not prepared to weaken China's economic development as it may have hampered the socialisation of China, even if that meant the emancipation of women and the breakdown of the traditional family structure and societal order were not fully achieved. In addition, the calls made by the CCP indicated that the women's movement was not only secondary to the socialisation of China, but also that it could not act as a separate movement in China, guided by its own objectives, particularly if they threatened the aims and goals of the CCP and the Chinese state.

In theory, the 'new democratic family' structure was a more egalitarian structure than the traditional family structure, as it required both the husband and wife to take an equal role in home duties, including the raising of children. In addition, both were encouraged to be active participants in paid work outside of the home, which in theory should have also freed women from the domestic sphere (Davin 1976, p. 107). In reality, however, this egalitarian structure was more an ideal than a reality as many women faced the 'double burden' of working outside the home as well as being solely or largely responsible for household domestic duties. Hence, for many women the new egalitarian family structure was anything but egalitarian.

In her assessment of the double burden, Johnson states that 'this burden is inherent in the Engelsian approach during the transitional stages' (1983, p. 176), the very theory upon which much of China's policies regarding the emancipation were formulated. In short, the theory argued that because structural constraints keep women in a disadvantaged position, in order to achieve emancipation women must first become active participants in social production. Their involvement in production is the

keystone because Engels argued that only after women secure their position within production would society's perceptions regarding traditional notions of women's roles revolving around domestic duties and childrearing be challenged and ultimately changed, leading to the eventual emancipation of women.

However, Johnson argued that this theory is inherently flawed because the;

singular emphasis on a materialist, Engelsian approach to women's liberation fails to deal adequately with women's subordination in the family, a subordination which has a number of psychosocial bases (1983, p. 176).

This is particularly true in the case of China, where women were still expected to continue their traditional roles of domestic duties and childrearing in addition to being engaged in work outside of the home.⁶⁰ Traditional notions were not overturned even after women were employed in work outside of the home for many years. In fact, because women were continually viewed primarily as wife and mother, and due to the heavy double burden thrust upon them, they were often regarded as lesser workers than their male counterparts. This categorisation helped to keep men in a privileged position within the workforce as it allowed women to be regarded as 'a flexible, cheap labor force' (Johnson 1983, p. 176). This viewpoint also reflects the notion of women workers as an auxiliary workforce, to be employed in times of need for labour and offloaded in times of labour surplus.⁶¹

One of the major factors that saw women being encouraged to join the workforce in the early years of post-revolutionary China was the onset of industrialisation and the collectivisation of agriculture. This was particularly the case during the Great Leap

⁶⁰ For further discussion on the flaws in Engels theory on gender relations in the PRC see Jacka, T 1997, *Women's Work in Rural China*, Cambridge University Press, Cambridge, pp. 10-20.

⁶¹ This is discussed in greater depth in discussions on the following page.

Forward and the Cultural Revolution when women were encouraged to take an active role in revolutionary activities, and their 'contribution to society at large' was the key determinant in how they were evaluated. However, while their domestic efforts on the home-front were praised, such efforts were considered secondary to the greater scheme of things and did not factor into any determinations of wages (Davin 1976, p. 110).

So it could be argued then that the failure to recognise domestic duties as 'work' worthy of remuneration, as well as the continued relegation of domestic work to women, meant that women were not only facing continuing obstacles in their emancipation but it also reflected that the traditional ideas linking women to the domestic sphere had not been significantly altered. However, in order to facilitate the mobilisation of women into the workforce, provisions for maternity leave and childcare were instituted in SOEs (Edwards & Roces 2000, p. 61). Hence, the CCP did attempt to free women from the domestic sphere, although such an undertaking was probably more an effort at building a strong and prosperous China than a conscious effort to fully liberate women.

It has been estimated by Andors that by the Great Leap Forward (1958-60), approximately 'three-quarters of rural women were working outside the home' (Cited in Edwards & Roces 2000, p. 70). While this figure offers the possibility of greater emancipation for women, Edwards, drawing on the earlier findings of Johnson and Davin, stated that 'women were in reality regarded as an auxiliary workforce to be encouraged in times of perceived labour shortage and discouraged in times of less need' (2000, p. 70). Therefore, women held a precarious position in the workforce as

they were considered a 'back-up' for male labour shortages rather than becoming an integral and equal segment of the nation's workforce.

The view of women as auxiliary workers was also reflected in the policies of the All China Women's Federation (ACWF), the very organisation responsible for promoting gender equality. The Federation was established by the CCP in 1949, and during the 1950s the ACWF encouraged women to enter the workforce. This encouragement was largely in response both to Engel's theory for women's emancipation, that 'only through social production would women achieve liberation' (Perry & Selden 2000, p. 63), and to the need for a labour force to carry out the objectives of the Great Leap Forward. However, due to the recession of the early 1960s, the ACWF switched to an emphasis on women's roles in the domestic sphere, and they were encouraged to return to their homes. Hence, in doing so the ACWF not only short-changed women in terms of their participation in the workforce but it also reinforced the traditional linkage of women and the domestic sphere.

The ACWF's conservative policies regarding women and work outside of the home support the findings of Honig and Hershatter that 'the Women's Federation has remained a top-down government-sponsored organisation, rather than one independently formed by women' (Cited in Mackerras, McMillen & Watson 1998, p. 231). This anomaly clearly demonstrates the contradiction the ACWF faced in terms of representing women's interests while at the same time being the mouthpiece for Party policy. As Edwards states 'the ACWF was never conceived as a "feminist" organisation. Rather, it is first and foremost a CCP organisation' (Edwards & Roces 2000, p. 64).

Other scholars such as Jancar also believed the ACWF to be primarily a CCP organisation. She argued that like every mass organization in China, the women's movement was under the Party's direction. However, she also believed that the ACWF was 'on much more tenuous ground than their more readily accepted mass movement competitors', because of the Marxist argument that 'All work includes women' (Jancar 1978, pp. 108-109). Therefore, because the entrance of women into the workforce was viewed by some in the CCP as evidence of the successful emancipation of women, the ACWF was also viewed by some as being redundant and its very existence could have been cancelled at any time, which may account for its more conservative policies. Jancar also evidenced the 'tenuous ground' that the ACWF held by stating that the ACWF 'was the last mass organization to be reconstituted by the Chinese after the Cultural Revolution' (1978, pp. 108-109). Thus, for Jancar, the ACWF was not considered a necessity by the CCP for a range reasons including the belief that women had already been emancipated, that the emancipation was secondary to the interests of the state or that women would be emancipated as a natural consequence of China's successful attempt of industrialisation.

The participation of women in politics also reflected the continuing patriarchal nature of Chinese society. Women were very much under-represented in politics even though attempts were made during the first few years of post-revolutionary China to engage women in political roles. Due to the poor levels of female literacy, the first step in helping women to play a more equal role in politics involved women's association conducting reading groups and literacy classes. However, like attempts at altering the traditional family structure, women who sought to become literate were often

ostracized by their families, and in extreme cases they were even killed. Nonetheless, some women were able to circumvent familial resistance to their political activity,⁶² and the number of women active in mainly the lower echelons of the political structure in China increased considerably. The early years of post-revolutionary China saw female Party Congress local deputies rise 10 to 20 percent during the 1951 to 1956 period (Curtin 1975, p. 71).

Like their participation in the work force, women's full participation in politics was also hampered by long held views about the traditional roles of women, which saw them relegated to domestic duties and child rearing. In addition, Curtin found that many women were pushed out of politics during the cutbacks of urban cadres in 1958, and that the CCP's failure to really tackle the issue of the traditional roles of women as perceived by Chinese society denied women the opportunity to be properly represented in leadership positions. In fact, by 1960 the number of female brigade and commune leaders was only 10 and 5 percent respectively (Curtin 1975, p. 73).

However, women were encouraged, and in many instances required to attend political indoctrination sessions by the CCP and there was a very real effort at politicising the general population, if nothing more than to encourage them to devote themselves to the Party and the cause of Socialism in China. Due to the high levels of illiteracy among women, they were at a considerable disadvantage at understanding the political program when compared to their male counterparts who were literate or semi-literate. Hence, while being encouraged or forced to participate, there were

⁶² In his analysis of such resistance Belden found that after the women of Tinghu village were excluded from voting for the election of a village chief they 'refused to sleep with their husbands – and finally the men surrendered and called a new election...[afterwhich] a woman was elected as vice-chief of the village and another became head of the Education Bureau' (cited in Curtin 1975, pp. 71-72).

limitations on the extent to which some women were able to achieve politically. However, for other women the political program enabled them to become literate and to play an important role in the political life of their village (Yang 1965, pp. 132-36). So, for these women it was an important step in their path to emancipation.

While for some women political participation was uplifting, Yang found that the pressure on women to attend political meetings was great and that in many instances it burdened already overworked women. One person from each household was required to attend the meetings and Yang found that it was a role often relegated to the wife. Thus, many women were expected to attend between one to three meetings a week, and they were instructed to supplant the 'care of children and household duties' with political indoctrination (Yang 1965, pp. 122). Therefore, it has been suggested by Yang that after emancipating women 'from one form of social bondage' the CCP imposed another (1965, p. 136). At the close of the sessions, attendees were often quizzed about the content that had been delivered, and failure to adequately respond could result in punishments such as being made to repeatedly copy indoctrination pamphlets, or being forced to attend additional meetings. As a result, rather than rousing a revolutionary spirit in women, many women actually resented the 'forced indoctrination' of the Communist political program (Yang 1965, p. 123).

Women's mass participation in politics was most noticeable during the years of the Cultural Revolution (1966-76). As mentioned above, the ACWF was disbanded during the chaotic years of the Cultural Revolution, which might allude to lower rates of political participation by women as the organisation designed to represent them had

been removed.⁶³ In reality, the opposite was true as during the Cultural Revolution years the numbers of political representation by women increased. In addition to the very tense political climate of the Cultural Revolution, whereby one could be targeted for displaying less than adequate shades of 'redness' or 'revolutionary zeal', the main reasoning behind the increase in the political participation of women lies in the fact that with the establishment of the Revolutionary Committees, an unofficial quota system that ensured a 'reasonable proportion' of women as members of such committees became a requirement. These quotas resulted in a boost in the number of women actively participating in political organisations as well as increasing the number of female Party members (Johnson 1983, p. 185)

However, as indicated above, the calls for women to be more active in political activity saw an additional burden being placed on their time and Johnson states that a female cadre in Guangdong reported that 'many women resented the increased pressure to attend the growing number of meetings during the Cultural Revolution years because they were already overworked' (1983, p. 186). While in some areas of China, approximately 50 percent of cadres were women, participation rates in other regions were often much lower (Maloney cited in West, et al. 1999, p. 25). Wang Qi explained the continuing disparity in male and female political participation as possibly being the result of the continued societal views of women as domestic workers. Therefore, they either lacked the time, the ability (due to lack of skills or training) or the desire to be engaged in political activity on top of their work in the home and in production (West, et al. 1999, p. 26).

⁶³ The ACWF was highly criticised before its disbandment for its 'narrow' focus on women's issues, which was said to have ultimately caused a division of the proletariat. It was also accused of having been 'infiltrated' by 'bourgeois ideas' and it was also proposed that under the proletariat, women's issues were the same as those experienced by men (Johnson 1983, p. 181)

Another reason for the disparity in male and female political participation is identified in Jancar's study of women's political representation in 1975. Jancar concluded that the disproportionate number of men in higher levels of politics was resultant because it was common for women to only 'rise to high positions in direct correlation with the rise of their husbands' (1978, p. 36). In addition, she argues that 'only women with the right family connections seemed to get promoted while others of merit ... [were] by-passed' (Jancar 1978, p. 36). Edwards also identified that while a small number of women have been 'alternative members' of the Politburo, only women with husbands in powerful positions rose to high levels with the status of full membership of the Standing Committee of the Politburo, they being 'Jiang Qing (wife to Mao Zedong), Ye Qun (wife to Lin Biao) and Deng Yingchao (wife to Zhou Enlai)' (Edwards & Roces 2000, p. 68). Thus, participation in politics, which is achieved by family connections, does not reflect any great step forward in the emancipation of women. Therefore, the full membership of these women in such high level political positions should not be overstated as their marriage to 'men in power' casts doubt over the validity of their membership.

Jancar also found that female education at that time was often not adequate; thereby restricting women from reaching positions that could lead to political positions. Also, in instances where girls did receive adequate education, Jancar noted that they were often 'channeled into different types of education than ... men... [such as] health care, accounting and education' (1978, p. 13), thereby limiting their opportunities to enter fields that would assist them to rise to politically powerful positions. Therefore, women's participation in politics during the Cultural Revolution was also impeded by

the continuation of gender stereotypes in women's access to and experiences in education.

In the early 1970s, the 'Campaign to Criticise Lin Biao and Confucius' identified the traditional gender division of labour as an ongoing barrier to women's political participation, highlighting that even after more than twenty years in power, the CCP had not adequately addressed gender equality. The campaign found that because male supremacy, where women were viewed as inferior to men, still abounded, and because women were still believed to be responsible for domestic duties, they were limited in making real advancements in political participation. Furthermore, the campaign clearly identified that it was in fact ideological constraints, rather than structural constraints, that prevented women's political participation (Croll, cited in West, et al. 1999, p. 27). However, even with this finding, the government continued to focus primarily on structural constraints, and the traditional views of the role of women as wife and mother remained without any significant challenge (West, et al. 1999, p. 27).

Throughout the latter stages of the Cultural Revolution there was a realisation that ideology needed to be incorporated in women's emancipation because women were still affected by traditional stereotypes. Social ethics came under scrutiny and the CCP again attempted to impose state ethics on Chinese society. A major component of state ethics was the assertion that women should not be constrained by family life and societal expectations of women's roles. Women were encouraged to be part of the workforce, and were employed in professions previously denied them (West, et al. 1999, p. 26-28). While women were portrayed in official propaganda as working on high-voltage poles, building railroads and being active in construction, the reality was

that they there were mostly limited to primary and preschool education positions and the service and textile industries. Hence, while the other jobs were technically open to women, in practical terms women were still prevented from entering them (Jancar 1978, p. 25). Clearly, the underpinning social ethics were not significantly altered, and instead women continued to be burdened with domestic work, and production employment as well as political responsibilities (West, et al. 1999, p. 26-28).

When discussing factors impeding the progress of women's equality in China in the 1970s, Jancar identified that the two key factors were the 'feminisation of agriculture' and 'the failure of women to become urbanised as rapidly as men' (1978, p. 20). These impediments were largely caused by the migration of men from rural areas to urban centers in search of better paying jobs, which resulted in women becoming responsible for managing the land. While this allowed women to play a greater role in farm administration, it also meant that women were limited to lower levels of education because their farm work, household and child raising duties restricted them from being able to continue their education (Jancar 1978, pp. 20-22).

Although the feminisation of agriculture saw women move into previously male occupations they nonetheless continued to be relegated to a lower ranking in the gender hierarchy than their male counterparts because manual farm work, which is what the women were mainly engaged in, was not considered as important as the mechanised farm work that was primarily the realm of men who did not migrate for work. Furthermore, due to the restrictions in access to schools and higher education found in the countryside, the ability for women to raise their status through higher education was greatly diminished. Also, because women were restricted in access to

participation in politics and therefore political decision-making, their political status remained low. Those who rose to high political levels were generally individuals with technical or managerial experience or engineers, and women were poorly represented in these categories (Jancar 1978, p. 25).

Therefore, the Mao years saw great changes for Chinese women. The Marriage Law launched a full frontal attack on the traditional family structure and feudal attitudes, and the politicisation of women and their mobilisation into the paid labour force enabled them to play a greater role in determining their own future. Although the Mao years did not see women attain full emancipation or equality with men, the CCP did take great measures during this period to breakdown the traditional family structure and replace it with a new democratic family structure, and they launched a concerted attempt to shift societal attitudes away from the feudal ideas on the status and roles of women, to more revolutionary attitudes that fostered the liberation of women. Thus, while full emancipation was not wholly achieved, it is fair to state that inroads were made and that overall, women did occupy a more emancipated position during this period in Chinese society than they had previously.

Even so, the achievements of the CCP should not be overstated as they did fail to fully emancipate women, although to attempt such an achievement in such a short period of time was dubious at best. One reason proposed for this failure is that the 'women's question' frequently took a back seat to the more pressing targets of the CCP and the state, that is the industrialisation of China and its attempt at accelerated socialism. In fact, it could be argued that the Party's failure to consistently pursue the emancipation of women allowed feudal ideas to resurface and never really saw societal attitudes

significantly challenged. Furthermore, the Party's adherence to Engelsian doctrine also meant that the emancipation was not given the ideological devotion necessary to counter such strong societal attitudes, as it was truly believed that the emancipation of women would be a natural follow on from the emancipation of the masses and the integration of women into the paid labour workforce.

In addition, the failure of the Party to provide women with adequate support in seeking and being granted divorce, the inadequate provisions for childcare and domestic help for women entering the paid labour force and the overburdening of women with compulsory political program attendance, merely served to increase the burdens faced by many women, and really left the gender stereotypes that linked women to childcare and domestic labour unchallenged. The Party can also be charged with contributing to the continuation of feudal views regarding women and paid labour due to their complicity in regarding women as an 'auxiliary' workforce.

Therefore, it would appear that the advances made in the status of women during the Mao years were largely the result of the 'imposed' societal order, not the result of any great change or shift in the beliefs and attitudes of Chinese society. Hence, such advancements were tested during the reform and opening period when Chinese society was not subject to the same societal strictures that fostered the 'imposed' societal order conducive to the emancipation of women. Thus, the reform and opening period and beyond has seen a re-emergence of many of the feudal practices and societal attitudes that existed in the pre-revolutionary period that were never successfully challenged and overturned during the Mao years. The following section examines the status of women in the 'reform and opening and beyond' years (1976-

present) of post-revolutionary China, to determine the changes that have occurred in the status of women since the Mao years, and what is the current social, political and economic status of Chinese women.

THE POST-MAO YEARS: FROM 'REFORM AND OPENING' TO THE PRESENT

The transition from the Mao years to the post-Mao reform and opening period and beyond has seen great change in not only the political direction of the Chinese state but also the social, political and economic status of Chinese women. Deng Xiaoping's accession to power in 1978 signalled a turning point, as Deng's desire to increase China's political and economic power and his promotion of Zhou Enlai's 'four modernisations'⁶⁴ saw China gradually shift from a centrally controlled command economy to a market economy. The reform and opening policies had a great impact in rural areas. The dismantling of the People's Communes saw the rapid growth of entrepreneurship and privatisation as land was redistributed, sold or leased to private interests and rural families, and these changes caused the Party to lose some of its power over the land, labour and the people. While these changes were less noticeable in the urban areas, because incomes had remained more individually based and the kinship links of urban families were not as strong as those in rural areas, the growing wealth disparity in urban areas and the rapid growth of the consumer goods market and the desire to own such goods caused urban families to have to undergo their own adjustment period as they were now able 'to act on preference, not merely respond to necessity' (Davis & Harrell 1993, p. 2). Thus, the political and economic transformation brought great changes and upheaval to the Chinese population, a

⁶⁴ The 'four modernisations' are the modernisation of agriculture, industry, science/technology and national defence.

process which is still continuing to this day. However, the focus of this section is not an examination of the effects of the reform and opening policies as such. Instead, it briefly examines the impact of reform and opening policies on the status of Chinese women.

One of the key changes during the post-Mao period, and one which undoubtedly has had a serious impact on the status of women, was the introduction of the population control policy in 1979, which has become widely known as the One Child Policy. The policy restricted couples to having just one child,⁶⁵ and was introduced in an attempt to halt China's ever burgeoning population, which was regarded as a major threat to the collective economic goals set by the Party. While there were earlier attempts to limit population growth such as the 'later, longer, fewer'⁶⁶ campaign, which attempted to meet the targets set by the Fifth Five Year Plan (1976-80) thereby reducing population growth to 0.5 percent in both rural and urban areas by 1985, the formalised population policy took the form of draconian, state-sanctioned, medicalised population control measures such as forced and late term abortions, compulsory IUD insertions and forced sterilisation (Edwards & Roces 2000, pp. 73-73).

⁶⁵ The policy did allow exemptions whereby couples were permitted to have a second child. Reasons for such exemptions included if the first child had a non-hereditary disability which would prevent them from being able to perform manual labour in adulthood, if the first child was adopted due to suspected infertility but the couple later conceived their own child, where one spouse already had a child from a previous marriage, if both spouses belonged to one of China's minority nationalities or if both spouses were overseas Chinese who had returned to live in China. In addition, special exemptions also applied in rural areas. These exemptions allowed a second child if a woman was an only child and her husband moved into her family home, if the couple lived in truly remote, mountainous areas and were disadvantaged by 'natural conditions' and lack of transport, if the husband's brothers were infertile or incapable of producing offspring or if they were the son of 'someone who died for the revolution', if either spouse had a serious disability, if the family had 'only one son born in a generation for three consecutive generations' or if both spouses were themselves from one child families (Croll, Davin & Kane 1985, pp. 50-51).

⁶⁶ 'Later, longer, fewer' meant later marriage, longer space between children and fewer children overall.

In addition to its medicalised approach to population limitation, another key feature of the policy was the incentives and penalties component of it. Couples who complied with the policy were awarded economic incentives, but those who had a second or third child faced financial penalties such as greater expense in raising the second or subsequent children because they were required to pay for their medical and educational expenses and the child's grain ration was reduced or attracted a higher cost. Parents who did not comply with the policy could also be denied additional space for housing or private parcels of land, and offending couples were denied opportunities such as promotion or bonuses, and even the ability to apply for government subsidies in times of adversity (Croll, Davin & Kane 1985, p. 30). Clearly, the incentives and penalties were structured to ensure full compliance with the policy.

State interference in such a private matter and the extreme measures used by the state to achieve its population limitation goals, has seen Chinese women being denied their reproductive rights and their bodies come under state control to an extent not experienced by Chinese men. The mandatory practices of forced abortion, even as late as the third trimester, and the forced sterilisation or insertion of IUDs without consent, are examples of state-sanctioned violence and discrimination against women and they attest to the ongoing practice in China whereby women's reproductive rights are not ensured. Furthermore, because of the state's focus on female based methods of contraception such as the contraceptive pill, female sterilisation, abortion and IUDs, Chinese women have clearly been targeted as being primarily responsible for fertility by Chinese authorities, while the role men play in fertility has been ignored or

overlooked (Edwards & Roces 2000, pp. 73-74).

However, in addition to denying women their reproductive rights and targeting them for population limitation, the One Child policy has had more far reaching consequences for Chinese women. Since its introduction, there has been a strong resurgence in son preference, particularly in the rural areas where sons play an important role in continuing the family lineage, contributing to the family labour force and their filial duty to provide for their parents in old age (Croll, Davin & Kane 1983, pp. 39-40). While son preference may easily be assigned primarily to men, Croll purports that many women also prefer sons. Similar to the reasons for son preference discussed in the previous chapter, in the post-Mao era, to have a son is considered honourable for women and it helps secure or elevate a woman's status within her husband's family. Therefore, it is highly desirable for a woman to have a son.

Interestingly, Croll's investigation of son preference among women also found that some women's preference for birthing sons was very different to those reasons listed above. She found that many women felt that because the lives of women in China were so marked with suffering, many women would much rather have sons so they did not have to watch their daughter experience such unhappiness. One woman explained her preference for a son as being the result of her beliefs that 'the suffering of women is too extensive. The lives of men are better than the lives of women'. And, another woman stated that her son preference was largely due to 'the tradition of exalting males and demeaning females which is still very prevalent in society' (Croll 2000, pp. 146-7). Thus, the reasons for son preference among Chinese women, while diverse, are all reflective or influenced by the disempowered status of China's

women. Furthermore, the resurgence of son preference, at a time when government rhetoric espouses that women have attained a more equal status with men, reflects that the situation at the grassroots level is a very different reality.

The resurgence in son preference is also important because it has caused a remarkable increase in female infanticide and violence against women who fail to produce a son. It has also been a leading contributor to the skewed sex ratios in China,⁶⁷ which have been caused by female babies being denied existence through infanticide and sex-selective abortions,⁶⁸ or as a result of neglect that leads to higher infant mortality among females. While none of these responses are legal, nor are they sanctioned by the CCP, they can all be directly correlated to the government's population policy and the son preference that has resulted (Edwards & Roces 2000, pp. 73-76).

Nonetheless the ACWF has made serious efforts to try to counter the offensive against women as a result of the One Child Policy. In an effort to offset the violence against women who had given birth to a daughter, campaigns were launched aimed at educating the populace that it was men, not women, who determined the sex of a foetus. The ability of women to participate equally in economic and political activities were also espoused as were notions that son-in-laws could marry into a woman's household and that daughters actually make for more attentive care providers for aging parents compared to sons. Poster cartoons also depicted the social problems that would result if skewed sex ratios continued (Croll 1995, p. 115),⁶⁹ and official posters

⁶⁷ Sex ratios are discussed in more depth on the following page.

⁶⁸ Sex selective abortion occurs when ultrasound technology is used to determine the sex of the foetus. If the sex of the foetus is undesirable to the parents, the foetus is aborted.

⁶⁹ One such cartoon depicted ten mothers happily watching their young sons playing and then it jumped forward to the ten mothers desperately seeking out marriage partners 'far and wide' for their sons (Croll 1995, p. 115).

promoting the One Child Policy and the 'ideal family' frequently pictured the sex of the child as female (Edwards & Roces 2000, p. 75).

As mentioned above, son preference is more prevalent in the rural areas and has resulted in unnatural skews in the sex ratios that clearly identify an anti-daughter bias in China. Sex ratios are important determinants of disadvantages endured by women as they highlight discrepancies in care borne by the sexes. The naturally occurring sex ratio at birth is 106 males to 100 females. However, in a sample survey conducted in China in 1994 it was found that the sex ratio of China's national population was 116.3 males to 100 females (Khan & Riskin 2001, p. 86), and in a more recent sample survey conducted in 1996 it was 111 males to 100 females. In poor, rural provinces such as Guangxi and Anhui the sex ratio is as high as 115 males to 100 females and in Jiangxi it is 116 males to 100 females. Clearly, these figures demonstrate that the sex-ratios in China are far removed from the naturally occurring ratios (Edwards & Roces 2000, p. 75).

While the above figures are from the rural areas, the urban centres are not immune to son preference. While results of sex ratios in the more wealthy urban centres such as Beijing and Shanghai actually show a higher than natural weighting towards females of 105 males to 100 females (Edwards & Roces 2000, p. 75), indicating that son preference is not present or not as strong in these urban centres, other data for urban areas has demonstrated skewed ratios in the vicinity of 107.8 males to 100 females for children aged one year and below to 109.6 males to 100 females for children aged birth to five years (Khan & Riskin 2001, pp. 86-87). Therefore, while there is considerable difference between rural and urban areas, son preference is most

definitely resulting in an anti-daughter bias that is skewing the sex ratios in China.

It is also important to note that results also demonstrate that the unnatural weighting of the sex ratios towards boys often intensifies during periods when the One Child Policy has been more rigorously enforced. Hence, direct correlations between the population policy and the skewed sex ratios are evident, indicating that the skewing of China's sex ratios can certainly be attributed to the One Child Policy. Further evidence of this link can be found in the sex ratios in the poor rural provinces of Xinjiang and Tibet, whose populace are predominately ethnic minorities and therefore are not subjected to the one child policy. The sex ratios in both Xinjiang and Tibet are on par with the naturally occurring sex ratio, which indicates that there is not interference in the sex ratios, because they are not subjected to the One Child Policy. Clearly, the skewing of sex ratios is a consequence of the population policy and is primarily an issue in the majority Han population at whom the Policy is targeted (Edwards & Roces 2000, p. 75).

Thus, the state-sanctioned denial of reproductive rights accorded Chinese women in the name of the One Child Policy, and the draconian medicalised measures that women are forced to undergo to achieve population limitation has impacted on women's status in China. In addition, the rise in son preference, which has caused steep rises in female infanticide, the neglect of girl children, and the violence against women who bear sons, is also having a noticeable impact. This not only indicates that the One Child Policy has had a grave impact on the status of women in China, but it also reflects the reality of how far Chinese women actually were from attaining their 'half of heaven'.

However, while the negatives of the policy are great, it is also important to consider that the policy has had some positive effects for women. The One Child Policy and the implications it has had for women, has raised awareness that gender inequalities do persist in China, despite government protestations that Chinese women have been successfully emancipated. This awareness has resulted in the ACWF pursuing policies to combat violence and discrimination against women and enhancing their educational and employment opportunities. Another important benefit is that the policy has reduced the number of children women bear, particularly rural women, therefore reducing the burden childbearing has on their health and improving maternal health. Furthermore, because women are bearing fewer children, the One Child Policy can also be credited with a possible reduction in women's childcare and domestic workload, as they are only charged with childcare responsibilities for one. However, Jacka proposes that it is likely that this reduction is actually offset by the fact that there are no older children to share in such duties, and with the success of the policy also comes the likelihood that women will be burdened with the care of four elderly parents if traditional views on motherhood and domestic work continue to relegate women to such spheres (Jacka 1997, pp. 51-52). Thus, while the policy has had some positive effects, the negative consequences of the policy far outweigh the positives and they are having devastating effects on Chinese women and girls, particularly in the rural areas.

Another key change that has occurred in post-Mao China is the re-evaluation of the CCP's proclamations throughout the Mao years that women had achieved equal status

to men. The post-Mao era has seen these notions challenged, particularly as women have begun to speak out openly about their experiences using narratives that Edwards states ‘expose the equality narrative as partial and incomplete’ (Edwards & Roces 2000, p. 60). In addition, Edwards argues that while women have seen improvements over the past thirty years, these improvements have not been the result of gendered policies targeting women’s equality, but instead have been the result of the general improvements that have been accorded the whole Chinese population as a result of the economic conditions fostered by the ‘four modernisations’ policy (Edwards & Roces 2000, p. 60). Hence, while Chinese women have made some steps in climbing the development ladder, they have largely done so alongside their male counterparts, in the absence of any real gains in gender equality.

Furthermore, the shift away from totalitarian socialism has also seen a dismantling of many of the structures aimed at emancipating women, and due to the lack of a vibrant civil society in China, one which might foster an awareness of women’s rights issues and support women to achieve goals in emancipation, the ‘women’s question’ has somewhat fallen by the wayside. One need only look at patterns of women’s employment and unemployment,⁷⁰ and the fact that women have once again been relegated to the role of housewife and mother at the expense of a position in the paid workforce as evidence of the continuing failure of the CCP to recognise that women’s equality has not been achieved (Edwards & Roces 2000, p. 61). In addition, the fact that such barriers to women’s emancipation are occurring at a time when China is rapidly modernising in terms of economic growth, is further evidence that the Engelsian approach, which forms the basis of China’s theoretical approach to

⁷⁰ Employment issues are discussed in more depth on pp. 202-09.

women's emancipation, remains a questionable approach to achieving women's equality in China and elsewhere.

Another key area that has seen women being increasingly disadvantaged in the post-Mao era is the political arena. Wang Qi argues that the shift to the market economy has seen a 'political decentralisation' occur in China and a separation of the Party from state functions in order to facilitate greater economic exchange. In addition, the political restructuring that has occurred in China, such as the disbandment of the communes and the Revolutionary Committees, which guaranteed women political positions via the 'quota' system, and the introduction of open elections, which have seen many women voted out of political positions in favour of male candidates, has caused women great disadvantages in terms of political participation. These changes have caused what Wang Qi labels a 'drastic decline' in political participation by women at the basic level of politics because the new system of 'equal opportunity', whereby it is the political candidate's 'ability' rather than their 'revolutionary consciousness or political loyalty' that is the key to assessing their suitability as cadres, has impacted on women's ability to enter politics. The 'equal opportunity' system has disadvantaged women as they are often denied the same types of educational opportunities accorded their male counterparts. Therefore, the focus on 'ability' has prevented many women from attaining political positions and it has become a convenient means used by some men to deny female candidates political ascendancy (West, et al. 1999, pp. 29-30). Hence, women are not only disadvantaged educationally, but their lack of education or 'ability' also prevents them from being able to enter the ranks of cadre and other political positions.

Other reasons for the decline in women's participation in politics have been raised by Gao in his book *Gao Village*. When discussing the absence of women standing as candidates or being elected village head of Gao village, even though women outnumber men in the village, Gao found that because such a role required them to be free to travel, and to walk alone at night to neighbouring villages and because everyday duties such as tax collection and ensuring the One Child Policy is being adhered to can often result in verbal or physical confrontations, many women were unwilling to stand as candidates as they would be unable to fulfil such demands. Gao attributed this to the fact that women in Gao village were not on an 'equal footing' with men because they still faced the double burden of household duties such as housework and childcare in addition to work outside of the home (1999, pp. 239-40). Thus, it would seem that even if a woman in Gao village had the educational qualifications and 'ability' to carry out her duties as a political leader, the ever present societal responsibilities and expectations and even threats to her physical security, means that such a path would be unlikely.

The removal of the quota system has also meant that there is no support from the state for women to enter politics. Instead, the system has become self-reliant, that is the selection of cadres and political candidates is based on 'ability', so the state no longer ensures women guaranteed positions in politics. Therefore, gender is not a consideration and women are no longer granted positions via positive discrimination, resulting in an overall decline in female political representation (West, et al. 1999, pp. 29-30). Hooper also argued that the abandonment of what she called 'necessities' such as the quota system, has caused a decline in political participation by women in recent

years (Mackerras, McMillen & Watson 1998, p. 233). This lack of representation is worrisome as without adequate participation of women in all levels of politics, it is highly doubtful that gendered policies and regulations aimed at protecting women and promoting gender equality will be at the forefront of the wider CCP policies. Clearly, the de-politicisation of women is a pressing concern for women's equality in the present era.

The education of women has also taken a significant blow since the reform and opening period. The post-Mao education system has moved away from the Maoist 'mass education' approach, to the 'two track system',⁷¹ which is similar to the education system prior to the Cultural Revolution. Furthermore, throughout the 1980s and 1990s a lack of funding has seen many schools in rural areas being forced to close and this has meant that some students have to travel greater distances in order to attend school, which has caused higher rates of non-attendance and lower numbers of enrolments. In addition, due to the lack of funding available, teachers are often poorly paid and this has resulted in many teachers leaving the teaching profession to enter more lucrative fields of work. Also, many rural families are increasingly being burdened with sourcing the funds to finance the schools themselves, so many families have responded by only sending some of their children to school and using the labour of the other children in the domestic or production spheres (Jacka 1997, pp. 74-75).

Clearly, these factors have damaged the educational opportunities available for many rural children, both male and female. However, due to the continuation of patriarchal

⁷¹ The 'two track' system sees academically gifted students receiving an education aimed at nurturing them for university studies, while students on the second track receive a vocationally-oriented education. The second track is aimed at the majority of the population, and education resources are primarily directed to schools offering the first track education (Jacka, 1997, p. 74).

notions concerning the 'value' of males and females, girls have primarily borne the consequences of these changes as it is often their education that is sacrificed in order for their male siblings to be educated. Girls in rural areas are also increasingly being drawn on for their labour in order to inject more income into the family's budget, and they are also often charged with the responsibility of caring for their younger siblings (Edwards & Roces 2000, pp. 78-79). In addition, because of the continuation of some people to believe that girls are 'lost to another family on marriage' (Croll 1995, p. 136), any expenditure on a daughter's education is seen as a loss by the family. For other families, the increased cost of education means that they simply can't afford to send their daughters to school (Khan and Risken 2001, p. 87). As a result, girls in rural China face very serious impediments to their educational opportunities.

In contrast, the situation in the urban areas is somewhat different. The success of the population policy in the urban areas combined with the lower rates of discriminatory practices regarding female education has actually seen an improvement in the education of girls in urban areas. Furthermore, because most urban families only have one child, they desire the best for their child and that increasingly means a good education (Edwards & Roces 2000, p. 78). In any case, it must be remembered that such successes are predominantly limited to the urban areas and they are not experienced in the rural areas. Therefore, they do not reflect the educational opportunities accorded to most Chinese women, particularly those in the rural areas.

In order to improve the education of females the Chinese government has made primary schooling compulsory. While this measure has seen female enrolments increase to levels of around 90-95 percent, Croll is quick to point out that enrolment

and attendance are two different things. Often, many children who are enrolled have irregular or non-existent attendance rates, thereby affecting their skills acquisition and literacy levels. As a result, the numbers of girls who are actually receiving a consistent education are put into doubt, because girls are often 'missing' from school even though they are enrolled. Further highlighting the disparity between boys and girls in terms of educational attainment is the fact that far more boys than girls actually complete primary school and move into the middle and high schools (Croll 2000, p. 173). Again, this can largely be explained by the continuation of patriarchal notions in China which value boys' education over the education of girls, as well as the income disparity in the rural areas which sees many families having to draw on their child's labour for economic benefit.

Of those girls who do move into the higher echelons of education, Croll has found that they still face many barriers due to their sex. She reports that women only account for one-third of the enrolments in the tertiary sector, with notable disparities between rural and urban areas, and that education institutions have frequently been reported as requiring women to score higher grades on their entrance exams than men so as to limit the number of university places going to women (Croll 1995, p. 134). In addition, women are often channelled into disciplines leading to the more 'traditionally female' occupations such as teaching, medicine and those requiring knowledge of foreign languages (42 percent, 53 percent and 53 percent respectively), while they remain under-represented in the fields of science and technology (24.7 percent) (Croll 1995, p. 134). Clearly, the range of educational disparities faced by females in China has seen their empowerment seriously challenged, and the earlier discussion of the links between education and political opportunity means that women

will be prevented from achieving equal political representation for as long as they are denied equal access to education.

Not surprisingly, women have also faced great challenges in the paid workforce since the reform and opening period of China. For many women, the post-Mao years have seen them again being perceived as an auxiliary workforce, and in the 1980s there were suggestions that women should be encouraged to once again move out of the workplace to the domestic sphere, in order to solve China's growing unemployment rates (Croll, cited in Edwards & Roces 2000, p. 70). It has been estimated that women account for some 70 percent of those who have lost their jobs as a result of job rationalisation, and many older women, married women or women with children are at heightened risk of dismissal. In addition, many women are now being encouraged to take early retirement, sometimes by as much as 20 years (Croll 1995, pp. 120-21). In the SOEs the retirement ages for men and women are 55 and 50 respectively, and for cadres it is 60 and 55. Therefore, women are already disadvantaged by the existing retirement ages because pensions are dependant on the number of years worked (Khan and Riskin 2000, p. 191). By compelling women to take early retirement, women are increasingly becoming financially disadvantaged and in some instances more dependent on the incomes of their male partners. Thus, many Chinese women face a 'vulnerable' status within the workforce, a scenario that is heavily influenced by not only patriarchal notions of divisions of labour but also by the emerging economic environment whereby companies and business have pursued policies of economic rationalisation to increase profit margins, often to the detriment of female employees.

The changes that have occurred in work conditions and the impact this has had on job

security is certainly not an issue that has only affected women. The reform era has had serious implications for the employment sector and many Chinese workers, both male and female, have experienced great change in their working conditions and job security. The post-reform era has seen a revival and increase in companies in the private sector, and also an acceptance of foreign owned enterprises. Furthermore, there have also been changes in the SOEs, and the security formerly provided by the 'iron rice bowl'⁷² has been replaced by the need to increase productivity and profitability. As a result, many workers in the SOEs have faced redundancies, early retirement or they have been sacked (Jacka 1990, pp. 6-7).⁷³

However, while these changes have had implications for job security and opportunities for all, they are particularly noticeable for women. One key change that has heavily impacted on women is that the SOEs now prefer to hire men over women as a result of the higher costs of employing women due to provisions for maternity leave and childcare, as outlined by the 1988 regulations⁷⁴ for the protection of female staff and workers. In financial terms, it has been estimated that such provisions cost employers approximately CNY1,259 per worker (Croll 1995, p. 121). Clearly, the above example does indicate that there are gender-specific considerations that affect profitability.

⁷² The 'iron rice bowl' refers to the previous practice whereby workers in the state-owned enterprises were guaranteed security and protection throughout their working life and beyond as they normally held the same job for the entirety of their working life, they could not be sacked and they received a pension after retirement.

⁷³ However, Jacka states that while the state-owned enterprises are now able to sack their workers, in reality such an occurrence is rare and in most instances enterprises have reduced staff numbers by transferring them to subsidiary enterprises or sending them home on 'leave' and paying them a portion of their salary (1990, pp. 6-7).

⁷⁴ This regulation updated a 1950 regulation that sought to protect the maternity rights of women in the paid workforce. The regulation also ensured labour protection for breastfeeding women and provided assistance in childcare.

On the other hand, there have been successful trials of using pooled-funds, sourced by a tax imposed on all workers, to offset the costs associated with maternity leave and childcare. These trials have demonstrated that there is a cost-effective way to ensure that the maternal rights of female workers are met, and that these costs do not have to be the burden of enterprises or work units. Their reliance on funds sourced by workers however, also strongly suggests that there needs to be government intervention, either through the widespread implementation of similar pooled-funds or the development of better social security frameworks (Croll 1995, p. 121). Such measures will ensure that the job security of female workers is better protected, because the current situation has not only increased discrimination against women in the SOEs, but it has also increased female disempowerment while increasing male privilege and perceived superiority.

Further evidence of the increasing discrimination against women in the workforce is that some SOEs refuse to hire women, while others subject female recruits to higher entry standards than those of their male counterparts (Croll 1995, pp. 119-20). On the other hand, the private sector has provided employment opportunities for many women, although such opportunities have come at a cost because the maternal benefits received in the SOEs are not always assured in the private sector, nor is the protection of labour rights. Women's employment in the private sector has seen many women taking on casual positions, many of which require migration. Also, women account for a higher proportion of the 'sweat shop' labour force than men, and it has been estimated that young single women account for approximately 80 percent of those employed in foreign or joint foreign-Chinese enterprises. This is of particular

concern as many of these enterprises do not ensure safe working conditions or labour protection for their employees (Croll 1995, p. 123).

It should be noted that the impacts of reform era changes vary greatly depending on women's locality and in which sector they are employed. Jacka has argued that while significant numbers of female industrial workers have lost their jobs, this has mainly occurred in the SOEs. She also argues that this has occurred at a time when there has been an increase in the number of women employed in the collective and private sector. Furthermore, rather than explaining women's participation in the paid workforce as being determined by labour excesses or shortages, Jacka concludes that periods wherein women have been moved out of employment have really been driven by the gender segregation of labour, particularly in the case of the state-owned heavy industry sector, and not solely due to the excess of labour. According to Jacka, while women have been moved out of certain industries during times of surplus labour, opportunities in other sectors such as commerce, the services trade and light industry have been opened to women (Jacka 1990, pp. 12-15). Therefore, rather than a widespread removal of women from the total workforce, it is more noticeable in the traditionally recognised 'male' working roles, thus women's labour is 'redirected'.

The above situation can be seen as being beneficial to women because it ensures them employment in certain sectors and because of the gendered division of labour, there is often no competition for such jobs from men. However, the identification of the above sectors as being more suitable to women has seen women workers subjected to poorer working conditions than experienced in the SOEs and it has also meant that women's maternal benefits are often not secured. Furthermore, because such work is relegated

to women, it is often perceived as being inferior to men's work and women are paid lower wages than men. This is problematic as it perpetuates the belief that women's work is inferior to men's work, therefore women are inferior to men (Jacka 1990, pp. 15-17). The perpetuation of such beliefs then in turn hinders Chinese women's ability to achieve emancipation.

Jacka does acknowledge that there have certainly been calls for women to 'return to the kitchen' and that such calls have occurred in times of labour excess. In explaining these calls she indicates that this has really come out of the Chinese failure to adequately address the 'double burden', and that when there is a heavy reliance on men's labour, there is a convenience to women being able to be solely responsible for the household work. Furthermore, she argues that the media and the CCP have in some instances even rejected the Engelsian notion that women's emancipation will come from their participation in the paid labour force and that this has seen them more recently focused on valuing women for their role of 'good mother and housewife' rather than previous depictions of women as 'good industrial workers'. This departure from the Engelsian notions that have been the guiding principles for female emancipation in China, are damaging to women because they reinforce perceptions of men as being the 'breadwinner', which increases their worth, while at the same time increases the perceived inferiority of women, as well as indicating that the CCP has moved away from formalised guidelines on female emancipation (Jacka 1990, p. 22). Had this departure been brought about due to the realisation that the Engelsian notion has not worked in China, and there had been a shift towards other principles for female emancipation, such a change would have been welcomed by this researcher. However, it would appear that this shift has occurred with the intent to encourage

women to return to the domestic sphere.

In her discussion of the double burden Hooper also argued that 'the post-Mao state has accepted the existence of women's double burden' (Sen & Stivens 1998, p. 183) and they have channelled women into the more 'traditionally female' occupations, which are predominantly 'secondary and supportive' roles so that women will be able to continue their domestic roles while working outside the home. Furthermore, Hooper explains that there has neither been an actualisation of the 'socialisation of domestic labour' as promised by the CCP, nor has there been a concerted effort to ensure that 'women's role in the paid workforce should be matched by an equivalent male role in the domestic sphere' (1998, p. 183). In addition, women who have entered the higher echelons of employment are often 'held up for emulation' as women who have successfully 'juggled' their roles as both homemaker and worker, and are touted as not being 'double-burdened' but rather *shuang jiantiao* (carrying on both shoulders) (Sen & Stivens 1998, p. 183). Hooper also states that it is no coincidence that this type of official portrayal of women is occurring at a time when women have again been relegated to the status of auxiliary workers due to the economic climate of China and problems with unemployment (Sen & Stivens 1998, pp. 183-84).

In their analysis, Khan and Riskin state that Chinese women are increasingly facing the 'triple burden', that is, paid work outside of the home, domestic duties and the care of children and the elderly. The success of the population policy has seen many couples being responsible for the care of four elderly parents rather than two. Therefore, many women are being additionally burdened with the responsibility of aged care, particularly as there is little infrastructure in China at present to meet such

needs. For many women, their ability to participate fully in the workplace is impeded by the 'triple burden', which in turn limits their opportunities and impinges on their security, as they become increasingly reliant on the male's income. The 'triple burden' also means that women are often unable to supplement their income with a second job, which may have allowed them to reach a more equal financial footing with their male counterparts (Khan and Riskin 2001, p. 90-92).

In terms of the floating population, women do not account for the same number as men, of those who migrate for labour, and therefore, have not received the same financial benefits that labour migration has provided for Chinese men. One of the reasons which keeps women in the rural areas is their continued role as care-giver and child-rearer. It is because of these reasons that they are needed to remain with the family unit so as to provide care to their children and elderly or incapacitated relatives. As mentioned above, one of the lures for labour migration is the better rates of pay the urban areas award their workers. However, evidence suggests that this is really only pertinent for male workers, and not for female workers, so those who are migrating for labour still face disadvantages because of their gender. Hence, when one combines the above reasons with the social dislocation and vulnerabilities faced by members of the floating population, it is little wonder that more men than women migrate for work (West, et. al. 1999, pp. 770-78).

In addition, because the majority of rural-urban migrants are men, and they are often able to earn more money in the cities which they remit to their families back in their home village, this again reinforces the importance of sons as they make larger contributions to the family income than their female counterparts. Khan and Riskin

state that as a result of their income earning potential, men's 'traditional social and political dominance is likely also to be strengthened' (2001, p. 95). Again, these factors are detrimental to women achieving emancipation in China, and can heighten their vulnerable status within their own family and society in general.

Chinese women's vulnerability has also been heightened by the increase of prostitution that has occurred during the reform era. Prostitution rates in China have soared since the early eighties and the official estimates of four to six million prostitutes outnumber the prostitution levels prior to 1949 (UNAIDS 2002b, p. 65). There has also been a resurgence of both arranged marriages and the traffic of women and girls for marriage and prostitution. While the CCP launched the 'Anti-Six Evils Campaign' (1988) targeting the traffic of women, prostitution, pornography, feudal superstition, gambling and drugs, the campaign had little effect on the trade of women and children (Jaschok & Miers 1994, p. 264). The number of women trafficked yearly in China is believed to be in the vicinity of the tens of thousands, and they are primarily abducted from Guizhou, Sichuan and Yunnan (Woodman & Ho, cited in Hughes, et. al. 1999). Clearly, this is a significant issue and one which has threatened women's security while at the same time reinforced feudal attitudes towards women.

While authorities have attempted to crack down on traffickers, many trafficked women who have escaped have not received assistance because authorities often 'have sympathy for men who cannot find wives' (Woodman & Ho, cited in Hughes, et. al. 1999). Other law enforcement authorities who return trafficked women to their 'husband's' do so because they 'consider the men who bought women to be the legitimate owners [of the women]' (Ren 1994, p. 71), reflecting the continuation of

patriarchal notions of women as the property of men. Villagers also assist in the trafficking by either turning a blind eye, or by helping to buy the women. In fact, it has been reported that one remote village collectively purchased women with the intention to solicit them from their homes. Close to 100 hundred women were owned by just one household (Woodman & Ho, cited in Hughes et. al. 1999).

The resurgence of the trafficking of women demonstrates there has been limited success in changing 'feudal' attitudes in some parts of China. Furthermore, it reinforces the assertion made by Jancar that one of the difficulties faced in the emancipation of women is that 'it is hard to eradicate five thousand years of accumulated history in thirty years' (1978, p. 65). Hence, while the CCP has made a concerted effort to emancipate women, the inability of 'imposed' measures to overturn or seriously challenge such ideology/ies has severely restricted real advancements in the emancipation of women in China. Furthermore, the government's adherence to the Engelsian approach, which has been shown to be a flawed approach, has further hindered Chinese women from achieving equality. As there are no 'quick-fix' solutions to the 'women's question' in China, or elsewhere for that matter, governments must pursue consistent policies and set achievable targets for the successful emancipation of women. The CCP's failure to practise such consistency in the policies and regulations formulated for the emancipation of women reflects that there has not yet been a full commitment to the emancipation of Chinese women by the Chinese government.

CONCLUSIONS

With the reappearance of 'feudal' practices such as the sale of women and violence against women and girls, as well as the continued structural and ideological constraints faced by women in China, not only has gender equality not been achieved in the PRC, but there exists a climate which has been proven elsewhere to be conducive for high rates of HIV transmission. However, the status of Chinese women is widely diverse. There are clear divisions between the rural and urban areas, with women in the urban areas faring much better, in most instances, than their rural sisters. In addition, disparity in education levels can also dictate a woman's future direction, with those who are more educated able to pursue greater opportunities than those who are less educated. Furthermore, Chinese women are under-represented politically thus limiting their opportunities to instigate policies and regulations that will improve their status.

Therefore, the overall status of Chinese women is not favourable. They have not achieved emancipation, despite the CCP's earlier proclamations that this had been achieved, and in many areas their status in the post-Mao era is very similar to the strongly feudal and patriarchal situation that existed prior to liberation. When determining women's vulnerability to HIV transmission, the status of women is an important factor. Clearly, the status of women in China, and the privileged position accorded to Chinese men, strongly indicates that Chinese women face a heightened vulnerability to HIV transmission. The following chapter explores women's vulnerability to HIV transmission in the PRC by applying the 'Gender and HIV/AIDS Vulnerability Matrix', and determines what social, cultural, economic and political factors increase Chinese women's vulnerability to HIV/AIDS.

CHAPTER SIX

THE VULNERABILITY OF CHINESE WOMEN TO HIV/AIDS

This chapter investigates specific sources of vulnerability to HIV transmission that women in the PRC face. It uses the ‘Gender and HIV/AIDS Vulnerability Matrix’ to identify the social, cultural, political and economic factors that are contributing to Chinese women’s vulnerability to HIV/AIDS. The chapter addresses central questions 6.1, What specific sources of HIV/AIDS vulnerability faced by women in China can be identified using the ‘Gender and HIV/AIDS Vulnerability Matrix’; 6.2, Are there any parallels between the vulnerabilities faced by Chinese women and recognised vulnerabilities to HIV/AIDS faced by women globally; and 6.3, What are the links between the status of women in China and their HIV/AIDS vulnerability? Therefore, in addition to evaluating sources of HIV/AIDS vulnerability for women in China, this chapter also establishes links between the status of women in China and their HIV/AIDS vulnerability.

As discussed in Chapter Three, the ‘Gender and HIV/AIDS Vulnerability Matrix’ (see p. 109) is significant because it formulates a framework for examining the role that gender plays in HIV/AIDS vulnerability. It determines the key factors that facilitate HIV transmission and those which heighten HIV/AIDS vulnerability, under specific terms such as ‘enabling environments’: the economic, cultural, social and political factors that contribute to the vulnerability of women to HIV transmission; and gender

roles: the ways in which gender roles and expectations can also heighten one's vulnerability to HIV/AIDS. Therefore, the Matrix is a useful analytical tool in determining 'country specific vulnerabilities' and 'shared vulnerabilities' to HIV transmission. It is important that country-specific vulnerabilities are identified as they are an integral part of the cycle of HIV transmission because HIV infection can exacerbate the conditions of the enabling environment, which in turn can cause the number of people infected with HIV to increase. Therefore, the focus of this chapter is to use the 'Gender and HIV/AIDS Vulnerability Matrix' as an analytical tool to perform a country-specific analysis of women's vulnerability to HIV/AIDS in the PRC. The findings are not only important because they identify the social, cultural, economic and political vulnerabilities faced by Chinese women, but also because the study tests and evaluates the matrix as an analytical tool for determining country-specific HIV/AIDS vulnerability for women.

CHINESE WOMEN'S VULNERABILITY TO HIV/AIDS

Between 1997 and 2000, evidence gathered by China's HIV/AIDS surveillance sites demonstrated that most new HIV infections in China were the result of IDU, commercial sex or blood selling. However, information gathered from the surveillance sites also indicated there was a significant increase in HIV/AIDS infection through non-commercial sexual intercourse between 1997 and 2000 (UNAIDS 2002a, p. 29). These results are of concern because they suggest that unprotected sex with non-monogamous partners has increased in China, a behaviour that heightens the HIV vulnerability of women (UNAIDS 2002a, p. 29). It has also been suggested that non-commercial heterosexual sex might become a main mode of HIV transmission in China in the future (UNAIDS 2002b, p. 21). If the transmission

of HIV through non-commercial heterosexual sex continues, the vulnerability of Chinese women to HIV transmission will only increase because, worldwide, women 'lack the power to determine where, when and how sex takes place' (UNAIDS, cited in Renwick 2002, p. 377).

As Chapter Three demonstrated, women in developing countries, such as China, are at a particularly high risk of HIV transmission, because they generally face greater inequality and enjoy fewer opportunities than women in developed countries. Furthermore, it has been recognised by Norr, Tlou and Norr that:

The many economic, political, social, and cultural factors that affect discrimination against women in other aspects of their lives also present barriers to the recognition of women's special needs related to AIDS and the allocation of resources to meet those needs (Cited in Cohen & Durham 1993, p. 263).

Therefore, in order for a country to implement an effective HIV/AIDS response, issues such as gender need to become an integral part of HIV/AIDS policy. However, this is not the case in China. In fact, in a series of interviews conducted during the field research component of this study,⁷⁵ it was found that national and even international organisations, responsible for HIV/AIDS prevention and treatment, were not paying particular attention to gender in their proposed responses to HIV/AIDS. One interviewee,⁷⁶ who worked for an international non-government organisation responsible for HIV/AIDS prevention and treatment, stated that 'gender does not play

⁷⁵ The fieldwork was conducted in China between August and October 2003.

⁷⁶ All interviewees spoken to during fieldwork were employed in government or non-government organisations that were responsible for HIV/AIDS prevention and treatment. Furthermore, none of the interviewees wanted to be identified, nor did they want the identity of the organisation in which they worked to be named. This was largely due to the continued sensitivity of HIV/AIDS in China, particularly when discussing the issue with international researchers or reporters. Thus, the interviews were conducted upon agreement that the interviewee's details would be kept confidential. It is for this reason that neither the interviewees, nor the organisations they worked for have been identified in this work. Please refer to Appendix 1 for an overview of interviewees and Appendix 2 for interview questions.

any role [in its HIV/AIDS policies], and it is not part of mainstream discussions' (Interviewee C 2003). Another interviewee, who worked for an overseas aid agency, believed a gendered response was not a major component of China's HIV/AIDS strategy because 'gender issues are generally addressed by the All China Women's Federation (ACWF) or the Regional Women's Commission' (Interviewee A 2003). Furthermore, at the time of fieldwork, mainstream women were not recognised or targeted as being vulnerable to HIV transmission (Interviewee A, 2003), regardless of the fact that in many other AIDS-stricken countries, especially those in Sub-Saharan Africa, women have been found to be at substantial risk of contracting HIV through both commercial and non-commercial heterosexual intercourse⁷⁷ (UNAIDS, UNFPA & UNIFEM 2004, pp. 1-2).

When asked whether she believed Chinese women were particularly vulnerable to HIV transmission, Interviewee D, who worked for a government organisation which played a key role in HIV/AIDS prevention and treatment responded that she believed 'women are less vulnerable [than men] to HIV/AIDS' and that women's vulnerability to HIV/AIDS largely depended on whether a woman was a sex worker, an IDU, if she had donated her blood, had a blood transfusion or had used other blood products (Interviewee D, 2003). Non-commercial heterosexual transmission was not identified. This response is alarming because it clearly ignores the patterns of the transmission of HIV/AIDS to women in much of the rest of the world, both developed and developing. Therefore, if women in China are not considered to be at risk from

⁷⁷ Women now make up over 50 percent of those infected with HIV/AIDS globally. HIV infection rates in many countries also reflect that more women than men have contracted HIV. For example HIV infection rates in Sub-Saharan Africa reveal that 58 percent are women. This is similar to North Africa and the Middle East where 55 percent of those infected are women. In the Caribbean the figure has reached 50 percent, and if the Caribbean follows the patterns of much of Africa and the Middle East it can be expected that women infected with HIV/AIDS will soon outnumber men in the Caribbean also (BBC 2002).

HIV/AIDS it is doubtful that advocacy programmes would be aimed at them, even though international experience has shown that they are most certainly at risk from HIV/AIDS.

Therefore, in order to implement an effective gendered response to HIV/AIDS in China, an education program on the differences in male and female vulnerability to HIV would need to be undertaken, not only among the general population but also among those responsible for proposing and implementing HIV/AIDS prevention and treatment campaigns. Logically, these education campaigns are primarily the responsibility of the Chinese government, because it wields control over HIV/AIDS responses, and, secondarily, its organs such as the ACWF, which is responsible for identifying issues and formulating policies pertaining to women in areas such as equality and health. Furthermore, by focusing only on the traditional ‘high risk’ groups, the Chinese government and organisations responsible for HIV/AIDS prevention and treatment, continue to put millions of Chinese women at risk because they still do not recognise the role that gender inequality and gender-based power relations have played in the global spread of HIV/AIDS. It is therefore pertinent that this study uses the ‘Gender and HIV/AIDS Vulnerability Matrix’ to determine the vulnerability of women in the PRC to the transmission of HIV/AIDS, as it considers both gender inequality and gender-based power relations in its analysis.

APPLYING THE ‘GENDER AND HIV/AIDS VULNERABILITY MATRIX’ TO WOMEN IN CHINA

The remainder of this chapter examines the vulnerability of Chinese women to HIV transmission using the ‘Gender and HIV/AIDS Vulnerability Matrix’. The examination of gender roles focuses on the impact of sexual health, reproduction and

STI knowledge, sexual passivity, sexual aggression and promiscuity in China. The enabling environment section examines the economic, cultural, social and political factors that shape or influence Chinese women's vulnerability to HIV transmission. While it is expected that many of the vulnerabilities faced by Chinese women will be similar to those faced by women globally, this chapter also identifies country-specific vulnerabilities, which should be key determinants in formulating gendered responses to HIV/AIDS in the PRC.

GENDER ROLES

Sexual Health, Reproduction and STI Knowledge

Correct knowledge about HIV/AIDS, including the prevention and transmission of HIV, is an essential part of an adequate response to HIV/AIDS. However, even with an epidemic that was first reported in 1985 (Fox & Sun Gang 1996, p. 12), and steadily increasing infection rates, knowledge of HIV/AIDS in China remains limited or non-existent. Surveys conducted by some INGOs have revealed that as many as 20 percent of China's population has no knowledge of HIV/AIDS at all (Park 2003, p. 54). One of the reasons often cited for this lack of knowledge is that due to China's size and regional variances in language dialects, country-wide HIV/AIDS education campaigns are difficult to conduct. However, there also exists a range of other reasons for the poor levels of HIV/AIDS knowledge in China.

Poor knowledge of HIV/AIDS knowledge can, in part, be attributed to the 'taboo nature' of sexual relations in China. While the reform and opening period since 1978-79 has loosened societal attitudes and views on sexual issues in China, resulting in an increase in premarital sex and societal acceptance of premarital sex (Qian, et. al. 2004), sex education and the supply of contraceptive devices to young, unmarried

people remains a contentious issue. At the time of the field research component of this study, Interviewee C stated that sex education was an important topic in China and that there had been much debate over when young people should be taught about sexual matters, with some sections of Chinese society arguing that the university level was the most appropriate time for young people to learn about sexual matters. Interviewee C (2003) also stated that the debate over when sex education should be delivered reinforces the point that even though social mores have loosened, sex is still a taboo issue in China. Hence, while Chinese society has, for the most part, accepted that premarital sex is occurring in the PRC, conservative ideas about sex education and the provision of contraception to unmarried couples has hindered the ability of unmarried people to engage in healthy sexual relationships.

The debate over whether sex education should be delivered at high school or university is not the only area of contention that demonstrates the continuance of conservative ideas on sex before marriage. There is also growing debate over abstinence-based sex education as opposed to sex education that promotes 'safer' sex, such as using condoms. The proponents of the abstinence-based sex education style hope to see a return to 'traditional morality'. Therefore, they only accept the provision of sex education on the basis that it advocates a return to the limitation of sex to marriage, and they actually accuse proponents of the 'safer' sex alternative of being responsible for the rise of premarital sex in China. On the other hand, the 'safer' sex proponents view the abstinence-based programs as being 'self-deluding and ineffective', highlighting that both views are oppositional to the other (Xia 2004, p. 15). While, this clearly demonstrates that the PRC is currently experiencing the same debate over sex education that continues to endure in the West, it is important to note

that while the debate continues, no real steps have been made in implementing a comprehensive sex education curriculum into Chinese schools. Therefore, a valuable opportunity to reach young people with sexual health information before their first sexual experience continues to be missed.

For many young unmarried people in China, the taboo nature of sex has been a contributing factor in them engaging in unprotected sex, which easily facilitates the transmission of STIs, including HIV, as well as having unintended pregnancy. Although young unmarried people can access contraceptive services in China, information and advice about contraception is somewhat limited to them. This is because the National Family Planning Programme only targets married couples for the delivery of contraception information and devices, even though over the past two decades, premarital sex in China has been steadily rising (Qian, et. al. 2004). One study by the Sex Sociology Institute of the People's University of China found that in people over 40 years of age, 45.7 percent of men and 24.1 percent of women reported they had engaged in premarital sex. However, for the 25-29 year old age bracket, rates were significantly higher with 72.2 percent of men and 46.2 percent of women reporting they had engaged in premarital sex (Xia 2004, p. 14). Furthermore, studies conducted in rural and urban Shanghai found that when premarital sex resulted in pregnancy, most pregnancies were unintended, and were usually because the couple had not used contraceptives (Qian, et. al. 2004). Clearly, even though premarital sex has become more commonplace and generally more acceptable, the rate of unintended premarital pregnancy and factors that obstruct correct knowledge or access to contraceptives demonstrates that further change is necessary if optimum health outcomes are to be achieved.

The above mentioned studies also found that the main response to a premarital pregnancy was an abortion. Based on these findings, the researchers of the studies concluded that ‘the data indicate[s] a large unmet need for reproductive health services for women prior to marriage in China’ (Qian, et. al. 2004). However, the findings also indicate that both young men and women were either unaware of, or not taking seriously, the possible health consequences of unprotected intercourse, including the transmission of HIV. This lack of knowledge, or caution, then leads to behaviours that contribute to an environment ideal for the transmission of HIV throughout the general population. These findings also reinforce the dire need for the introduction of a countrywide, comprehensive sex education curriculum in China that educates youth on STI prevention, correct use of contraception and pregnancy avoidance. In addition, it is also vitally important that such a curriculum be offered to China’s youth prior to their first sexual encounters, and that young people are also able to access contraception from government organs such as the National Family Planning Programme.

Another key factor that has affected China’s HIV/AIDS response is how condoms are perceived by Chinese society. With the resurgence of STIs in China, and the need to promote condoms effectively as a means of preventing STIs, condoms have undergone a name change, and there are now two names in the Chinese lexicon for condoms. The original name for condoms is (*bi yun tao*) ‘avoid pregnancy sheath’. This name clearly reflects their early role as a contraceptive device. However, condoms are now also called (*an quan tao*) ‘safety sheath’, to reflect that condoms should not only be thought of as preventing conception, but also as a means of

preventing the transmission of STIs (Yuan, et. al 2003, p. 17). Interviewee F acknowledged this change, adding that her organisation stressed ‘...that using condoms is beneficial for men and women, from the point of view of health, because men and women will both benefit from the[ir] use’ (2003).

Interviewee B (2003) believed that women were particularly vulnerable to sexual transmission from their partners because ‘there is no such dialogue [safer sex] between husband and wife or partners’. Furthermore, she concluded that in south west China where the main route of HIV infection has been IDU, the ‘transmission through sex is more within the family, within marriage, it’s not through this [*sic*] commercial sex workers’ (2003). Therefore, Interviewee B believed that it was imperative that condoms be promoted as a tool of sexual health within marriage and committed relationships as well as when engaging in sexual intercourse outside of marriage or committed relationships. While this is a desirable outcome to ensure the safety of vulnerable women, it is highly doubtful that such a response is wholly achievable, and Interviewee B did not discuss proposed measures to achieve such a target.

Condom use and advertising campaigns in China have also been hindered because the marketing of condoms has not always been open in China, due in large part to the continuing conservative views of sex that prevail in some segments of Chinese society. In 1998 and 1999, two separate condom advertisements were banned in China after widespread public outcry. The advertisements appeared on buses and then on the national China Central Television Network (CCTV) but were subsequently banned because of regulations that prevent the depiction of sex or obscenity in advertising. The advertisements were believed to breach these regulations because condoms were

regarded as a 'sex product'. However, due to the increased recognition of the important role condoms play in preventing the spread of STIs such as HIV/AIDS, in October 2002, the MOH decided that television advertising could be a useful tool in the fight against HIV/AIDS. Thus, condoms could thereafter be officially viewed as a public health device rather than a sex product. Since this turnaround, advertisements promoting the public health aspect of condoms have been allowed in designated media (Zhang 2003). Even so, when interviewed in 2003, Interviewee D believed that in the current climate, the popular perception of condom advertising held by the wider Chinese society was that;

It is still not appropriate for condoms to be used in mass education campaigns [even] if they are marketed to prevent disease. This is because people will think that they are suspected of being in a high risk group, and if they were in a high risk group, they do not want to be identified as belonging to such a group.

While this quote highlights that condom advertising was still not widely accepted, it also highlights another key area of contention in societal perceptions of condoms and that is that they are associated with 'high risk' behaviours such as 'illicit' sexual intercourse, that is, sex outside of marriage, sex with prostitutes and homosexual intercourse. In fact, the association of condoms and illicit sex has sometimes been reinforced by campaigns aimed at promoting condom use in the PRC. When asked about the success of condom marketing in China, Interviewee D (2003) stated that while the WHO had been successful in implementing 100 percent condom use pilot projects and condom marketing, these programs only targeted sex workers and homosexuals. Therefore, even though the programs reinforced the use of condoms beyond pregnancy prevention, they reinforced the link between condom use and illicit sex by focusing on sex workers and homosexuals as their target groups. As a

result, such projects could be seen to offer little in terms of the benefits that condoms offer in the prevention of STIs among the general population.

Increasing condom usage rates among the general population is further complicated because most Chinese women have IUDs or had surgeries such as tubal ligations or hysterectomies to avoid further pregnancies.⁷⁸ Therefore, continued promotion of condoms solely as pregnancy prevention is pointless because condoms would be viewed as otherwise unnecessary (Interviewee D, 2003). However, when one considers results of the Futures Group survey, whereby 78 percent of respondents reported that they believed themselves to be at ‘little risk’ of HIV transmission, it is unlikely that such people would consider using condoms for protection against STI transmission either, because they are often in long term relationships, which they believe automatically offers them protection against HIV transmission (2004, p.17). Furthermore, a study by Xia in 2002 found that 75.1 percent of male respondents were unwilling to use condoms, stating that they were ‘troublesome’, they decreased male sexual pleasure and because they were too expensive. Xia also found that many unmarried men preferred not to use condoms because they felt their ‘sexual and reproductive ability’ was proven if their partners became pregnant (2004, p.22). Hence, the low levels of knowledge about the effectiveness of condoms against disease, the overwhelming belief by much of Chinese society that they are at ‘low risk’ of contracting STIs and the continuation of cultural and sexual values that reinforce the importance of male sexual pleasure and potency, mean there is currently little impetus for the general population in China to use condoms. If left unaddressed,

⁷⁸ The National Population and Family Planning Commission of China reports that 38.24 percent of Chinese women have undergone sterilisation and 45.51 percent have IUDs (Zhao 2001).

these factors will exacerbate the spread of HIV/AIDS through the general population, as previously demonstrated in Sub-Saharan Africa.

One means of overcoming low rates of condom use would be for sexually active men and women to be informed on the benefits of condom use for their particular situation. It is not implausible that the National Population and Family Planning Commission of China, which already has the infrastructure to monitor sexual relations matters, could undertake such an operation. Interviewee D (2003) said she believed that;

The best solution [to increase condom use among the general population]...would be for peer educators to work in women's groups that meet privately. This sort of information needs to be privately delivered, not publicly. Also, it should be given to women without the presence of their husbands. The husband should not be in the same room.

While this suggestion has some merit in that peer education programs in other countries have experienced varying levels of success, Interviewee D's proposal does have a downfall in that it overlooks the role of men.⁷⁹ By only focusing on women, this idea is really only a half-measure. Interviewee F also believed that peer education campaigns about the health benefits of condom use could help to increase condom use in China. However, her approach was more inclusive in that she asserted both men and women needed to be educated on such matters. In addition, Interviewee F (2003) believed that such discussions should be conducted in groups that separated the sexes, because of the possible effects the unequal gender-based power relations that exist between Chinese men and women may have on such discussions. To reinforce her position she added that 'China is a special situation...in China men have a leading

⁷⁹ This issue is discussed in more depth in the discussion of Cultural and Social Factors, pp. 251-4.

role and are not respectful to women'. Therefore, Interviewee F's proposal was more considered as it recognised the necessity to include men, while acknowledging that the information should be delivered separately to men and women due to the difficulties caused by the 'privileged' status accorded Chinese men.

Another problem associated with condoms in China was the types of imagery evoked by condom brand names. Interviewee C (2003) believed that the condom brand name 'Strongman', which is one of China's most popular condom brands, contributed to men's HIV risk because they encouraged men to be 'male' through engaging in sexual activity. Interviewee C argued that the name of the condoms reinforced patriarchal social and cultural views of male sexuality. Interviewee C also felt that the 'Strongman' brand name also linked male prowess to illicit sex, because when one considered the widespread societal associations of condoms with illicit sex, to name a condom 'Strongman' implied that 'strong' men or 'real' men needed to use condoms, therefore they must engage in activities warranting the use of condoms, that is illicit sex. While these statements were Interviewee C's own opinions, should such observations be accurate, then it could be argued that the 'Strongman' brand name also relegates condom use to the realm of illicit sex, hindering its ability to function as a useful tool in ensuring sexual health in long-term relationships.

Interestingly, other popular brands of condoms also contain masculine associations, such as 'True man' and *Jissbon*, which is a Chinese translation of 'James Bond'. In fact, *Jissbon*'s share of the condom market has grown rapidly and it now accounts for 10 percent of condom sales in China. The links between the brand name *Jissbon* and both masculinity and illicit sex, as determined by some segments of Chinese society,

are clear when one considers the on-screen sexual encounters of the character ‘James Bond’, and these examples may provide some anecdotal evidence to the claims made by Interviewee C that condom brand names are sometimes linked to male prowess and illicit sex. Another example of this can be found in the Clinton and Lewinsky condoms released in Beijing in 2005. These brand names again clearly link condoms to ‘illicit sex’, that is extra-marital affairs, and it could also be argued that there are strong linkages to masculine power since Bill Clinton was the former President of the United States.⁸⁰ In addition, connotations of ‘power’ and hegemonic/dominant ‘masculinity’ are also evoked by these brand names as Monica Lewinsky’s position as an intern in the White House meant that she was in a subordinate position to Bill Clinton. Thus, anecdotally, there is evidence of a link between condom brand names and dominant masculinity and illicit sex, and such links have the potential to perpetuate the linking of illicit sex and condoms.⁸¹ While such an assertion warrants further research, if it were found to be correct, then this clearly indicates that the brand names of condoms in China should be reviewed, and if necessary altered, so that they do not promote patriarchal notions of male sexual prowess, which is likely to be offset by imagery of female passivity. Furthermore, it is very important that the association of condom use with illicit sex is not perpetuated.

While promoting condom use among the general population was identified as a necessity by Interviewees D (2003) and C (2003), the promotion of 100 percent condom use by prostitutes in both transactional sex and sexual relations with their

⁸⁰ The manufacturers of the Clinton and Lewinsky condoms state that these names were chosen because they were ‘symbols of people who are dedicated to their jobs’ and that in the case of Clinton, Chinese consumers view Clinton ‘as a responsible person, who would want to stress safe sex as an effective way to prevent the spread of HIV’ (Associated Press 2005).

⁸¹ These assertions are based on anecdotal evidence and the opinions of Interviewee C. The researcher believes that this is an area that warrants further research.

partners is also needed. Condom use among prostitutes in China is extremely low with only 10 percent of prostitutes surveyed at various locations around China reporting that they always use condoms. Alarming, close to fifty percent of prostitutes reported that they had never used a condom with a client (Kanabus 2004). It was also found that low rates of condom usage were linked to poor HIV/AIDS and STI knowledge because many prostitutes did not know the risks of unprotected intercourse and therefore did not believe they were at risk of contracting HIV. This clearly indicates the continuing lack of HIV prevention knowledge in an important 'high risk' group, which increases the likelihood of the transmission of HIV/AIDS among prostitutes and their clients (Kanabus 2004). Furthermore, other prostitutes reported that they lacked 'the power to insist on the use of condoms with their clients' (Thompson 2004b), and others stated that in most instances the client decided whether a condom was used (Kanabus 2004). Hence, poor HIV/AIDS awareness and female disempowerment facilitates such 'high risk' behaviour, and this situation reinforces the need for widespread public education campaigns to better educate the entire Chinese population on HIV/AIDS prevention and risk.

As indicated above, condom use and the ability to negotiate condom use varies greatly between prostitutes. While Interviewee E (2003) stated that prostitutes employed by entertainment establishments such as hotels or clubs, are sometimes provided with condoms by the business owner, this still does not ensure that condoms are used. Furthermore, 'lower status' prostitutes face greater disadvantages in negotiating condom use with their clients because they often charge less for sex. This lowers their negotiating power, as condom use generally involves a 'discount' due to decreased sensitivity and male sexual pleasure. Therefore, because 'lower status' prostitutes

already charge less for sex they often can't afford to take the pay cut and the 'discount' that would result if they insisted on condom use. Also, because it is the prostitute who pays for the condoms, the low rate charged for sex by these prostitutes restricts their financial ability to purchase condoms. They also lack the support of a business owner, many of whom do provide condoms or support the prostitutes if a client refuses to use a condom. Furthermore, 'lower status' prostitutes often lack knowledge about the benefits of condom usage, which 'higher status' prostitutes may acquire from the business owner or non-government organisations that provide such information to prostitutes (Interviewee E 2003).

Knowledge about condom use and disease prevention is also low among the general population and has resulted in low rates of condom use within this group also. While the results of a survey conducted in 2002 found that 93 percent of the urban population and 83 percent of small town residents stated that they had heard of HIV/AIDS, closer examination of the results revealed that only one-quarter of the urban population and one-third of the small town residents surveyed actually knew of the three major modes of HIV transmission. Furthermore, only 31 percent of city dwellers and 23 percent of small town dwellers knew that condoms could prevent the sexual transmission of HIV. Most disturbing however, was that in rural areas, the figures were much lower, with only 3.8 percent of people correctly identifying transmission routes of HIV/AIDS and how to protect against HIV transmission (Carter 2002a). These findings reflect that knowledge of HIV/AIDS in China remains limited across many groups throughout society.

One reason for the poor levels of HIV information was offered by Interviewee F (2003). She stated that ‘because China is so large... not everyone knows about AIDS’ and ‘the information has not spread to very remote areas, [therefore] more work will be done there’. These comments reflect that the rural/urban divide, and the sheer size and the remote locations inhabited by many rural peasants, complicates the dispersal of accurate HIV/AIDS knowledge, and is a key area that the Chinese government and INGOs must overcome to effectively tackle China’s growing HIV/AIDS epidemic.

Hence, correct knowledge about HIV/AIDS, including the prevention and transmission of HIV, which is an essential part of an adequate response to HIV/AIDS, has been found to be lacking in China. Clearly, there needs to be a concerted effort by the government and INGOs to educate not only ‘high risk’ groups, but also the general population on HIV/AIDS, both in terms of what it is, how it is transmitted and how individuals can prevent transmission. However, Interviewee F (2003) made a valid point, in that China’s size and remote locations has made information campaigns difficult, and it is therefore unreasonable to think that such a change can be achieved in a short period of time. Nonetheless, it would be fair to suggest that until such China-wide campaigns are carried out, infection rates among the general population will continue to grow because much of China’s population are currently unaware of their vulnerability to the virus and how they can protect themselves from it, while some people have no knowledge of HIV/AIDS at all.

Sexual Passivity and Sexual Aggression in China

In addition to sexual health, reproduction and STI knowledge, another important gender role identified by the ‘Gender and HIV/AIDS Matrix’ is sexual passivity and sexual aggression. As discussed in Chapter Three, women’s vulnerability to

HIV/AIDS is further heightened in societies where women are expected to be passive towards sex. While traditionally China was very much a society whereby passivity was expected of women in sexual matters, after 1949 this situation was widely believed to have altered because of Mao's proclamations about female equality as well as the belief that the 'smashing' of class difference was also expected to eradicate outdated sexual stereotypes of men and women. However, as has been argued above, patriarchal views still permeate Chinese society and overall Chinese men retain their position of gender privilege, often reflected in the power dynamics of heterosexual relationships.

The expectation of women as passive beings in sexual matters was ordained in sexual health books of the 1920s whereby 'the only advisable position during intercourse was with the man on top and the woman underneath' (Dikötter 1995, p. 59). This position gave men total control over their female sexual partners and relegated the woman to a position of submission. In addition, the aggression associated with the prescribed passivity of the woman during sexual intercourse was also reinforced by the view that the vagina served as a 'receptor' that 'received semen' as well as descriptions of the 'active' male sperm, which sought out and 'penetrated' the passive egg. It is also noteworthy that the vagina was often described as a 'sheath' that was made to house the 'sword', referring to the penis (Dikötter 1995, pp. 25-27). Male sexual aggression was also supported in early texts on sexual matters. In *Secrets of the Bedchamber* (1938) the male sexual instinct was described as 'violent and can hardly hold back' (Cited in Dikötter 1995, p. 53). Hence, very clear gender roles were ascribed to both men and women regarding heterosexual intercourse.

In the article 'Sexual Behaviour in Modern China', Liu (1994) examined male perceptions of women as the property of men and how such patriarchal views impact on sexual relations. Liu asserted that many men in China still believe that their wives are their property and that they have the right to force them to engage in sexual intercourse. In addition, Liu found that many men expected their wives to be chaste even if they themselves were unfaithful. Liu blamed these beliefs on the continuation of patriarchal views of women as property, and even argued that the 'material drive' of the reform and opening period, which has seen consumerism in China expand, has again relegated women to the status of 'possession'. Liu used the popular saying 'The horse I buy and the wife I marry are there for me to ride or beat as I please' (p. 10), as an indicator of the societal acceptance of such a viewpoint. Liu also asserted that 'the sexual life of some couples is essentially little more than rape, sexual tyranny, and outright abuse and devastation of the woman' (1994, p. 10). The findings of Liu's study reinforce the notion that many married women, or women in long term relationships, who might consider themselves to be of low risk of contracting HIV/AIDS because they have only one sexual partner, are possibly in a 'high risk' category because of the sexual transgressions of their sexual partners. Furthermore, when violence, unequal gender-based power relations and forced intercourse exist in a relationship it is very difficult or impossible for a woman to negotiate 'safer' sex options. Therefore, it would appear that Chinese women in relationships such as these are in fact quite vulnerable to HIV transmission.

While Liu argued that despite the above points, women did attain greater self-determination in their sex lives with the advent of Communism and later Socialism in China, Dikötter disagrees. Dikötter states that even after Liberation, discussions of

sexual matters continued to relegate women to a passive, subordinate role (1995, p.182). However, because fidelity between spouses was espoused by the CCP, male transgressions were no longer viewed as acceptable, thereby reducing their incidence (Dikötter 1995, p. 184). Therefore, rather than challenging the patriarchal views that Chinese society held regarding gender relations, the CCP merely 'band-aided' the situation by outlawing infidelity as an undesirable '*bourgeois*' behaviour. This very much relegates infidelity to a class consideration rather than a societal issue that is unpinned by unequal gender-based power relations.

Since the reform and opening of China in the late 1970s, many of these behaviours have again flourished, including the practice of polygamy. In her study of polygamy with Mainland Chinese women by Hong Kong men, Tam concluded that:

the social acceptance of polygamy and the institutional inability to deal with it point to the deep seated patriarchal concept of gender hierarchy, despite the fact that the monogamy policy has been in force for two and a half decades (Cited in Renwick 2002, p. 382).

While Tam's findings are solely based on polygamy in Hong Kong, they are applicable in contemporary Mainland China because concubinage and the taking of second wives have also reemerged despite being illegal and reportedly eradicated in the Maoist era. Polygamy heightens women's vulnerability to HIV transmission because it increases the possibility of their partner contracting the virus and transmitting the virus to them. Furthermore, like extra-marital affairs, in many instances the woman is unaware of her partner's polygamy, and therefore she may believe she is not at risk of contracting an STI, which may result in her not using condoms in her sexual relationship with her partner. However, even in situations where the woman does know of her partner's polygamy, she may still be unable to

negotiate condom use because of the obvious unequal gender-based power relations that exist in the relationship.

The assertion that men continue to enjoy a privileged gender status while women remain subordinate is also supported by the analysis of the rape of a young woman by her employer, in the Gil and Anderson article 'Case Study of Rape in Contemporary China'. Gil and Anderson believe that the rape incident in their study had 'as much to do with the generic victimization of a woman within a patriarchal and phallocentric culture, as with the inability of cultural China to overcome the long-privileged status it confers upon its males' (1999, p. 1153). The rape was also noteworthy because the young woman attributed her passivity, which contributed to her being in the situation as she did not feel she had anything to fear, to familial expectations of her to be ignorant of all things sexual, as well as Chinese society's code of conduct. She said that;

Inside I blamed my family for not telling me anything about sex, about men, about what can happen to people. They should have told me! They should have! I was enraged that they could be so ignorant. My mother never even told me about menstruation; I once saw her menstrual blood and asked where it came from, and she only told me, "Don't ask such foolish questions!" But these are people with some education; they should have talked to me! (Gil & Anderson 1999, p. 1159)

The rape also highlights male sexual aggression and the rapist's belief that men hold a position of gender privilege. During the rape the rapist refers to his penis as 'the best thing in the world' and that 'every girl should feel the happiest after a man gives her the best thing in the world!' (Gil & Anderson 1999, p. 1158). While this example certainly does not purport to be representative of, or an explanation of the reasons for all rapes in China, it is interesting because the rape demonstrated the passivity of the

young woman involved and the sexual aggression of the rapist, both of which are recognised as enabling factors in the transmission of HIV.

In addition to expectations about women's passivity in sexual matters, virginity has remained an essential 'sign of woman's purity' in China (Dikötter 1995, p. 55). The continuation of such views on virginity reinforce strict Confucian ethics and also indicate that the expectation of women as 'chaste beings' still exists in China. As discussed in Chapter Three, when a society values virginity as a sign of purity and desirability in a prospective bride, many young women will engage in other forms of sex such as anal or light sex, in an attempt to protect their virginity. These types of sexual intercourse greatly increase a young woman's vulnerability to HIV transmission because they generally occur without the use of condoms because there is no fear of getting pregnant through anal sex and light sex is often not believed to be intercourse, thus conception is also believed not to be a possibility. Thus, the value placed on virginity in China is another example of a gender-based vulnerability to HIV/AIDS in China.

The traffic of women in China is further evidence of the continuation of traditional patriarchal views that men hold a privileged gender position in society, while women continue to be relegated to a subordinate position. The traffic of women inside and outside of China is an endemic problem and is most prolific in Sichuan and Guizhou. Interviewee A (2003) attributed this to the fact that these two provinces 'have a high number of poor farmers and unemployed' so they sell women for financial rewards.

Interviewee A also stated that the ‘traffic of women in China is generally restricted to marriage, whereas trafficking outside of China is generally for prostitution’. In saying this, the interviewee believed that the traffic of women, while bad, would not increase the likelihood of HIV transmission because the women are sold, as ‘brides’ not prostitutes (Interviewee A, 2003). The beliefs that trafficked ‘brides’ are not particularly vulnerable to HIV transmission was also shared by Interviewee E (2003). However, these two viewpoints demonstrate a serious lack of understanding of the problem of the traffic of women as ‘brides’ because members of the trafficking gangs often rape the women, regardless of them being trafficked as ‘brides’ or as prostitutes. Furthermore, prospective husbands are often allowed to have intercourse with the women before purchasing them, in order to decide which woman will become their ‘bride’ and also so that they can bargain the price so that it aligns with ‘the quality of the goods’ (*South China Morning Post*, cited in Jaschok & Miers 1994, p. 264). Clearly, the rape of these women by numerous men, including their ‘husband’, increases their vulnerability to HIV transmission. In addition, the likelihood that their ‘husband’ will contract HIV from them or from other women he ‘sampled’ is also heightened if he does not already carry the virus. Hence, it is a very serious misconception that the traffic of women in China as ‘brides’ will have little impact on the HIV/AIDS epidemic there.

Equally alarming is the view held by some segments of Chinese society that believe that ‘as long as they [men] have the money, buying a wife or child is their own affair’ (Li Zhongxiu cited in Jaschok & Miers 1994, p. 265). Again, this kind of attitude illustrates the low status that many women continue to occupy in Chinese society and the patriarchal factors that heighten their vulnerability to HIV/AIDS. Also alarming is

the prospect that the sale of women in China is set to continue to expand because from a purely economic standpoint, buying a trafficked bride makes much more sense when one looks at the cost of a 'dowry' (CNY 10,000) as opposed to the cost of buying a trafficked woman (CNY 2,000) (Song, cited in Jaschok & Miers 1994, p. 265).

Domestic violence is also a good measure of male aggression in a society. While Interviewee A (2003) did not think domestic violence was a major problem in China, a survey conducted by the China Law Society found that domestic violence was present in one-third of Chinese households (Tang 2002). When discussing the issue of domestic violence Interviewee C (2003) said that while discussion of domestic violence has become more open in China, she believed the reported incidence of domestic violence to be much lower than the reality, and that domestic violence was a serious situation faced by many Chinese women. She also stated that the high suicide rate of Chinese women makes Chinese rates on female suicide one of the highest in the world. She also stated that rate of female suicide in China is much higher than male suicide rates, and that this is in part a result of domestic violence.

Renwick also argues that China is the 'only country with higher rates of reported suicide for women than men' and that of the total number of female suicides worldwide, 56 percent of female suicide globally occurred in China (2002, p.383). In addition, while the urban rate of female suicide was 15.9 per 100,000 people, in rural areas the figure reached 78.3 per 100,000 people, clearly demonstrating a rural/urban divide in female suicide rates (HRIC cited in Renwick 2002, p.383). A report by the BBC echoed these findings, reporting that the cause of a third of all deaths of rural

women in China is suicide, and that many rural women used pesticides and rat poisons to commit suicide (BBC 2002).

In his discussion of suicide, Renwick linked the high rates of female suicide in China to both domestic violence and the 'Confucian-informed patriarchy' of 'husband authority' (2002, p.383), while in the BBC report, a quote by Dr Phillips, the executive director of the Beijing Suicide Research and Prevention Centre, explained that 'If a young woman is having trouble, this [suicide] is one way she'll express her displeasure' (2002). Therefore, the reasons for suicide in reform and opening China are very similar to the reasons for suicide explored in both Chapters Four and Five. In addition, the ACWF has found that *reported* cases of domestic violence occur in approximately 30 percent of Chinese families, with 32.5 percent of abused women being beaten around four times per month (Xinhua 2000) Therefore, it is clear that domestic violence is a serious issue in China and one which is having drastic effects on women's bodily and mental health, as well as a contributing factor to the high rates of female suicide.

Although exact numbers are not known, China is also seeing a steady increase in the number of children orphaned by HIV/AIDS. It has been estimated that as many as 100,000 children have been orphaned by AIDS in Henan province alone and that this number could soon reach one million (Li 2002, p. 34). These orphans are often shunned by society, because of the stigma and discrimination that HIV/AIDS continues to attract, and many children have had to drop out of school and live on the streets. As discussed earlier, female AIDS orphans in Africa are a particularly vulnerable group because they often have little education and are targeted by 'sugar

daddies' who offer them money and food in exchange for sex. If the AIDS orphans of China continue to be denied or overlooked by the Chinese government, and are not awarded proper care and welfare services, then the phenomenon of 'sugar daddies' and other abuse will likely occur in China. If this occurs, then the AIDS orphans will also become a 'high risk' group in China.

While these findings are important in determining the status of women in China, they are equally important when determining women's vulnerability to HIV transmission, because vulnerability has been proven to escalate in situations where abuse and aggression are experienced. They are also factors which greatly increase women's insecurity in the PRC.

Promiscuity in China

Another gender role identified by UNAIDS as contributing to women's vulnerability to HIV transmission is promiscuity. Promiscuity, as defined by UNAIDS and used in this dissertation, denotes a person who engages in sexual acts with multiple partners. Therefore, in this context the term is not intended as a negative categorisation. However, promiscuity is often viewed negatively, and the stigma and negative connotations often associated with promiscuity have been identified as being a barrier to effective HIV prevention, because it can result in people avoiding seeking HIV prevention knowledge out of fear of being labelled promiscuous by others. This is largely because of the continued belief that HIV/AIDS is a disease that primarily affects promiscuous people (Feinstein & Prentice 2000, p. 25). That said, however, exposure or multiple exposures to HIV/AIDS are the key vulnerabilities that increases one's risk of contracting HIV/AIDS, in whatever form that exposure may take (Berer & Ray 1993, p. 44). Therefore, if a person engages in sexual acts with multiple

partners their risk of exposure is increased. However, *accurate* prevention knowledge and the ability to employ that knowledge by using condoms effectively, means that the risk of contracting HIV is reduced. Thus, while promiscuity can lead to HIV infection, if one is informed about HIV/AIDS and prevention strategies, and has the power to employ such strategies, the risk of infection can be significantly reduced.

One clear indicator of promiscuity within a society is their rate of STIs. Since the mid-1980s, the rate of STIs in China has rapidly increased. In 1985, there were 5,800 reported cases of STIs, but by 1999, this figure had ballooned to 836,000 cases⁸². Furthermore, because many people with STIs receive treatment in private clinics, health experts estimate that current figures on STI infection rates recorded by the national STI reporting system reflect only 10 percent of the total number of sexually transmitted infections in China (Thompson 2004b). As mentioned above, figures for STIs among the general population are important indicators of ‘high’ risk behaviours that are conducive for HIV transmission, and from the above data it can be concluded that alongside the increasing rate of STIs, promiscuity is also burgeoning in the PRC.

Further evidence of this was reported by Thompson, who said that a survey conducted in 2000 of chlamydia infection in the general population found that ‘the greatest risk for women under the age of 45 is to be married or in a long-term relationship with a man’ and that it was the infidelity of spouses and not her own behaviour, that made women most at risk of chlamydia infection (Thompson 2004b). Therefore, these findings indicate that China is most definitely following the same path as many other developing countries with high STI and HIV/AIDS rates, that is, women are at high

⁸² This rapid growth could also be caused by the earlier under-reporting of PLWHA.

risk of contracting HIV/AIDS due to the promiscuity of their spouse either prior to or during their marriage.

Acceptance of male promiscuity has a long history in China. The last decade of the nineteenth century saw a rise in STIs, which were largely believed to be introduced into the marriage union by 'straying husbands'. However, this behaviour was viewed as natural because men were believed to be 'endowed with a powerful sexual drive that sought outlet beyond the sphere of domesticity' (Dikötter 1995, p. 132). At the same time however, women were expected to be chaste and passive towards male transgression because their sexuality was 'reduced to a 'maternal instinct', which found expression in reproduction alone' (Dikötter 1995, p. 132). Therefore, the gender roles that legitimise such promiscuity among men in China is increasingly putting Chinese women at a greater risk of contracting HIV/AIDS.

The rise of premarital sex is another example of the inter-relationship between promiscuity and HIV vulnerability. In urban areas many young people are now having premarital sex with multiple partners (Thompson 2004a), and as discussed earlier many young people are unaware or unconcerned with the importance of using condoms in their sexual relationships. Without adequate access to condoms, sex education or sexual health care, it is also likely that infection rates among young people will also increase rates of infection in the general population, because by having unprotected sex with multiple partners, the chance of exposure to HIV/AIDS is increased.

Clearly, sex education programs will be an important way of disseminating adequate sexual health information to young people. However, such information programs need to continue beyond schooling years, as part of public health campaigns, particularly when one considers teenagers who may leave school before they are entitled to receive sex education. Interviewee D (2003) discussed pilot programs that have been implemented in China that targeted teenagers who had left school but did not have fixed employment. She stated that these youths were at particular risk to HIV transmission because they did not have fixed work and were therefore more likely to engage in 'risky practices' such as IDU or unprotected sex. Interviewee D also believed this group to be at particular risk of contracting HIV because they were not easily identifiable to advocacy groups because they are a 'hard to reach population'. Therefore, messages about HIV/AIDS prevention do not reach them and so their lack of adequate HIV/AIDS knowledge, coupled with their tendency to indulge in 'high risk' behaviours, leaves them particularly vulnerable to HIV transmission.

The migration of rural men to the cities for work was identified by one interviewee as also compounding the situation of women's vulnerability to HIV transmission. The interviewee stated that although many of these men are married, they leave their wives behind and often engage in 'risky practices' in the cities, such as IDU, procuring prostitutes, or they form relationships with other women and are unfaithful to their spouse. Generally, the men will return to their homes once a year, during which they engage in sexual activity with their spouse, without using condoms. The interviewee further stated that even if the woman may suspect her spouse of having engaged in 'risky practices' while away, the woman may be unable to insist that her spouse use a condom due to unequal gender-based power relations within the

marriage, or may be unwilling to do so for fear of upsetting her time with her spouse. Furthermore, as previously mentioned, such a request may also cause her spouse to question her behaviour while he's been away (Interviewee C 2003).

Thompson (2003) supports these statements in his report titled the 'HIV/AIDS Epidemic in China Spreads Into the General Population'. He states that the 'floating population', which is estimated to total around 120-130 million people, is at an extremely high risk of contracting HIV/AIDS. He argues the group is largely comprised of 'young, poorly educated [people] in the sexually active period of their lives'. They are usually away from home for at least fifty weeks of the year and because of this they tend to live freer lives than they would be able to in the more conservative environment of their home villages. As a result, they are often more likely to interact with prostitutes and can be easy targets for drug sellers.

A report by the Horizon Research and Futures Group Europe offered similar findings, based on a behavioural surveillance survey conducted in Yunnan and Sichuan. The report found that of the men surveyed, there was a high percentage of married men engaging in commercial sex. It was also found that the incidence was higher among men who spent some time away from their spouse (75 percent) as compared to those who lived with their spouse (10 percent) (Horizon Research and Futures Group Europe 2002, p.16). Clearly, these findings reinforce the above assertion by Thompson that persons in the floating population are often more likely to interact with prostitutes, largely due to long absences from their home village.

In addition to the above risk factors outlined for migrant men, for many young migrant women, circumstances that contribute to their vulnerability to HIV transmission include that they are away from the economic support and protection nets that exist in their home villages, making them easy targets to be lured or forced into prostitution due to economic necessity. In fact, a large number of China's prostitutes are migrant women (Thompson 2003). Many migrant women have also become the victims of sexual harassment and sexual violence, which also increases their vulnerability to HIV transmission.

Clearly, for Chinese women there exists a range of vulnerabilities to HIV transmission that are caused or impacted on by the gender roles that exist in Chinese society. This chapter now turns its focus to the role that enabling environments also play in women's vulnerability to HIV/AIDS.

ENABLING ENVIRONMENT

Economic Factors

The pattern of HIV/AIDS globally has shown that one of the key vulnerabilities to transmission is poverty, and in many countries experiencing HIV/AIDS epidemics, it has repeatedly been the impoverished who are most affected. This is also the case in China, where many of the rural poor have become infected as well as many ethnic minority peoples. However, women are also an economically vulnerable group within Chinese society and this section will investigate the role that economics plays in their vulnerability to HIV transmission.

The necessity of the empowerment of women through government policies as part of an overall HIV/AIDS response is obvious when one takes into consideration that while HIV/AIDS prevention policies have traditionally focused on reducing identified 'risky' behaviours such as intravenous drug use (IDU) and prostitution, it is now being realised that one of the main risks associated with the rapid spread of HIV/AIDS, is the socio-economic structures that prevent people from avoiding exposure (Irwin, Millen & Fallows 2003, p. 20). For example, in countries where adequate welfare, educational or employment opportunities do not exist for women, many women are forced to turn to the sex industry to support themselves and their family. Therefore, messages about minimising sexual partners, although highlighting the correlation with reducing one's HIV/AIDS risk, would not be effective, as economic necessity prevents economically disadvantaged women from being able to make such a choice. Thus, merely targeting 'risky' behaviour in HIV/AIDS prevention campaigns, and imploring the population to make 'lifestyle choices' such as reducing the number of sexual partners they have, really overlooks the root causes of many of the vulnerabilities. Instead, it would be more effective to target the socio-economic structures, such as inadequate welfare policies and the disempowerment of women that limit a woman's ability to avoid the virus and cause her to have to engage in transactional or survival sex (Irwin, Millen & Fallows 2003, p. 20). In addition, it is also necessary that women be provided with free access to comprehensive and accurate information on HIV/AIDS and prevention measures.

When asked what factors he believed increased Chinese women's vulnerability to HIV/AIDS, Interviewee E (2003) responded that he felt employment and education were key factors. He stated that especially in rural areas, female school enrolments are

much lower than their male counterparts, and that this affects women's employment opportunities. He also stated that women were further disadvantaged because they are not paid the same as men for equal work. Also, because many women had been laid-off from their jobs in northeast China, due to factory closures and cutbacks, and were unable to find other work, many of them had been forced to enter the sex industry as a means of survival (Interviewee E, 2003). These comments support the findings in Chapter Five that Chinese females are being denied equal educational and employment opportunities when compared with their male counterparts, and that this has caused a significant impact on their status but it also clearly contributes to their vulnerability to HIV/AIDS.

Interviewee C (2003) also believed that gender and economics were important issues in HIV/AIDS prevention and treatment, even though they were not yet recognised or a part of China's official HIV/AIDS response and policies. On the issue of what makes women in China vulnerable to HIV transmission, she said:

Women are vulnerable... for a number of reasons. These include the status of women - political, economic and social status of women. Also, the educational level of women is lower than their male counterparts, and unemployment rates are a great deal higher. This has a lot to do with remaining views on the role of women, which follow closely with the traditional stereotypes of women as wives, devoted to house and raising children. They are still seen in this caregiver role. Women are also restricted in their access to information, so this also makes them vulnerable because they don't know what HIV/AIDS is or how to prevent it.

Hence, while both Interviewee C and E were aware of the affects gender has on HIV/AIDS vulnerability, neither their particular organisations, nor any other organisations responsible for HIV/AIDS prevention and treatment campaigns, incorporated gender into their programmes or education campaigns. Upon discussion

with Interviewee A, two possible reasons were offered for this oversight. As indicated earlier Interviewee A stated that 'gender issues are generally addressed by the All China Women's Federation (ACWF) or the Regional Women's Commission' and that mainstream women were not considered at risk of HIV transmission. Therefore, it could be argued that women are marginalised in discussions on HIV/AIDS vulnerability among INGOs, NGOs and IGOs responsible for HIV/AIDS prevention and treatment campaigns in China because such organisations do not want to interfere with the role of ACWF to act in the interests of women, and have relegated gender and HIV/AIDS issues to the ACWF. Secondly, when the focus of prevention campaigns is solely on those considered 'high risk', other vulnerable groups, such as women are overlooked, that is until the epidemic moves into the rampant phase whereby the virus is transmitted rapidly among the general population. Therefore, Interviewee A's reasons for the lack of consideration of gender in official responses to HIV/AIDS in China demonstrates that there are serious impediments to the incorporation of gender that must be addressed.

However, mainstream women are not the only economically disadvantaged group incorrectly considered to be at 'low risk' of contracting HIV/AIDS. The recent HIV/AIDS epidemic in Henan, which was linked to blood selling, has forced many in China who might have previously believed themselves to be at a 'low risk' of contracting HIV/AIDS to re-think possible paths of infection, as well as the 'types' of people who contract HIV/AIDS.

The transmission of HIV through blood selling is relatively unique to China and has caused many of China's rural poor to become HIV positive. Both men and women

have contracted HIV through blood selling. Although cultural views that men earn the household income, as well as the fact that men are generally more mobile than women in rural China and blood donors were often required to travel to sell their blood, meant that the majority of those who became HIV positive due to blood selling were men. However, many women have since become HIV positive due to their sexual partner's positive status (Jolly & Ying 2002, p. 3). The breadwinner role of men also contributed to a number of women in Henan contracting HIV because they sold their blood in the place of their husbands, so that their husbands would not become too weak or ill to continue working (Interviewee D, 2003).

The blood selling incident illustrates the precarious economic situation that many Chinese peasants face, and shows how their vulnerability to HIV/AIDS has been increased as a result. As mentioned above, it has also caused many to reconsider the 'types' of people who contract HIV/AIDS, because those affected are primarily drawn from populations previously thought to be of 'low risk'. When discussing the incidence of women being infected with HIV from blood selling and how wider society views them, Interviewee C (2003) stated:

It has been recognised that women are becoming infected, and in addition these women are not 'bad' women engaging in prostitution or IDU, but they are 'innocent' women infected by blood selling from their husbands.

In addition, she also believed that the transmission of HIV from husbands who contracted the virus from blood selling to wives has 'led to a greater realisation of the power relationship that exists between men and women', because such women are seen as 'innocent' victims. Therefore, the role of blood selling in the transmission of HIV/AIDS to large segments of China's rural poor has not only demonstrated the role

that economic insecurity plays in HIV/AIDS vulnerability, but it has also shown that populations previously thought to be of 'low risk' of transmission can quickly become 'high risk' populations. Hence, the false sense of security accorded to many due to education campaigns that target 'high risk' populations is damaging to the prevention of the epidemic.

As established in Chapter Three, prostitution or transactional/survival sex is an example of the relationship between economic vulnerability and HIV vulnerability. Therefore, in examining the economic vulnerability of women to HIV/AIDS it is important to determine the number of women engaged in prostitution. While conservative estimates suggest the number of prostitutes in China is approximately three million (Thompson 2004b) to four million (Harding 2000), scholars such as Professor Pan Suiming of People's University of Beijing believe the figure to be much higher when the numbers of women who engage in 'casual or infrequent transactional sex' are included (Cited in Thompson 2004b). It has also been reported by UNAIDS that the Public Security Bureau estimates the number of prostitutes in China could be as high as six million (UNAIDS 2002b, p. 65). Jeffreys states that government authorities in China have called prostitution in China a 'widespread and growing problem' (McLaren 2004, p. 83). Thus, a conservative estimate of four million prostitutes demonstrates that a considerable number of Chinese women are vulnerable to HIV infection through prostitution.

The illegal nature of prostitution in China is a major barrier to HIV/AIDS advocacy for prostitutes and continues to exacerbate the vulnerable status prostitutes occupy in China. Interviewee D (2003) stated that organisations like hers could give HIV

prevention information to sex workers, without arresting them, because it was not a government organisation. If workers from the government organisations identified sex workers, it was their responsibility to report them because of the illegality of prostitution, and they faced detention in rehabilitation centres. While there are debates in China as to whether or not prostitution should be legalised so as to allow INGOs, NGOs and IGOs to legally provide STI prevention knowledge and services to prostitutes,⁸³ the rehabilitation system currently offers an opportunity for the provision of such knowledge and services but this has not been taken up by the government. However, while this could provide an opportunity to reach this vulnerable group with HIV/AIDS prevention information, Interviewee D (2003) stated that this is not happening, even though the organisation she worked for had been trying to launch programs that tied ‘HIV/AIDS prevention education into the rehabilitation programs of these centres’. Furthermore, without adequate help to overcome their economic insecurity, women who leave the rehabilitation centres often return to prostitution. Thus, she stated, an important opportunity is missed, especially considering that some women return to work in the sex industry after undergoing ‘rehabilitation’.

The economic vulnerability of Chinese women is also increasing because women are becoming burdened with ‘picking up the pieces’ of HIV. Interviewee C (2003) stated that in the central provinces, where HIV was largely spread through blood selling, that ‘women are playing key caring roles in the community’ by taking on additional chores such as income generation, and caring for sick or orphaned family members as well as caring for orphaned children from other families. Therefore, as their domestic duties

⁸³ For further reading see Jeffreys, Elaine 2004, ‘Feminist prostitution debates: Are there any sex workers in China?’ in McLaren, A (ed), *Chinese Women – Living and Working*, Routledge Curzon, New York, pp. 83-105.

increase, it is likely that women are prevented from engaging in work outside of the home which exacerbates their economic insecurity.

Interviewee C (2003) also believed that men's health took priority over women's health and that this too was the result of economic factors. She argued that because men are seen as the breadwinners, when they fall sick it is a big issue, because they need to be able to work. She also stated that men are generally allocated more money from the family budget to spend on healthcare than women. Therefore, for families who are economically insecure or impoverished, women's health issues are often overlooked, so that in the event that male members of the family may need healthcare the family can provide for them.

Interviewee E (2003) stated that the high rate of RTIs among women in rural China was evidence of the low levels of health care among the rural population. For many women this is because they simply are not given the money necessary to go to the doctor because it is allocated to male family members who are the breadwinners and therefore are believed to be more in need of medical attention should the need arise. For other women it could be that they are reluctant to see a male doctor,⁸⁴ especially if their condition involves their reproductive organs, or that health services are not available locally, or they may not recognise that there is something wrong that requires medical attention. Untreated RTIs is not only a serious health problem for women, but it also increases their risk of HIV transmission. Therefore, poor rates of healthcare among rural women, or elsewhere, is another key issue that needs to be

⁸⁴ Interviewee E stated that most rural doctors are men and that this has been a key barrier to women seeking medical assistance (2003).

overcome due to the effect it can have on increasing vulnerability to HIV transmission.

Clearly, the above discussion demonstrates that there exists a range of economic factors that most certainly contribute to women's vulnerability to HIV/AIDS in the PRC. In addition, such economic considerations are also important in terms of their effect on women's economic security, and the role that economics plays in determining the status of women in contemporary China. Thus, it is important that significant changes aimed at improving women's economic empowerment are undertaken by the Chinese government to not only improve the lives of countless Chinese women, but also to reduce their vulnerability to HIV/AIDS.

Cultural and Social Factors

In addition to economic factors, the 'Gender and HIV/AIDS Vulnerability Matrix' also identifies cultural and social factors as enabling environments for HIV transmission (Feinstein & Prentice 2000, p. 28). Cultural and social factors are of great significance as an enabling environment because they can dictate women's status within society, male and female roles and behaviours that contribute to HIV/AIDS vulnerability, and they can also determine how PLWHA are treated by government and health authorities and the society at large. As discussed earlier, the superior position that Chinese men enjoy is evidence of an important cultural and social factor that has not been effectively overturned, even though there have been attempts to do so. Male superiority is still a cultural norm in China as is the belief that women are the possessions of men (Xia 2004, p. 24), and these beliefs increase women's vulnerability to HIV transmission. However, the difficulty of overcoming social and cultural beliefs is not unique to China. Instead, it should be noted that

because social and cultural factors are deeply embedded in a society's belief and value system, they can be very difficult to challenge.

In some areas of China, the re-emergence of son preference has meant that for many women the pressure to have a son is very strong, and failure to do so can lead to domestic violence and even divorce. This particular example of a societal expectation not only heightens the insecurity of Chinese women, but it can also contribute to women's HIV vulnerability. In her discussion of son preference and violence against women who bear daughters, Croll provided several accounts of incidences whereby a husband committed acts of domestic violence against his wife after she bore a daughter (Croll 2000, pp.78-80). Such violence not only disempowers her within the family, but it may cause her to become vulnerable in other areas such as economically or within the sexual relationship due to sexual aggression or promiscuity by her partner. As a result of these heightened insecurities, woman's vulnerability to HIV/AIDS is also increased due to the links between vulnerability and unequal gender relations.

Interviewee B (2003) believed that gender inequality, and in particular the continuation of cultural beliefs of male superiority, are also reflected in the/a partner's responses to the HIV+ status disclosure of their spouse. She stated that;

If only the woman [*sic*] have HIV/AIDS... the man will immediately ask "How did you get it?" and then if the reverse case happen[s], there is no such questioning. They just say, "Oh,... I made a mistake".

Furthermore, Interviewee B (2003) stated that it is quite common in China for HIV+ partners not to disclose their positive status to their partners. While this can be attributed to poor levels of HIV/AIDS knowledge, of fear of being stigmatised and

abandoned by their partner or family, it can also be because many men simply do not want to be bothered by using condoms. In fact, many men refuse to use condoms because they cost money, 'are very inconvenient' or they simply do not want to experience reduced sexual pleasure (Xia 2004, p.21).

The above discussion highlights that the most common risk factor for contracting HIV for many women living in developing countries, is marriage and trying to conceive a child. These socially expected practices are putting women at risk because women are subjected to circumstances beyond their control, such as their husband's fidelity. However, in this instance the notion of condom use or 'safe-sex' within the marriage is problematic for a number of reasons. Firstly, for a wife to insist that her husband use a condom would mean that she would not be able to conceive a child, which may be both desired by her and expected of her. Secondly, by making such a request, she could be seen as mistrusting her husband, or accusing him of engaging in 'risky practices' such as sexual activity outside of the marriage. Thirdly, such a request might be seen as an admission of guilt on her part for engaging in 'risky' sexual activity outside of the marriage (Beyrer 1998, p. 120). Therefore, it is imperative that responses to HIV/AIDS also seek to empower women and remove the social, economic and political structures which cause gender inequality.

Another factor contributing to women's vulnerability to HIV transmission in China is outlined by Yayori Matsui (Cited in Renwick 2002) who reported that some Chinese men believe that engaging in sex with virgins and young girls has a 'rejuvenating power' that will prolong their life, and that men with STIs, including HIV, have adopted the practice as a means of 'sexual cleansing', believing that the act will

‘cleanse’ them of their infection. This is a chilling echo of the eastern and southern African myth that sex with young virgins could cure men of HIV/AIDS, which led to a rise in the transmission of HIV/AIDS among young girls (Feinstein & Prentice 2000, p. 23). If this practice continues and becomes more widespread it will certainly hasten the spread of HIV/AIDS among China’s general population.

Thus, the social and cultural factors that heighten Chinese womens’ vulnerability to HIV/AIDS are largely centred on the unequal gender-based power relations between Chinese men and women. This again reflects that the Chinese government must seek not only to include gender into its response to HIV/AIDS, but also to implement comprehensive measures to empower Chinese women.

Political Factors

The final enabling environment that heightens HIV vulnerability identified by the ‘Gender and HIV/AIDS Vulnerability Matrix’ is the political environment. It has long been determined that government responses, or lack of response, to HIV can heighten a person’s vulnerability to HIV transmission. This section examines the Chinese government’s response to HIV/AIDS in China, including how the virus has been portrayed by the media, what measures the government has taken to reduce vulnerability and how the health system has responded to the HIV/AIDS epidemic in China.⁸⁵

Early state media representations of HIV/AIDS have affected HIV/AIDS knowledge in China, and how PLWHA are received by society and by the medical profession.

⁸⁵ Chapter Seven will explore the government responses in more depth and will include an examination of government and non-government organisations’ responses to HIV/AIDS in China.

Interviewee D (2003) stated that when the state media initially discussed HIV/AIDS, it was portrayed as 'the enemy' and that media reports were largely focused on scaring people about the virus. Furthermore, Interviewee D believed that these early representations contributed greatly to the stigma and discrimination of PLWHA in China. This argument is reinforced by Dikötter, who claims that AIDS was initially described in official discourse as an 'evil from abroad', and that it was widely believed that the 'superior immune system' of the Chinese, combined with their 'Neo-Confucian values', would mean that HIV/AIDS would not infect the general population but would largely remain limited to homosexual men and prostitutes who serviced foreign clients (Lewis, Bamber & Waugh, 1997, pp. 78-79). Such beliefs became accepted by Chinese society and have influenced how both the virus and PLWHA are perceived.

In addition to stigma and discrimination, these early representations of HIV/AIDS have also contributed to the formation of stereotypes regarding the 'types' of people who contract HIV/AIDS, restricting them to homosexual men, prostitutes and IDUs. These stereotypes have also led to many people falsely believing that they are not at risk from contracting HIV/AIDS if they do not belong to one of the above-mentioned groups. This false sense of security was reflected in the section on 'Self-perceived risk of contracting HIV/AIDS' in a study conducted by the Futures Group which explored the levels of HIV/AIDS knowledge among the study group, and their attitudes and behaviours towards AIDS related issues. The study found that 78 percent of those surveyed believed themselves to be at 'low risk' of contracting HIV/AIDS, and that the main reasons for such a belief was because very few of the respondents (2 percent) reported that they knew of a PLWHA or a person who had died from AIDS.

Therefore, because they themselves had not known anyone affected by HIV/AIDS their perceptions of the virus was that it is something that affects the 'other' or that it only affected 'degraded people' (Futures Group, 2004, p. 17). Therefore, because they did not fit either category they believed themselves to be of little risk of contracting HIV/AIDS.

The study also found that the transmission channels of HIV most identified by respondents were sexual transmission (44.6 percent) and blood transmission (41.5 percent). When asked how they could avoid HIV transmission, avoiding blood donation was the most common response (42.2 percent), followed by avoiding injections (26 percent), limiting sexual intercourse to one uninfected partner (25.4 percent) and finally avoiding sexual intercourse with IDUs (24.1 percent) (Futures Group, 2004, p. 17). Therefore, respondents who had not sold their blood, avoided injections, were faithful to their partners and avoided having sexual intercourse with partners who openly injected drugs, were shown to believe that by their actions they were safe from HIV infection. This response clearly ignores issues which may put them at risk such as exposure to HIV/AIDS from their own or their partner's previous sexual partner's, previous IDU or iatrogenic transmission. Hence, these results demonstrate that many people in China are overlooking an important element of HIV transmission, that is, the effects that the actions of other parties', in particular one's sexual partner, can have on their own vulnerability.

Self-perceived risk has also been skewed by the government's HIV/AIDS prevention policies, which have long been focused on 'high risk' groups. It can be argued that current prevention strategies actually put women at risk by stressing partner reduction

over condom use as an effective way to avoid HIV transmission. The ‘one partner’ or ‘faithfulness’ prevention messages, which teach both men and women to protect themselves against HIV transmission by limiting the number of partners they have has been described by UNAIDS as lulling people into a ‘false safety’ (UNAIDS 2002b, p. 44). Surveys that have been conducted in China among traditional ‘low risk’ groups such as married women who do not engage in any of the traditionally recognised ‘risky practices’ conducive to HIV transmission, have found that most women believe that limiting the number of partners they have to one is much better protection against HIV transmission than using condoms (UNAIDS 2002b, p. 44). However, such a measure is dependent upon their spouse having a negative status upon the commencement of the relationship, and their remaining faithful to their spouse and not engaging in IDU or other practices that may cause them to contract HIV.

For many women in the developing world who have contracted HIV/AIDS through heterosexual intercourse, the source of their transmission was their only sexual partner, usually their husband. While statistics on this are not yet available from China, surveys conducted in Africa reveal that 60-80 percent of HIV positive women, who contracted HIV from sexual intercourse, reported that their only sexual partner was their husband. Another study, which was conducted in India, another region where HIV/AIDS is growing at an alarming rate, reveals that 91 percent of HIV positive women surveyed, who had contracted HIV from sexual intercourse, also reported that their only sexual partner was their husband (Feinstein & Prentice 2000, p. 22). These findings support the results of an earlier study conducted in 1989 which also found the majority of HIV positive women who had contracted HIV through heterosexual intercourse, had also contracted HIV/AIDS from their only sexual

partner, their husband. The researchers in this instance concluded that often 'condom use was more effective in preventing HIV infection than was limiting the number of partners' (Cohen & Durham 1993, p. 62).

Therefore, campaigns like the government sponsored campaigns in China that primarily focus on individuals reducing 'risky practices' or limiting the number of sexual partners they have to one, are out of step with reality. When one considers the above information, as well as the increasing number of men in China who are willing to pay for sex, and the mostly male migrant population or 'floating population', it is both irresponsible and foolish for Chinese authorities to launch campaigns that 'make women believe that they are protected as long as they have only one sexual partner' (UNAIDS 2002b, p. 44). HIV/AIDS prevention campaigns also need to focus on providing easily accessible sexual and reproductive health information for both men and women, making condoms available and accessible to all sexually active persons, and they should also aim to empower women and challenge the negative gender stereotypes and biases attributed to both men and women that heighten their vulnerability to HIV transmission.

Stereotypes about HIV/AIDS and those who contract it, which were initially conveyed by the state media representations of HIV/AIDS, have also contributed to the development of an environment of stigma and discrimination toward PLWHA and people working in the field of HIV/AIDS prevention and treatment. Interviewee B (2003) recalled her experiences of being stigmatised based on her work in HIV/AIDS prevention. She stated that when people discovered the nature of her work, they usually responded by saying 'Oh, you work in this areas[sic]'. Furthermore, she also

stated that people will often offer their own solutions to the ‘AIDS problem’, such as that PLWHA should be put ‘in an isolated place away from us, [because] they are degraded people’. Interviewee C (2003) also claimed that people who work for HIV/AIDS groups in China face discrimination. She stated that it had recently been reported in the Chinese media that a couple who had volunteered to work in HIV/AIDS prevention had since faced difficulty with their business as a direct consequence of their involvement with an HIV/AIDS organisation. Rather than being intentionally malicious, Interviewee C believed this type of discrimination was a direct consequence of people’s fear of HIV/AIDS, which is heightened considerably by their low levels of HIV/AIDS knowledge.⁸⁶

Discrimination against people working in the field of HIV/AIDS and PLWHA remains widespread in China. Interviewee B (2003) concluded that even though there have been state media campaigns in recent years that condemn this kind of behaviour, the message has not impacted greatly on the general public because it has not been supported by adequate follow-up information. She also argued that many HIV/AIDS related messages are ‘hollow’, consisting of a random, out of context message, thereby having little impact on raising HIV/AIDS knowledge among the general population. Therefore, Interviewee B also believed that such messages had made little inroads into the perceptions of HIV/AIDS and PLWHA that were fostered by the initial state media campaigns.

Interviewee B (2003) also stated that the media campaigns for HIV/AIDS in China, were focused around World AIDS Day, December 1st, but are virtually non-existent

⁸⁶ For further discussion of stigma and discrimination against PLWHA in China, refer to the Stigma and Discrimination section in Chapter Two, pp. 70-3.

for the remainder of the year. She also stated that the messages are usually very 'hollow' such as 'be faithful to your partner'. Interviewee B argued that because this type of message is not specific it doesn't actually convey anything, thus it is not very effective (Interviewee B, 2003). Interviewee E shared these beliefs and stated that outside of the World AIDS Day activities, 'there is no systematic HIV awareness campaign' (Interviewee E, 2003).

However, state media reports on HIV/AIDS in China have undergone some change in recent years. Negative media portrayals of HIV/AIDS and PLWHA are now receding, and media campaigns on HIV/AIDS in China have become more focused around the annual World AIDS Day themes and related events. As a result, media portrayals of HIV/AIDS have shifted from concepts of the virus as punishment for degraded people to it being a disease that anyone can contract. Furthermore, the media has also conveyed that although there is no cure for HIV/AIDS at present, PLWHA can be given treatments that improve their quality of life and that PLWHA can still live a good life (Interviewee D, 2003). Therefore, it would seem that after an initial start that was counterproductive, the state media has attempted to have a positive impact in the way it reports on issues connected to HIV/AIDS.

Interviewee D (2003) also stated that HIV/AIDS advocacy had undergone a change and was more focused on the grassroots level in recent years, rather than solely being mass education campaigns. Even so, she stated that these campaigns were still largely restricted to the traditional 'high risk' groups such as IDUs, sex workers and homosexuals. Thus, the government's continued focus on traditional 'high risk' groups was identified as a major failure because it overlooked the vulnerability of the

general public and in particular, Chinese women. Furthermore, to make any significant inroads in preventing the spread of HIV/AIDS in China, grassroots campaigns should be done in conjunction with mass education campaigns, and the government must recognise the interplay that gender roles and enabling environments play in HIV/AIDS vulnerability.

Another notable political factor that increases vulnerability to HIV transmission is the fact that China's current HIV/AIDS surveillance system is primarily focused on 'high risk' groups such as IDU and prostitutes. Therefore, it is very difficult to accurately determine HIV/AIDS rates among the general population who are considered to be at 'low risk' of contracting the virus. Furthermore, because there are currently limited sites that offer the general public voluntary, confidential testing services for HIV/AIDS, the virus continues to be thought of by the general population and government leaders as being largely restricted to the marginalised 'high risk' groups. This has meant that the already failing health system is not preparing itself for the predicted explosion of HIV/AIDS among the so-called 'low risk groups' in the general population (Thompson 2003), which will occur if China enters the rampant phase.

The failure of the rural health system is also exacerbating the vulnerability of Chinese women to HIV/AIDS. As discussed earlier, 60 percent of rural women are now showing symptoms of having untreated RTIs or STIs (Interviewee C 2003), both of which increase their susceptibility to HIV through sexual transmission (Jolly & Ying 2002, p. 2). The figures on STIs clearly indicate that behaviours conducive to the transmission of HIV/AIDS are becoming more widespread. However, rural healthcare

facilities continue to be inadequate, and therefore information about HIV/AIDS and prevention of the virus and STIs is not reaching rural men and women (Interviewee C 2003). Furthermore, HIV/AIDS prevention information has not reached many rural women because they have long been believed to fall into the 'low risk' category due to their marital status and individual behaviour. However, evidence suggests that they are clearly in a 'high risk' group due to circumstances beyond their control such as their husbands' sexual activity either prior to or during the marriage, if he sold his blood in an unsafe clinic or whether or not he has or continues to engage in IDU.

Many Chinese women lack even basic knowledge about sexual and reproductive health, let alone information about STIs and HIV/AIDS. Therefore, their ability to protect themselves is seriously limited because of their lack of knowledge on such issues (UNAIDS 2002b, p. 57). Interviewee F (2003) agreed with this assertion and stated;

As for women and AIDS prevention, there is still more work to do. There are many problems, not only publicity [AIDS campaigns], but also practical differences. We need to tell them the channels how to get the disease, and how to protect their rights'.

Women are being most affected by China's failing health system. This is largely because many women's health issues, such as cervical cancer and ante-natal care, depend upon routine screening and also preventative care. However, China's health system is now almost totally geared toward curative services for which it can charge fees for service. In addition, the treatments offered by many health care providers are often over-priced and inappropriate, largely because they rely on this money to pay their own wages. Therefore, health care is out of the reach of the poor, and many families face poverty and mounting debts if they need to draw on the health care

system (UNAIDS 2002b). As discussed earlier, women are often denied access to medical services due to the costs they attract and due to the importance placed on men as a result of their 'breadwinner' status.

Another problem with the provision of health care is that the government does not regulate STI facilities. In fact, some STI clinics are now being rented out to private practitioners. While this can benefit PLWHA, because it reduces the possibility of their HIV+ status being leaked,⁸⁷ it also causes prices to rise and patient care tends to decline (Interviewee C 2003). Therefore, the privatisation of essential services such as the health industry has seen medical services fall out of the economic reach of many poorer families or individuals. Inability to seek medical attention heightens HIV/AIDS vulnerability as it allows untreated conditions, such as STIs or RTIs, to better facilitate transmission of the virus, should the person be exposed to it.

Critiquing the privatisation of health care in China, Interviewee D (2003) stated that prior to the 1990s, the health system in rural China was much better because 'bare foot doctors and health workers were active in even the most remote areas'. However, after the dismantling of government sponsorship, the rural healthcare system was left in ruins, with only expensive private doctors available to meet the health care needs of the rural population. This has meant that many people have been unable to get the healthcare they needed, which has exacerbated the vulnerability of China's poor to HIV/AIDS because they do not have guaranteed access to healthcare because there may not be a clinic in their area or they may not be able to afford such care even if there is a clinic in their area. This compounds women's vulnerability to HIV because

⁸⁷ Clinics that are not privately owned are often linked to a person's work unit so often their HIV+ status is leaked to colleagues and employers.

it not only limits their ability to manage their own sexual and reproductive health, but it also means that their sexual partners are also limited in their sexual health. Therefore, even if their partner wanted to be tested for HIV/AIDS so that they could prevent further transmission of the virus to others, they may be unable to be tested. In addition, for people who do test positive, treatments for HIV/AIDS may not be accessible. Therefore, their quality of life is severely compromised.

Interviewee D (2003), who worked for a government organisation, also stated that one of the biggest problems facing the government is that it does not know exactly who is infected so it is difficult to reach PLWHA with treatments and counselling. She also stated that if pregnant mothers were found to be HIV+, the government would be in a much better position to prevent MTCT because it could 'force them to have abortions' or give them access to ARV therapy. To force women to have an abortion is an extreme measure considering that international best practice has shown that MTCT can often be prevented if a HIV+ woman is provided with antiretroviral therapies, has a caesarean delivery and if she does not breastfeed her baby (UNAIDS 2002a, p.129).⁸⁸ However, for the PRC to pursue such measures would require significant government initiative and funding due to women's limited access to healthcare and economic security, particularly in rural China.

Interviewee E (2003) also stated that HIV+ women who fell pregnant would most likely be advised to have an abortion. However, in addition to being an abuse of their human rights, such a draconian measure is also counterproductive to HIV/AIDS prevention because it could cause pregnant women who fear that they may be HIV+

⁸⁸ It has been determined that breastfeeding is responsible for approximately one- third of MTCTs. Therefore, it is an important part of preventing MTCT post delivery.

to go underground and avoid medical assistance. This will not only increase the incidence of MTCT, but it could also contribute to increased maternal mortality rates because women will be denied important prenatal medical attention and advice.

Interviewee D (2003) also stated that one of the biggest difficulties faced by organisations like hers was funding, both to run programs as well as to support PLWHA. She stated that because most PLWHA in China are rural poor, education on lifestyle, proper diet and medication is in vain because ‘many can’t follow these instructions because they live in poor conditions in rural China, where their income is just enough to feed their families’. However, with better funding, HIV/AIDS prevention and treatment campaigns could help PLWHA with the costs of living and medications, making their lives better (Interviewee D, 2003).

Interviewee F (2003) also identified funding as a problem for HIV/AIDS prevention and treatment. She stated that sometimes her organisation wanted to carry out pilot projects, but because they are given insufficient funding they are unable to run the projects. She also stated that even though the government had begun to pay more attention to HIV/AIDS, they still received insufficient funding. Clearly, without the funding to properly test pilot programmes or institute nation wide campaigns, HIV/AIDS prevention in China will continue to be hindered.

In addition to funding, Interviewee B (2003) also identified the solitary nature of the Ministry of Health in combating HIV/AIDS in China. She stated that the Ministry of Health has not incorporated the assistance of other Ministries in responding to HIV/AIDS and that they are ‘tackling it by themselves’. While the enabling

environments for HIV transmission include diverse fields such as employment and public security, Interviewee B stated that there was no cooperation between the Ministry of Public Security and the Ministry of Health. Therefore, in the instance of employment, the MOH does not have any input into employment policies, thus chances to protect the employment rights of Chinese workers, which in turn could help them to avoid an environment where transmission of HIV is likely, are not achieved. Furthermore, issues pertaining to commercial sex workers and IDUs, which are also handled by the Ministry of Public Security, also do not involve input from the Ministry of Health. This is quite possibly the reason why HIV/AIDS prevention advocacy programs have still not been uniformly implemented in all rehabilitation centres for IDUs and sex workers.

Interviewees C (2003) and F (2003) both believed that education campaigns aimed at the general population could be a valuable way to disperse HIV/AIDS information. They stated that efforts like the SARS mass education campaigns would be a major step in changing people's beliefs about HIV/AIDS, increasing their knowledge both about the virus and its major modes of transmission, and about how they could better protect themselves. Since the cessation of SARS, the Chinese government has turned its attention to HIV/AIDS, and education campaigns on HIV/AIDS have begun. Furthermore, unlike previous efforts, top leaders in government are becoming involved, and it appears that HIV/AIDS prevention and treatment efforts may be stepped up (Thompson 2004).

However, the gender issues that contribute to HIV/AIDS vulnerability do not appear to be an integral component of these campaigns, so their overall effectiveness is

doubtful. In addition, such campaigns also need to be supported with active steps at a government level to reverse the continuing unequal social, political and economic structures that disempower Chinese women, which have been shown to heighten their vulnerability to HIV/AIDS.

CONCLUSIONS

This chapter has not only demonstrated that like elsewhere around the globe, women face a range of factors pertaining to gender roles and enabling environments that increase their vulnerability to HIV transmission, but it has also successfully used the ‘Gender and HIV/AIDS Vulnerability Matrix’ as an analytical tool to determine country-specific sources of vulnerability to HIV/AIDS among Chinese women. The findings of this chapter clearly demonstrate that Chinese women have vulnerabilities similar to women elsewhere that are brought on by the enabling environments and gender roles examined, but they also experience country-specific vulnerabilities that have resulted from the superior status accorded to Chinese men, particularly in sexual relationships, and the rise of son-preference as a result of the introduction of the One Child Policy. Both this chapter and Chapter Three, ‘The Vulnerability of Women to HIV/AIDS: A Global Assessment’, have demonstrated that there are significant gender based factors that increase women’s vulnerability to HIV transmission which must be considered when responding to HIV/AIDS epidemics. These chapters have also provided the basis upon which the arguments for a gendered analysis of human security, which are found in Chapter Eight, will be established.

The following chapter, however, continues to explore what action the Chinese government has taken to reduce women’s vulnerability to HIV/AIDS. The responses

of government and civil society were chosen for in-depth analysis as they are key agents in responding to HIV/AIDS in the PRC.

CHAPTER SEVEN

GOVERNMENT AND CIVIL SOCIETY RESPONSES TO HIV/AIDS IN CHINA

This chapter explores government and civil society responses to HIV/AIDS in China. The chapter explores key questions 7.1, What were the objectives put forth by the Beijing Platform for Action regarding the protection of women from the spread of HIV/AIDS?; 7.2, Is the central Chinese government acting alone or in cooperation with either sub-national or national intergovernmental organizations (IGOs), non-governmental organisations (NGOs) and/or international non-governmental organizations (INGOs) in responding to China's HIV/AIDS epidemic, and 7.3, If IGOs, NGOs and INGOs are involved, what roles are they playing in the response to the HIV/AIDS epidemic, and what influence, if any, are they having on the formation and implementation of policies towards protecting women from HIV/AIDS, or assisting those with the virus?

While it was initially intended to be an examination of gendered responses to HIV/AIDS in the PRC, during the fieldwork component of the study it was found that gendered responses were not being undertaken in China and that gender perspectives of HIV/AIDS vulnerability were not being considered by either the Chinese government, sub-national or national intergovernmental organizations (IGOs), non-governmental organizations (NGOs) and/or international non-governmental organizations (INGOs) active in China. Therefore, the focus of this chapter is more an

examination of overall responses to HIV/AIDS by the central Chinese government, IGOs, NGOs and INGOs, and what influence, if any, these organisations are having on the formation and implementation of policies on HIV/AIDS prevention and treatment.

The chapter was also originally intended to examine whether or not HIV/AIDS prevention and treatment campaigns in China met the objectives put forth by the Beijing Platform for Action (1995) regarding the protection of women from the spread of HIV/AIDS. As previously discussed, the social, cultural, economic and political status of women greatly contributes to their HIV vulnerability. Therefore, many of the resolutions outlined in the Beijing Platform for Action are relevant in reducing women's vulnerability to HIV/AIDS. In particular, the resolutions identified in the *Report of the Fourth World Conference on Women*, under Strategic objective C.3.⁸⁹ titled 'Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues', are particularly relevant to formulating gendered responses to HIV/AIDS (DPCSD 1995). However, as will be shown below, because of the lack of a gendered response to HIV/AIDS in China, these resolutions have not been taken into account or included in the PRC's response to HIV/AIDS, and therefore have not been given the focused examination in this thesis that was originally intended.

While the lack of gendered responses did alter the focus of this chapter, this change did not affect the key questions 7.1 or 7.2, and they are still examined in this chapter.

However, the gendered component of key question 7.3 was affected by the findings of

⁸⁹ For resolutions identified at the Fourth World Conference on Women pertaining to Strategic objective C.3. 'Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues' see Appendix 4.

the field research. Therefore, rather than examining the influence of IGOs, NGOs and INGOs on the formation and implementation of policies towards protecting women from HIV/AIDS, or assisting those with the virus, the analysis of this question has taken a more general approach, focusing on the influence of such organisations on China's overall HIV/AIDS response.

WOMEN AND HIV/AIDS PREVENTION AND TREATMENT CAMPAIGNS

One of the Platform for Action resolutions identified as being necessary in protecting women against the spread of HIV/AIDS was that women should be involved in the decision-making process when it came to developing, implementing and monitoring policies and programs on HIV/AIDS prevention and treatment. In addition, it was decided at the Beijing conference that it was also important that women living with HIV/AIDS, or those affected by the illness should play an integral role in making such decisions.

While women are very much involved in China's response to HIV/AIDS, their involvement remains a matter of circumstance; that is, they are employed in organisations that are involved in HIV/AIDS prevention and treatment campaigns, rather than being included because they are women and represent a particularly vulnerable group. In fact, because gendered responses to HIV/AIDS are not readily evident in China, the Chinese government, IGOs, NGOs and INGOs have not yet sought out women, especially those living with HIV/AIDS or those affected by it, to help formulate HIV/AIDS responses. Therefore, without the involvement of women to give voice to the issues women are facing in relations to HIV/AIDS, it is highly likely that women will continue to be marginalised in HIV/AIDS responses.

One reason gender is not being considered is that women's issues are generally handled by the ACWF. When discussing the possibility of including gender into their HIV/AIDS responses, many informants were adamant that gender issues were handled by the ACWF and therefore their particular organisation did not consider formulating gendered responses to HIV/AIDS. As a result, HIV/AIDS responses by such organisations do not consider women's particular vulnerability to HIV/AIDS nor the impact of HIV/AIDS on women. Thus, as a result of the marginalisation of women's issues because of the expectation that they will be handled by the ACWF, there have been no real steps made by the Chinese government or IGOs, NGOs or INGOs to meet this particular resolution stated in the Beijing Platform for Action.

However, even if such organisations attempted to include women living with HIV/AIDS or those affected by HIV/AIDS, it is doubtful that such participation would be achieved in the current climate. Discrimination against and stigmatisation of PLWHA generally is still prolific in China. Therefore, it is not often that people, especially women, wish to identify themselves as HIV+ because to do so would cause others to view them as 'degraded people', they would be relegated to one of the 'high risk' groups by others regardless of how they contracted the virus, and it could possibly cause the HIV+ person to lose their job, their friends and family. Disclosure of HIV+ status may also lead to PLWHA being denied medical treatment and in extreme cases it could even see them harassed out of their place of residence. Therefore, the 'open' involvement of PLWHA or those who have been affected by HIV/AIDS in the decision-making process of formulating HIV/AIDS prevention and treatment policies and regulations remains an ideal to strive for, not a reality, in the

current climate of HIV/AIDS responses in China. And, this applies to an even greater degree to women who already occupy a marginalised status, which is only increased should they be revealed to be HIV+.

While there certainly are examples of PLWHA telling their stories and helping to spread HIV/AIDS prevention messages,⁹⁰ these examples are limited. Generally, the HIV+ person remains anonymous and may even disguise their voice and appearance. Furthermore, their contribution to actively participating in the development of HIV/AIDS responses is not evident. Their role remains primarily in the realm of publicity, and their ‘purpose’ is mainly to put a human face to the HIV/AIDS epidemic. And, it would seem, the female dimension of this human face is even harder to detect.

When discussing the involvement of PLWHA in HIV/AIDS prevention and treatment campaigns, Interviewee B (2003) stated that several organisations responsible for HIV/AIDS prevention and treatment campaigns were engaged in a debate over the involvement of PLWHA in such campaigns. She stated that for many PLWHA, to be involved in HIV/AIDS advocacy was not regarded as important or in many cases even considered at all because their primary concern revolved around their own illness and their own access to treatment. Therefore, while Interviewee B said she hoped that PLWHA would play a role in HIV/AIDS prevention in the future, it is likely that such a scenario would probably not occur until after access to proper treatment and drug therapies had been secured for *all* PLWHA.

⁹⁰ See Xia Guomei 2004, *HIV/AIDS in China*, Foreign Languages Press, Beijing, pp. 96-99.

GOVERNMENT RESPONSES TO HIV/AIDS

As discussed in previous chapters, the Chinese government has long been criticised for its failure to adequately respond to the growing HIV/AIDS epidemic in the PRC. For many years, the Chinese government took only small steps to combat the transmission of HIV/AIDS, even though they signed the Paris Declaration at the International AIDS Summit in 1994 (Dorgan 2002), which was an agreement by governments for strong commitment to effective responses to HIV/AIDS. Furthermore, Beijing's initial response to the HIV/AIDS epidemic saw them treat HIV/AIDS as a secondary concern, and many political leaders appeared to be in denial about the epidemic, which effectively hindered adequate HIV/AIDS responses in China for over a decade.

Although the Chinese government has taken steps to reverse its silence on HIV/AIDS, the two main factors that led to such openness was the official leaking of the Henan blood scandal, and the international attention that the SARS virus brought to China's health crises. Therefore, this openness could be regarded as a 'forced' openness rather than a conscious decision by the government to openly tackle its HIV/AIDS epidemic. However, the appointment of Vice-Premier Wu Yi as health minister has seen greater openness in discussions of health crises such as SARS and AIDS, and there have since been positive steps taken to open discourse on HIV/AIDS in the PRC. Yet China has experienced two levels of 'denial' when responding to their growing HIV/AIDS epidemic; a general 'denial' of HIV/AIDS, which now appears to have been resolved, and an even greater 'denial' of the gender dynamics that fuel HIV transmission, which remains unresolved. Therefore, it is imperative that the Chinese government fast redresses their lack of gendered approaches to HIV/AIDS.

While the Chinese government has attempted to improve its response to HIV/AIDS through the development of HIV/AIDS laws, policies and regulations, its overall response to the epidemic can still be criticized as ‘insufficient’, especially when compared to the efforts of Thailand, another country in the region that has faced a HIV/AIDS epidemic. Although the Thai government also initially denied their own HIV/AIDS epidemic, they later acknowledged that there was a growing epidemic among Thai prostitutes and IDUs. The government then spearheaded a multisectoral HIV/AIDS response, including IGOs, NGOs, INGOS and even the Thai royal family, which recognised the gendered dynamics of the Thai HIV/AIDS epidemic. Thus, the government response to HIV/AIDS incorporated all levels of governance even down to grassroots health outreach workers. This has enabled the Thai response to HIV/AIDS to permeate all sectors of society and therefore Thailand has been lauded for its highly successful HIV/AIDS prevention campaigns (Irwin, Millen & Fallows 2003, p. 51).

The ‘100 percent condom’ campaign was one of Thailand’s most successful campaigns, promoting HIV/AIDS awareness and prevention. In addition to distributing approximately 60 million free condoms annually, this campaign also launched national condom use and HIV/AIDS education campaigns, particularly targeting both male and female prostitutes and their clients (Irwin, Millen & Fallows 2003, p. 52). In just under a decade these campaigns have increased the rate of condom use in brothels and a significant decline in HIV infection rates among prostitutes and their clients has been attributed to them. The campaign is also believed to be responsible for reducing the number of Thai men visiting prostitutes from 25 to

10 percent, because they have become educated about the risk of contracting HIV from commercial sex (Hunter 2005, pp. 132-33). The campaign is also credited with the decrease in new infections of about 80 percent in just under a decade, and it has been estimated that the government's swift response and positive HIV/AIDS prevention campaigns prevented approximately 200,000 new HIV infections throughout the 1990s (Irwin, Millen & Fallows 2003, p. 52).

The Thai royal family's involvement in HIV/AIDS prevention has also been exemplary, with Princess Soamsawali leading national efforts to reduce the transmission of HIV/AIDS from mother-to-child (Irwin, Millen & Fallows 2003, p. 52). Campaigns on MTCT have been highly successful in Thailand and clinics and hospitals are now well informed about how to prevent this type of transmission. As a result there are very few cases of MTCT of HIV/AIDS in Thailand (Hunter 2005, pp. 132-33). The Princess also served as the first major donor for the production and free distribution of anti-retroviral drugs (Irwin, Millen & Fallows 2003, p. 52). The Thai government now produces its own generic antiretroviral drugs, which are much cheaper than imported varieties. Therefore, the government is able to supply *affordable* drugs to HIV/AIDS patients of both genders and they have launched successful nationwide treatment campaigns (Hunter 2005, pp. 132-33).

One of the major factors in the success of the Thai government's response to HIV/AIDS is that the government has worked in close conjunction with its civil society. This cooperation with non-government and grassroots organisations has allowed the Thai government to advocate HIV/AIDS prevention education to not only the general public, but also high-risk groups. Therefore, it is the government's

openness on the epidemic and cooperation with NGOs that are recognised as important aspects in Thailand's success in HIV/AIDS prevention. However, in the case of the PRC, Eberstadt believes that such openness and cooperation with independent actors is unlikely from the central government (2002, p. 43), due to its reluctance to share its power with organs independent of the government.

This sentiment was also raised in the UN's 'Titanic' report, which indicated that China's political system is possibly the most sensitive obstacle to tackling HIV/AIDS that exists in the PRC. The political system is viewed as an obstacle because the central government has long appeared uncomfortable with the emergence of organisations that are independent of the government and especially the free flow of information that such organisations may facilitate (UNAIDS 2002b, pp. 69-82). However, while the central government may fear that the emergence of civil society may contribute to a breakdown in the CCP's authority in China, civil society participation and the free flow of information have both been proven not only to be examples of good governance when responding to HIV/AIDS epidemics, but international experience has also proven them to be essential in a state's response to HIV/AIDS. Therefore, until the central government is willing to allow greater autonomy among the various NGOs and INGOs operating in China, it is unlikely that the Chinese response to HIV/AIDS will make any real inroads in the prevention of HIV transmission – and even less so in terms of gender-specific issues such as the social, cultural, economic and political factors that increase women's vulnerability to HIV/AIDS.

HIV/AIDS LAWS AND POLICIES IN CHINA

In addition, the ‘Titanic’ report also concluded that the PRC’s punitive, moralistic and medicalised responses to HIV/AIDS are hindering HIV/AIDS prevention in China. Much of the central government’s response to HIV/AIDS has focused on punishing PLWHA, especially if they contracted HIV through engagement in illegal acts such as prostitution and IDU. The central government has also promoted ‘moral’ behaviours, that is, not engaging in ‘high risk’ behaviours and being faithful to one sexual partner, as adequate prevention against transmission. HIV/AIDS is also often perceived as a solely ‘medical’ problem that can be controlled through medical responses such as forced detoxification for IDUs and forced or coercive abortions for pregnant women with HIV/AIDS.

These types of responses were identified by the ‘Titanic report’ as being counteractive to HIV/AIDS prevention because ‘negative and punitive environment[s] [make] vulnerable people... less receptive to preventative outreach and less likely to cooperate’ (UNAIDS 2002b, p. 37). The report also concluded that singling out and punishing particular behaviours or groups in society as part of a response to HIV/AIDS, not only increases the stigma and discrimination of PLWHA but also reinforces ‘the belief that HIV can be eradicated through punishing the few while leaving the majority ignorant, irresponsible and unprotected’ (UNAIDS 2002b, p. 37).

As discussed in earlier chapters, state media representations of HIV/AIDS have contributed greatly to the stigma and discrimination of PLWHA in China, and the Chinese government has been identified as being responsible for this. The state media also led to many Chinese forming stereotypes about the ‘types’ of people who

contract HIV/AIDS, namely homosexual men, prostitutes and IDUs. These stereotypes have led to many people falsely believing that they are not at risk from contracting HIV/AIDS, and they have also contributed to the development of an environment of stigma and discrimination toward PLWHA and people working in the field of HIV/AIDS prevention and treatment.

However, state media reports on HIV/AIDS have undergone some change in recent years and negative media portrayals have now receded in favour of more compassionate and caring portrayals based around World AIDS Day themes. The state media has also launched campaigns that emphasise the importance of overcoming the stigma and discrimination of PLWHA and that PLWHA can live a good life, especially when they have access to HIV/AIDS treatments.

Earlier chapters of this dissertation also identified that the sporadic surveillance system that exists in China, which primarily focuses on 'high risk' groups such as prostitutes and IDUs, as well as the failing health system, has meant that the PRC is under-prepared for the predicted future explosion of HIV/AIDS among the general population, in particular the so-called 'low risk' groups. Furthermore, the central government's focus on teaching men and women that they can protect themselves against HIV transmission by limiting the number of sexual partners they have to one was also identified as a problematic response to HIV/AIDS by the Chinese government because it lulled people into a false safety. However, it is important to note that Chinese laws and policies have been the impetus for many of these responses on HIV/AIDS prevention.

One of the first laws introduced in China as a response to HIV/AIDS was the 'Frontier Health and Quarantine Law of the PRC' (1986). This law required all foreigners entering China to disclose their HIV status on arrival, and if the person disclosed that they were HIV+ they were not permitted to enter China. While short-term travellers did not have to have a HIV test, foreigners planning to stay in China for longer than a year were required to undergo a HIV test, upon which they were either granted a visa or denied entry, depending on their HIV status. Chinese nationals returning to China from abroad were also subjected to HIV tests if they had lived outside of China for longer than 3 months (UNAIDS 2002b, p. 30).

Renwick (2002) argues that this law clearly demonstrated the thinking of the Chinese government at this time. The government viewed HIV/AIDS as a disease of foreigners, which they could keep out of China by tightly controlling who entered their state (p. 389). In fact, Xia recalls that 'both the government and the general public thought it [AIDS] was a... symbol of capitalist decadence in the West' (2004, p. 100). These attitudes were also reflected in the state media representations of HIV/AIDS discussed in Chapter Two, and caused many Chinese to believe that HIV/AIDS was a disease that primarily afflicted foreigners and that if one did not engage in sexual acts or share needles with foreigners than they were safe from HIV transmission. The law also led to China being criticised by other governments and NGOs as exhibiting 'xenophobic complacency' (Renwick 2002, p. 389).

By 1989, large numbers of IDUs in Yunnan Province had been found to be HIV+ and the State Council realised that HIV/AIDS was most certainly spreading within China's borders and that it had now moved beyond foreigners to Chinese IDUs (Xia

2004, p. 100). This finding led to the next major legislation passed by the National People's Congress regarding HIV/AIDS, namely the 1989 'Law on Prevention and Control of Infectious Diseases'. This law earmarked both HIV and AIDS as notifiable diseases in China. From that time, medical practitioners were required to report the identity of HIV+ patients in their care to the Provincial Epidemic Prevention Stations. The law also contained measures for 'controlling' HIV/AIDS such as quarantining PLWHA, reflecting the governments continued belief that HIV/AIDS was a virus that could be 'controlled' by punitive and medical responses (UNAIDS 2002b, p. 30).⁹¹

In 1993, the State Council's Research Centre published China's first book on HIV/AIDS. The title of the book, *Beware of AIDS – For the Survival of the Chinese Nation* and the book's blurb, which appealed to the Chinese masses 'to rise to meet this challenge and take action, this 'world super-plague' will certainly be defeated in the end' (Cited in Xia 2004, p. 101), clearly set the tone for China's response to HIV/AIDS. That HIV/AIDS was something to be feared and that it threatened the rise of China and the very survival of the nation. Therefore, it was the responsibility of all Chinese to guard against the disease and those who contracted the disease had not been vigilant and were threatening the very survival of the state. Therefore, in order to save the Chinese state, it was deemed that PLWHA should be quarantined to prevent further transmission (Xia 2004, pp. 100-01). This practice clearly represented the Chinese government's misunderstanding of HIV/AIDS and its modes of transmission.

Another law that reflects the punitive nature of China's response to HIV/AIDS was the 1995 'Law on Maternal and Infant Health Care', which prohibited people

⁹¹ The quarantining of PLWHA is not unique to China. It has been repeatedly raised as a 'solution' to HIV/AIDS epidemics worldwide and reflects how quarantining of people with infectious diseases has long been used globally as a form of public health regulation (McCoy & Inciardi 1995, pp. 156-57).

diagnosed with an STI from marrying or having a child before it was treated. The law included HIV/AIDS as an STI. Therefore, it effectively allowed the prohibition of HIV+ people from marrying or having children (UNAIDS 2002b, p. 31). While there have recently been highly publicised marriages between couples who were both HIV+, it is still prohibited for a HIV+ person to marry a person not infected with HIV/AIDS.

This law is an excellent example of China's poor governance in HIV prevention because its punitive stance on HIV status and marriage means that the general public are more likely not to be tested voluntarily for HIV, even if they belong to a 'high risk' group, for fear of the consequences that HIV+ status attracts. It could also prevent people who fear they may have contracted HIV/AIDS from getting married. Hence, voluntary, confidential and repercussion-free testing for HIV/AIDS is an important part of HIV/AIDS prevention because it would allow people the opportunity to know their status, without fear of being 'outed' or punished. Knowing one's HIV status can prevent further transmission of the virus if PLWHA are provided with adequate knowledge on HIV/AIDS and how to prevent its transmission. It also allows PLWHA to make lifestyle and therapeutic decisions that can prolong and improve their quality of life. Therefore, not knowing one's own HIV status contributes to the facilitation of the virus and can also decrease the quality of life for PLWHA.

This law is also problematic as it may prevent women living with HIV/AIDS from seeking medical care throughout their pregnancy. In addition to reduced maternal and infant health, this is also problematic because it could facilitate the transmission of

HIV/AIDS because the mother would not have access to drug therapy and information on how to prevent MTCT. While China is currently running pilot programs that are aimed at reducing MTCT, there is currently no comprehensive system in place to prevent this type of transmission like the one that exists in Thailand. In fact, the situation in China is such that mothers who are diagnosed as being HIV+ are encouraged to have an abortion in order to prevent MTCT of HIV (Interviewee D 2003). While the lack of access to antiretroviral therapy is a major factor in encouraging HIV+ pregnant women to undergo abortion, Interviewee E (2003) believed that such an outcome might also be the result of poorly trained health workers.

Another example of punitive legislation was the 1995 'Procedures for Compulsory Drug Addiction Rehabilitation'. This legislation is also important because it demonstrates that the Chinese government continued to view HIV/AIDS as a purely medical issue, rather than viewing it within the wider context of social, cultural and political factors that facilitate the transmission of the virus. The 1995 legislation allowed the detention of drug users in rehabilitation centers where they were forced to detoxify. If a 'reformed' IDU should relapse after release they were then sent to a 'reeducation-through-labour centre'. At these centers, IDUs were forced to detoxify while performing manual labour aimed at reeducating them. Interviewee B (2003) stated that she believed that 'IDUs are treated medically' by the Chinese government and that because of this the social causes for IDU are overlooked. In other words, IDUs are currently viewed as criminals who can be forced to detoxify, and are expected to remain off drugs once they are released, regardless of the social factors that may have contributed to their drug habits.

Interviewee C (2003) also believed government responses to IDU to be problematic. She stated that she found the treatment of IDUs to be out of step with good governance, and that ‘They [IDU] are not viewed with compassion or given access to clean needles or methadone programs. Instead, they are forced to detoxify’. The illegality of IDU also makes advocacy to this group difficult, even for grassroots organisations, because if IDUs are identified they are supposed to be reported. Like the possibility of reaching prostitutes with HIV prevention knowledge while they are in detention discussed earlier in chapter five, the detention of IDUs could be used as an important opportunity to reach this vulnerable group with adequate information on HIV/AIDS prevention and treatment. However, a comprehensive HIV/AIDS education policy does not exist in drug rehabilitation centres.

While the organisation that Interviewee D (2003) worked for was trying to implement HIV advocacy into the programs offered by the rehabilitation centres, she stated that the programs would initially be pilot programs and their inclusion into rehabilitation centres across the PRC would be dependant on the results of the pilot programs and on the organisation receiving more funding from the government. Therefore, the implementation of such a program in all detention centres appears to be a long way off. Hence, like rehabilitation centres for prostitutes, another opportunity for advocacy groups to provide adequate and reliable HIV prevention knowledge to a ‘high risk’ group that might otherwise be hard to reach is again being missed.

According to Xia, it wasn’t until 1996 that HIV/AIDS became an important issue to China’s high-level leadership (2004, p.102). This interest was possibly the result of

the recognition by this time that large numbers of rural peasants in southern and central China had become HIV+ through the plasma and blood trade. It was also at this time, that the central government passed legislation on improving plasma production. The 'Regulations on the Management of Blood Production' legislation (1996) was spearheaded by the Ministry of Health and was intended to prevent the transmission of HIV/AIDS via plasma and blood products. In 1998, the 'Law on Blood Donation' was also passed in an attempt to further improve China's blood safety. While the 1996 legislation outlined who was eligible to sell plasma and where plasma could be collected, the 1998 law outlawed the commercial collection of blood and stated that blood should only be collected from 'voluntary' donors (UNAIDS 2002b, p. 31).

While the legislation did help to improve the quality of legal blood and plasma donation in China, the illegal blood trade has not been completely stamped out (UNAIDS 2002b, p. 17). The '2005 Report' stated that the government has attempted to 'eradicate illegal blood collection activities' by 'consolidating blood donation and collection' (National Center for AIDS/STD Prevention and Control 2006, p. 7). However, Xia states that 'blood-heads' have made a 'stealthy comeback' in Henan province despite government regulations (2004, p. 68). Therefore, while illegal blood and plasma selling continues, the transmission of HIV/AIDS via this transmission route will continue to spread HIV/AIDS among the general population.

The 1998 'China Mid and Long Term Plan for HIV/AIDS Prevention and Control' was devised by the State Council to clarify China's HIV/AIDS prevention and control strategies for the period 1998 to 2010. The report recommended that all levels of

government should take HIV/AIDS prevention and control into consideration when formulating plans for social and economic development. The report also outlined programs for the education of the general public on HIV/AIDS and rather than the previous government focus on 'controlling' HIV it represents the government's shift toward health education as a means of preventing further HIV transmission. This report was an important step forward for China, because the government moved away from viewing HIV/AIDS as purely medical and instead they recognised the role that social and economic factors played in the transmission of HIV/AIDS (UNAIDS 2002b, p. 32).

Also signalling a change in government attitude towards HIV/AIDS was a series of seminars and lectures held at the Central School of the Communist Party of China in late 2001. The lectures and seminars were attended by prefectural and bureau level officials from China's provinces, autonomous regions and special administrative regions and were aimed at fostering a multi-level government response to HIV/AIDS in order to meet the objectives outlined in the 2001 'China Plan of Action to Contain, Prevent and Control HIV/AIDS (2001-2005)' (Xia 2004, pp. 102-03). This document focused on what it designated as 'priority areas' such as increasing HIV/AIDS awareness among the general population, care of PLWHA and securing blood safety. In order to meet these objectives the annual budget for HIV/AIDS prevention was increased from CNY15 million (1995-2000) to CNY100 million (UNAIDS 2002b, p. 333). Also at this time, the MOH launched a number of county-based pilot programs that covered the priority areas (Xia 2004, p.103).

While the 5-year plan was a big step forward in terms of signalling more open government involvement in China's response to HIV/AIDS, the UN criticised the plan because it believed that the targets and goals outlined were set too low and that it did not include clear guidelines on how its objectives would be met. The plan also did not identify vulnerable groups in China, nor their socio-economic context, and it made no mention of the importance of high-level political leadership in HIV/AIDS responses. The plan also failed to make any reference to the care of AIDS orphans, overcoming the stigma and discrimination against PLWHA, or how to reach minority populations' with adequate HIV/AIDS information. Furthermore, the 5-year plan also continued to view HIV/AIDS as a medical problem, ignoring the role that development issues played in the epidemic.⁹²

The oversight in terms of the care of HIV/AIDS orphans signified that the Chinese government still did not fully comprehend the social issues that surround HIV/AIDS. Many children were orphaned as a result of HIV/AIDS, particularly in the case of the rural peasants who lost their lives to AIDS. While the 'State Council's Outline on Children's Development in the PRC (2001-12)' acknowledged that there was a growing number of children living with HIV/AIDS, it made no provisions for the care of such children or for AIDS orphans. Studies by grassroots organisations estimated that there were approximately 100,000 children affected by HIV/AIDS in Henan province alone and the number was expected to climb. Many children living with HIV/AIDS and those orphaned as a result HIV/AIDS but not infected themselves, had been forced out of school because they were unable to pay the fees or because other

⁹² This point was reinforced by China's decision to send the Minister of Health as the leader of the Chinese delegation to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) held in New York in June 2001, while other countries had higher level political leadership in attendance (UNAIDS 2002b, p. 34).

parents feared their children may contract HIV/AIDS from the children regardless of their HIV status. For children who had lost both of their parents, the stigma and discrimination resulting from HIV/AIDS was so great that many were even shunned by surviving relatives and were forced to live on the streets (Li 2002, pp. 34-36).

International experience has already demonstrated that children living with HIV/AIDS or those who have been orphaned by HIV/AIDS are a particularly vulnerable group in society. They are often targeted for prostitution, or child labour, and because they may be unable to attend school, AIDS orphans are often poorly educated and therefore are at higher risk of contracting HIV/AIDS themselves as they often lack access to HIV/AIDS prevention knowledge. AIDS orphans have also been found to be targets of stigma and discrimination and they often suffer from malnutrition, emotional trauma and even physical strain from caring for sick parents or elderly relatives (Feinstein & Prentice 2000, pp. 27-28). All of these factors contribute to AIDS orphans being a particularly vulnerable group within society and China's reluctance to recognise the social dimensions of HIV/AIDS vulnerability, and implement policies aimed at protecting AIDS orphans has meant that these children faced a very uncertain future.

However, the introduction of the 'Four Frees and One Care' policy in 2003 has seen a positive change in the government's response to China's AIDS orphans and other vulnerable groups. The 'Four Frees' provided by the policy include free schooling for AIDS orphans, drug therapy for PLWHA, prevention of MTCT and voluntary counseling and testing (VCT). The 'One Care' component refers to care and economic assistance for people afflicted with or affected by HIV/AIDS (Cao, et. al. 2006,

p.520). However, by the government's own admission, the implementation of this policy has been uneven, so while it is certainly a step in the right direction, it is not fully operational as it will require a great deal of cooperation between all levels of government and assistance by civil society before it can really meet its objectives (National Center for AIDS/STD Prevention and Control 2006, p.ii).

This is really the key issue that the Chinese government now faces. After years of ignoring and under-responding to the growing HIV/AIDS epidemic within its borders, the Chinese government, in part due to the growing international pressure on them to act, have now passed legislation and made solid commitments to HIV/AIDS prevention and treatment. However, the years of inaction have meant that they are pressured to meet the goals set forth, because there are key areas that lack the readiness to respond adequately. One key challenge is that HIV/AIDS surveillance is still not accurate, even if the government attests that it has improved; therefore it is very difficult for them to effectively implement a national plan to combat HIV/AIDS 'until they have a far clearer, more concrete understanding of the problem they face' (Bates, et. al. 2004, p.15).

In addition, there is an obvious lack of available resources to meet the needs required to respond to the epidemic, and there are discrepancies in how the resources are allocated. Health care providers also require better education on HIV/AIDS, and how to properly test and care for PLWHA as well as sufficient supplies of sterile and protective equipment so that medical staff can safely treat PLWHA (Li, et. al. 2007, p. 262), rather than turning them away because they are scared of contracting HIV from the patient (Cao, et. al. 2006, p. 522). In addition, there is not only a serious lack of

trained health staff, but given the current estimates of PLWHA, only 6 percent have actually been tested and know their HIV+ status. Due to the lack of availability of voluntary and *confidential* testing and the stigma that comes with a HIV+ status, combined with people not identifying themselves as being at risk and therefore feeling they have no need to be tested, 94 percent of PLWHA in China currently do not know that they are HIV+. Thus, these people are the major agents in the transmission of HIV/AIDS into the general population (Wu, et. al. 2004, p.15).

OBSTACLES TO EFFECTIVE HIV/AIDS PREVENTION IN CHINA

The above discussion has highlighted that although China has made significant steps in its response to HIV/AIDS since the virus was first detected in China, there still exists a range of obstacles preventing the success of HIV/AIDS prevention and treatment campaigns. One major obstacle that remains is that the government is widely divergent on its response to the epidemic because the government structures that exist in China make it difficult for the central government to adequately monitor local government responses to HIV/AIDS, let alone the enforcement of laws and policies aimed at HIV/AIDS prevention (UNAIDS 2002b, p. 35). This problem was identified by Interviewee A (2003) as a major obstacle to effective HIV/AIDS prevention in China. She stated that ‘it is incredibly difficult to coordinate efforts between these groups [different levels of government]. They all have different priorities. There needs to be a way to balance this current system’.

Interviewee B (2003) also found the political structure in China to be hindering an effective HIV/AIDS response in relation to ensuring HIV/AIDS related laws and legislation are met. She commented that the success of implementing government

directives 'has been a little bit difficult because on the government side the HIV/AIDS intervention is controlled by the Ministry of Health, but all these legal measures are outside of their control'. This factor was recognized in a report by the Centre for Strategic and International Studies (Washington, D.C.), as being one of the major obstacles currently facing an effective response in China. The authors of this report stated that 'much of the HIV-positive population in China falls outside the reach of the current Health Ministry prevention, harm reduction, and treatment programs', and that the population are instead the responsibility of the public security bureaus because of their involvement in IDU or prostitution (Bates, et. al. 2004, p.16). Therefore, as discussed earlier, there needs to be greater cooperation between different government ministries in order to implement an effective response.

Interviewee B (2003) was also critical of the Chinese government's reliance on pilot programs as a major part of their current response to HIV/AIDS. She argued that while pilot programs can be very successful in a particular area that they are not easy to replicate in other places. She attributed this difficulty to government officials refusing to have such programs in their county for fear of the negative publicity it might attract. She stated that,

They [the governor or county mayor] don't want to risk any negative... impact on their work. Chinese officials are on rotational terms, especially at the provincial level, if they have anything negative during their tenure in this place, it might impact their future, like their promotion and everything. So they would rather you wait until they leave this place and let others deal with it'.

The reluctance of local governments to respond to central government directives was also identified in the 'Titanic report'. The report stated that outside attention that may contribute to local governments being accused of ineffectiveness has led to many

local governments suppressing information about HIV/AIDS and refusing to allow research to be conducted in their county. There have even been cases of threats being made by local officials warning PLWHA, local physicians and epidemiologists against openly discussing the existence of HIV/AIDS epidemics in their county. The report also found that timely responses to HIV/AIDS are made difficult because of the 'slow and often poor flow of information between village, county, province and national levels' of government (UNAIDS 2002b, p. 35).

The tendency towards restrictive and punitive laws and legislation is also negatively affecting China's HIV/AIDS response. IDUs have been forced to go underground because of China's focus on drug control through rigorous criminal punishment, rather than harm reduction practices such as needle exchange and methadone programs, which have been very successful worldwide in reducing the transmission of HIV/AIDS through IDU (Feinstein & Prentice 2000, p. 17). Therefore, IDUs are a difficult group to reach with HIV/AIDS prevention information (UNAIDS 2002b, pp. 35-36).

Many of China's laws and legislation also focus on fear and prejudice. For instance, in 2001, Chengdu City passed legislation that forbids PLWHA from marrying, and required people working in fields such as hairdressing, hospitality, travel agencies and even swimming pools to pass annual STI and HIV tests to retain their jobs. Another example is that AIDS patients are 'quarantined' and given segregated medical treatment in the city of Shenyang. Hebei Province has banned people who test positive to STIs from working in fields such the food and service industries, the military, and the child-care industry, and this province has even legislated that people

infected with STIs should not be permitted to marry or attend school. There have also been calls in Beijing for employers to inform local authorities of any employee they suspect may be HIV+ (UNAIDS 2002b, p. 36).

International experience has demonstrated that fear and prejudice only fuel the HIV/AIDS epidemic. Therefore, rather than preventing the spread of HIV/AIDS in China, the PRC's current laws and legislation, and the political structure of the Chinese government is facilitating the spread of HIV/AIDS in China because they continue to fuel the stigma and discrimination of PLWHA, they prevent the adequate dissemination of HIV/AIDS knowledge to the general population and the government is failing to fully comprehend not only the gravity of China's HIV/AIDS epidemic, but also the social, cultural, economic and political dimensions that accompany the medical side of HIV/AIDS.

NGO AND INGO RESPONSES TO HIV/AIDS IN CHINA

This chapter now turns to the responses by NGOs and INGOs to HIV/AIDS in China. There are a number of NGOs active in HIV/AIDS prevention and treatment, including the China Foundation for HIV/AIDS Prevention, the Beijing Association of STD/AIDS Prevention and Control and the Chinese Association of STD/AIDS Prevention and Control, just to name a few. While these organisations are usually an offshoot of government departments, their status as somewhat independent organisations allows them to work in areas and implement prevention strategies that might be deemed too sensitive for official government organisations. Therefore, these organisations have a key role to play in adequately responding to HIV/AIDS in China and assisting in formulating policies relating to particularly 'sensitive' HIV/AIDS

issues (UNAIDS 2002, p. 38). Xia states that there has been added importance attached to such organisations in recent years as the government has increasingly recognized their value in working in ‘sensitive’ areas (2004, p. 118).

There are also several INGOs operating in China, such as the Australian Red Cross, UNICEF, the Ford Foundation, Marie Stopes International, and Save the Children. These organisations have also played a role in responding to the more ‘sensitive’ dimensions of HIV/AIDS in China, such as prostitution and IDU, and are important because of their ability to make an independent assessment of the extent of HIV/AIDS in China as well as a critical assessment of HIV/AIDS prevention and treatment campaigns in China (UNAIDS 2002b, p. 38).

NGOs and INGOs also play an important role in HIV/AIDS research and policy formation in China, as well as being in a unique position to acquire ‘inside’ information which can be used to publicise and research the extent of HIV/AIDS in China.⁹³ However, these organisations are limited in what they can achieve because of the aforementioned problems associated with government structures and strictures in China as well as the limited funding they receive from the PRC government. Interviewee D (2003) identified funding as a major obstacle in her organisation’s work in HIV/AIDS prevention. Interviewee A (2003) and Interviewee F (2003) also identified funding as an obstacle to their work. Interviewee F, who worked for a major Chinese NGO, commented that her organisation wanted to ‘carry out projects but they only get a little funding. If sufficient money was given then we will carry out more

⁹³ However, many organizations recognise the limitations on how ‘open’ they can be on HIV/AIDS issues because of the continued sensitivity of HIV/AIDS to the Chinese government. In fact, Interviewee B (2003) stated that the openness of the ‘Titanic report’ damaged the relationship between the Chinese government and United Nations organizations operating in China for some time after its release, and that this relationship had only started to normalise in early 2003.

projects'. Therefore, even though there has been a greater commitment on the part of the Chinese government to funding HIV/AIDS prevention in China, the present level of funding is still not enough to finance HIV/AIDS prevention and treatment campaigns proposed by NGOs and INGOs.

Local authorities have also prevented NGOs and INGOs from running HIV/AIDS prevention and treatment programs. As mentioned above, there have been notable examples of organisations being refused entry to a county to run pilot programs or research because local authorities do not want to attract attention to HIV/AIDS epidemics in their county for fear that exposure of localised HIV/AIDS epidemics may cause them to be criticised for failing to adequately respond to HIV/AIDS, or that their county may be viewed negatively as a result. For instance, it is not uncommon for people from villages with a high HIV prevalence to find it difficult to sell their produce because of stigma and discrimination, and some local hospitals have lost patients after they began treating PLWHA (Cao, et. al. 2006, p.523).

Other examples of NGOs being prevented from carrying out HIV/AIDS prevention campaigns can be seen in Henan. In an attempt to cover-up the extent of the blood scandal in the province, Henan authorities have targeted the work of Dr. Gao⁹⁴ and the Aizhi (AIDS) Action Project headed by Wan Yanhai. In addition to attempting to raise awareness of HIV/AIDS in Henan, both Dr. Gao and the Aizhi Action Project have attempted to reduce the stigma associated with HIV/AIDS and to provide

⁹⁴ Dr Gao is a retired professor at the Henan Institute of Traditional Chinese Medicine who has spent many years highlighting the plight of PLWHA in Henan and has used her own money to print and distribute HIV/AIDS prevention pamphlets. She was one of the first doctors in Henan to detect and treat HIV/AIDS patients and she has helped to raise awareness of the role of blood selling in Henan's HIV/AIDS epidemic (Wang 2005, pp. 14-17).

PLWHA with care and financial support. However, both Dr. Gao and the Aizhi Action Project have had their HIV/AIDS publications confiscated, their movements have been under surveillance and they have been harassed. In 2001, Wan Yanhai was detained without charge for a period of one month and Dr. Gao was prevented from travelling abroad to receive the Jonathan Mann Award for Global Health and Human Rights (Li 2002, pp. 36-37).

Clearly, NGOs and INGOs operating in China faces a range of constraints such as government structures, lack of funding and even restrictions on how 'open' their organisation can be regarding the sensitive issues that surround HIV/AIDS in China. However, as stated earlier, international experience has demonstrated that the involvement of civil society in HIV/AIDS prevention and treatment is just as important as strong political leadership when it comes to overcoming HIV/AIDS. The *UN Report on the Global HIV/AIDS Epidemic 2002* concluded that partnerships between governments and civil society were instrumental in succeeding in building effective responses to HIV/AIDS (UNAIDS 2002a, p. 17). Therefore, restricting the activities and movements of NGOs and INGOs is counterproductive to China's HIV/AIDS response.

CONCLUSIONS

In this chapter, it has been determined that gendered responses are not currently being undertaken in China and that the Beijing Platform for Action has not been considered in formulating laws and legislation on HIV/AIDS prevention. It has also been determined that while the Chinese government has made improvements in its response to HIV/AIDS, it still has a long way to go in meeting international best practice on

HIV/AIDS prevention and before it makes any real inroads in preventing the spread of HIV/AIDS in the country. China's response to HIV/AIDS still regards the virus as a medical issue that primarily requires medical and punitive responses. The government also continues to ignore the social, cultural, economic and political factors that contribute to HIV/AIDS vulnerability and transmission of the virus. Furthermore, the political structure that exists in China between the various levels of government is further retarding an effective HIV/AIDS response in the PRC.

This chapter has also demonstrated that China's HIV/AIDS epidemic has been fuelled for many years by outdated views on HIV/AIDS responses, and that these views have been reinforced by problematic laws and legislation that have contributed to an environment of stigma and discrimination against PLWHA. While the government has made positive steps to reverse these trends, there is still a lot of work that needs to be done before effective measures are fully realised. The reluctance of the Chinese government to fully cooperate with civil society and to provide adequate funding to projects run by various IGOs, NGOs and INGOs has further hindered its response to HIV/AIDS. It has also been determined that until the Chinese government allows the full incorporation of civil society into all aspects of HIV/AIDS prevention and treatment, any real progress in HIV/AIDS prevention will be delayed.

The following chapter, 'Engendering Human Security Discourse' continues with the theme of governance, and investigates why mainstream human security discourse needs to be inclusive of gender. It uses the findings of the case study of HIV/AIDS and women's unique vulnerabilities to HIV transmission to argue that mainstream

discourses on human security must be inclusive of women and the unique threats they face to their security.

CHAPTER EIGHT

ENGENDERING HUMAN SECURITY DISCOURSE

The discussions in the previous chapters based on the central questions set for the research clearly indicate that women, both globally and more specifically in the People's Republic of China, most certainly face unique vulnerabilities to HIV transmission because of their gender. The sources of these vulnerabilities have been shown to be directly connected to a history of unequal gender-based power relations and women's disempowered status, and include areas such as economic, educational and employment disparities; gender discrimination; substandard healthcare; restricted access to healthcare facilities; reproductive rights; the traffic of women and male violence against women.

Considering that HIV/AIDS is recognised as a leading cause of human insecurity worldwide, it is therefore relevant that these vulnerabilities be recognised in the human security framework as evidence of the unique sources of human insecurity faced by women worldwide both globally and in the case of the PRC; ones that might become blurred in general discourse. When one considers that in many countries women now equal or out-number men in HIV positivity, a strong case can be made for the critical importance of *engendering* mainstream human security discourse. Therefore, based on the central questions already examined in this dissertation, this chapter addresses central question 8.1, Does the evidence from the research reinforce the assertion that gendered analysis is necessary in human security discourse, to make

a case for the incorporation of gender into mainstream human security discourse, and provides evidence in support of the affirmative.

Thus, the following section re-examines the ‘seven main threats’ to human security identified by UNDP, but it employs a gendered approach to clearly denote threats unique to women, based on women’s vulnerability to HIV/AIDS in the PRC. The intent of the following discussion is to present an argument for the inclusion of a gendered analysis of human security to identify the unique threats to security faced by women, and to argue that such an analysis must become an integral part of mainstream human security discourse.

ECONOMIC SECURITY

The UNDP defined economic security as ‘an assured basic income – usually from productive and remunerative work, or in the last resort from some publicly financed safety net’ (1995, p. 230). While it did state that women were economically ‘worse off’ than men, there was no significant attention given to examining the reasons why this is so (UNDP 1995, p. 231). As identified by the ‘Gender and HIV/AIDS Vulnerability Matrix’, economic factors are one of the recognised enabling environments that facilitate the transmission of HIV/AIDS globally. Furthermore, in previous chapters of this dissertation, which examined the vulnerability of women to HIV/AIDS both globally and more specifically in the PRC, links were clearly identified between women’s economic insecurity and how this status increased their vulnerability to HIV/AIDS. Therefore, greater analysis of the factors that cause women to experience economic insecurity is a necessity in any discussion of economic insecurity as a threat to human security.

In the case of the PRC, employment insecurity, combined with the lack of an adequate financial safety net in the form of government welfare, has not only seen many women become economically insecure, but this state of insecurity has also eroded their empowerment and increased the likelihood of them being victimised. It was found that Chinese women are often denied adequate education due to their families' reliance on their labour to generate income, or because limited family finances dictate that sons are educated over daughters. In many instances, money spent on girls was viewed as a loss by the family due to the continued traditional practice of the girl leaving her natal family to go and live with her husband's family. This lack of education then impacted on the job prospects available for women, which also hindered their ability to lead lives independent of men – be they family members or spouses – and it also hindered their ability to reach management positions in business that could facilitate changes that would benefit female employees such as safer and more flexible working conditions, protection against sexual harassment and securing the maternity and breastfeeding rights of female employees.

Women's economic insecurity in the PRC has also been brought about by the resurgence of 'traditionally recognised' male/female occupations. Often, pay disparity goes hand in hand with such categorisations, with 'male occupations' being concentrated in the higher paying fields, with 'female occupations' occupying the lower echelons of the pay scale. In addition, there have also been incidents of companies asking for higher entry standards for women, making employment in those companies difficult for women to attain, while some companies simply refuse to hire women.

The evolution away from socialism to an open market with privatisation and private enterprise has also seen Chinese women become increasingly economically insecure. While the SOEs previously offered workers a job for life, and the maternity and breastfeeding rights of female employees were secure, since the reform and opening period the focus on profit has seen much restructuring of the SOEs, most of which were notoriously unprofitable. Restructuring and cost-saving measures in the SOEs has involved down-sizing, and female employees account for 70 percent of those who have been laid-off (Croll 1995, pp. 120-21). While some of the laid-off workers have found work in private enterprises, labour conditions are often not satisfactory and women have lost some of the rights they had secured in the SOEs. For instance, most of China's sweat shops are staffed by women. Conditions in these factories are often very poor and women's maternity and breastfeeding rights are not protected (Croll 1995, p. 123).

In the reform and opening climate, many Chinese women also have faced 'early retirement', in an attempt by employers to save costs. However, because retirement packages are often dependent on years worked, this puts them at a significant economic disadvantage. Also, the disparity in retirement age, whereby women retire earlier than men, also means that women are economically disadvantaged in comparison to their male counterparts.

The double (work and domestic duties) and sometimes triple (work, domestic duties and caring for elderly parents) burden faced by many Chinese women also puts them at an economic disadvantage compared to their male counterparts because it limits the

time they can spend working in paid employment. This means women are often restricted from full-time work options or they are prevented from taking second or third jobs, to supplement their income, which may be needed to increase their economic security. The double and triple burdens also mean that many women are prevented from taking part in such migration, which cuts them out of the economic benefits that can be gained from labour migration, namely higher wages. As a result of the limiting of their economic opportunity, women may become increasingly dependent on men, and when it is primarily men who migrate for work, son-preference is reinforced due to their higher income earning capacity when they remit their wages.

Economic insecurity has been the driving factor in women turning to prostitution in order to survive. The reform and opening period has seen a resurgence of prostitution, and estimates show that the number of prostitutes in China now equal or surpass the pre-Liberation numbers, with figures varying between 3-6 million. Also rising is the number of women trafficked in China, as prostitutes or brides. These women are often tricked by traffickers who promise the women good jobs as domestic servants or factory workers, but who then sell them as sex slaves. One reason for the traffic of women in China is because some segments of Chinese society continue to view women as the property of men. Therefore, because some men are unable to afford to pay the required bride-price, and because the price of trafficked women is significantly lower, combined with the belief that women are property that can be bought and sold, trafficked women are the next best option. It has also been predicted that the imbalance in the sex ratio caused by the One Child Policy will further intensify the traffic in women because they will become a precious 'commodity' for

men who cannot find brides. Therefore, it is predicted that more men will turn to traffickers to purchase or even rent a 'bride', or they will solicit prostitutes, both of which will increase the traffic of women in China and the traffic of women from other countries into China.

However, while the above discussion demonstrates the unique threats women face in their economic security, it is also important to reiterate how economic insecurity increases women's vulnerability to HIV/AIDS in order to really demonstrate the importance of engendering human security discourse, because HIV/AIDS has increasingly been viewed as a major threat to security worldwide.

As discussed earlier, HIV/AIDS is particularly devastating among the impoverished. Therefore, poverty is a key factor in HIV/AIDS vulnerability. When women, or men, are economically insecure it is very likely that they will be forced to live in poverty. Poverty increases vulnerability because part of the cycle of poverty is disempowerment. Based on their research of both rural and urban poverty, Khan and Riskin found that while there have been some improvements, with people moving from 'extreme poverty' to lesser categories of poverty such as 'deep poverty' or 'broad poverty',⁹⁵ both rural and urban poverty has increased in China from the period of 1988 to 1995 (2001, pp. 75-76). While the above-mentioned authors did not examine gender in their overall analysis of poverty, international experience has shown that women who are economically disempowered often have to turn to survival sex to feed themselves and their children, and they are more likely to be financially

⁹⁵ For more discussion on the differences in categorisation of poverty see Khan, Azizur Rahman & Riskin, Carl 2001, 'Trends in the Incidence of Poverty' in *Inequality and Poverty in China in the Age of Globalization*, Oxford University Press, Oxford, pp. 53-80.

dependent on men, whether they be family members, spouses or the ‘spare tyres’ discussed in Chapter Three.

In China, impoverished farmers sold their blood to unregulated blood clinics, which used unsafe practices, resulting in the transmission of HIV/AIDS to thousands of blood sellers. These economically insecure farmers were motivated by the economic incentives offered for their blood, and they regarded blood selling as a way to off-set their low incomes. While blood selling affected both men and women, in some instances unequal gender-based power relations meant that women were required to sell their blood in the place of their spouse or male family members, because the male members of the family were accorded a higher status due to their ‘breadwinner’ role. Whatever the reason for involvement, the real driving force behind blood selling was the economic insecurity of China’s rural poor.

Economic insecurity has also seen girls and women in China being tricked or knowingly sold into prostitution. The vulnerability of these women to HIV/AIDS is clear, due to the rape of such women by traffickers or the act of solicitation itself. Also, many women have migrated for labour because of the lure of the higher wages in the cities, which can be remitted back to family in rural areas. Labour migration is not without risk as for many women the poor working conditions and regulations, combined with the loss of the security offered by their kinship group, can contribute to the likelihood of them being sexually harassed or sexually assaulted. In addition, because they are away from the strict social confines of their family, some women may engage in ‘high risk’ behaviours such as IDU or promiscuity, thereby increasing their vulnerability to HIV/AIDS.

All of the above mentioned factors not only increase perceived male superiority and male privilege, but they also contribute to women being increasingly financially dependent on men. Furthermore, all of the above factors are unique to women because of unequal gender-based power relations and the disempowered status of women in China. Therefore, when considering the economic threats to human security identified in the UNDP definition, women most certainly do face unique threats to their economic security, all of which increase their vulnerability to HIV/AIDS. More importantly, it is pertinent that these threats to their economic security become an integral part of mainstream human security discourse.

FOOD SECURITY

Food security was another area identified by UNDP as necessary in securing human security and was defined as a state whereby ‘all people at all times have both physical and economic access to basic food’ (1995, p. 231). In its definition the UNDP also stated that ‘availability of food’ is not synonymous with food security. Instead, food security ‘requires that people have ready access to food – that they have an “entitlement” to food, by growing it for themselves, by buying it, or by taking advantage of a public food distribution system’ (1995, p. 231) Thus, it is important that food is not only available for people to access, but restrictions to such access, be they societal or familial for instance, be removed.

The UNDP did include women in its discussion of food security stating that the ratio of underweight babies (30 percent) in South Asia, clearly indicates that women in this region have inadequate access to food (1995, p. 231). While reasons for lack of access

to food can include many factors, there are a number of gender issues that prevent women from having food security.

Firstly, when women are economically insecure, for the reasons given above, their access to food can be greatly restricted. Women without economic security may be forced to become financially dependent on men. This dependence could cause them to become involved in otherwise undesirable relationships, or they may be forced into prostitution, both of which increase their vulnerability to HIV/AIDS due to the associated risks of exposure to HIV. Considering the above discussion of the economic insecurity of many Chinese women, it is reasonable to suggest that such women also face food insecurity as well, although this has not been an area of inquiry in this dissertation. Clearly, there is a strong linkage between economic insecurity and food insecurity. Therefore, while food insecurity can be band-aided by public food distribution schemes, it is necessary that in order to tackle women's unique food insecurity in the long-term, the factors that contribute to women's economic insecurity must also be addressed, as without empowerment and improved development, both economic and food security for women will not be achieved. This is further evidence for the inclusion of gender issues in mainstream human security discourse.

HEALTH SECURITY

While no definition of health security is provided by the UNDP article, the Commission on Human Security did provide an indication of what it conceived as being health security in its report, *Human Security Now*. This report stated that progress in health achieved over the 20th century was the result of 'material advances

in the provision of food, education and clean water; medical developments in scientific knowledge; and political and social advances that harnessed new knowledge for human betterment' (2003, p. 95). One obvious point that is raised by this definition is the link between health security and both economic and food security. This again reinforces the interconnectedness of the different threats to human security, and that a deficiency in one can have a grave impact on another.

In the case of China, health security is not accessible for all. The dismantling of the rural health care system, saw the disappearance of the 'bare foot' doctors who had to provide basic healthcare to the rural and remote poor in the Mao era, and due to the privatisation of many health clinics, health care is now out of the economic reach of many people. For women's health, this has been particularly damaging as women's health is often considered a low-priority due to men being the family 'breadwinner'. Therefore, whatever financial resources may be available to cover health related costs are saved for a time when they may be needed by male members of the family. In addition, due to many of the rural doctors being male, many Chinese women feel uncomfortable seeing them, particularly when their complaints are gynaecological. As a result of these factors, many Chinese women have untreated RTIs and STIs, which contributes to their vulnerability to HIV transmission.

The failing health system in China also means that health education is not being provided. Therefore, while some people may have heard about HIV/AIDS, their knowledge remains limited and many misconceptions about how the virus is contracted or the 'types' of people who contract it abound. When stigmatisation of or discrimination against HIV+ people occurs, there is little motivation to being tested

for the virus as a positive status will automatically assign a marginal status to the positive person. Furthermore, as discussed in earlier chapters, PLWHA who have disclosed their positive status have suffered all manner of discrimination, from job losses, being outcast from their family, to even being forced to leave cities and towns. This type of discrimination is largely fuelled by poor knowledge of HIV/AIDS, and when health care providers are in limited numbers, particularly in the rural areas, correct knowledge of HIV/AIDS is made extremely difficult to disseminate.

Poor health services also hinder voluntary testing for HIV/AIDS, which is important in helping PLWHA to get access to drug therapies that will prolong and improve their quality of life, as well as ensuring that they are aware of how they could transmit the virus to others and how to prevent this from occurring. It also has meant that for PLWHA, who have been part of the drug therapy programs offered as one of the 'Four Freed' by the Chinese government, there has often not been enough information given about the importance of taking all medication and not suddenly stopping to take the drugs, which has been reported to have occurred in various locations. Therefore, without an adequate health system that is equipped to provide confidential health services to PLWHA and also information about health issues such as HIV/AIDS to the general population and those belonging to 'high risk' groups, the health security of the entire population is jeopardised.

Many women in China are at a particular disadvantage when it comes to health security because of the patriarchal views that still permeate much of Chinese society. This has often caused women's health to be secondary to men, for the above mentioned reasons, and demonstrates a unique threat to health security faced by

women. However, another threat to the health security of women, which has not been examined in great detail in this dissertation, but one which has been defined by the Commission on Human Security, is that of maternal and reproductive health. The Commission states that ‘Complications from childbirth are the leading cause of death among women in many developing countries...[and] for every woman who dies in childbirth, 10-15 more women become incapacitated or disabled due to complications from childbirth’ (2003, p. 100). Clearly, poor provision of reproductive health services to women is an example of a unique threat faced by women. However, even if such services are provided, economic considerations may prevent women from being able to use them. Therefore, again, this issue is more encompassing than just health security as it also can incorporate women’s economic and food security as well.

Thus, the provision of affordable and accessible health care is essential in securing the health security of all people. However, in order to obtain health security for all people, economic and food security must also be ensured, thereby again reflecting the integrated nature of the various types of security identified in the UNDP framework for human security. For women, health security can only be achieved by recognising the unique threats they face because of their disempowered status. Therefore, empowering women and eradicating the patriarchal notions and gender-based power relations that contribute to women being denied their health security must be included into mainstream human security discourse.

ENVIRONMENTAL SECURITY

While it has not been given considerable attention in this discussion, environmental security is another type of security identified in the UNDP framework on human

security. The UNDP does not define environmental security in its discussion of human security. However, it does infer that environmental security equates to ‘a healthy physical environment’ (1995, p. 232). The Commission of Human Security Report elaborates further stating that ‘Environmental resources are a critical part of the livelihoods of many people. When these resources are threatened because of environmental change, people’s human security is also threatened’ (2003, p. 17). Therefore, environmental security can be defined as ensuring that the natural environment is able to meet the needs of the populations who depend on it. Obviously, this is best achieved by employing sustainable development (Commission on Human Security 2003, p. 17).

Environmental degradation is the leading cause of environmental insecurity. The UNDP report identified deforestation, overgrazing, water scarcity, air pollution and ‘sudden environmental catastrophes’ such as Bhopal and Chernobyl⁹⁶ as examples of the key threats to environmental security (1995, pp. 232-33). A more recent addition to this could include climate change, and the predicted severity of future weather patterns. Clearly, these threats are again intertwined with the other security areas. Poor environmental security can drastically affect health, food and economic security, as well as personal, community and political security.

While it has not been considered in this dissertation, environmental security also warrants gendered analysis because it has the potential to exacerbate the disempowerment of women and gender-based power relations, as competition for resources increases. In addition, due to the social and political instability that can

⁹⁶ Bhopal, India (1984) was the site of a chemical plant disaster and Chernobyl, in the former Soviet Union (1986) was the site of a serious nuclear incident. Both these incidents caused devastating environmental crises in the regions affected, which resulted in many lives being lost.

result after environmental crises, it is likely that as a result, women would be particularly vulnerable to insecurity in other areas such as personal, economic, food and health security. In addition, considering the currency that climate change has in contemporary political discourse, both nationally and internationally, environmental security is becoming an increasingly important area of concern in human security discourse. It is important that the unique threats faced by women as a result of environmental insecurity are given focused attention, and this is an area that warrants further investigation.

PERSONAL SECURITY

The UNDP identified personal insecurity as a key threat to women, which was a refreshing change from the lack of or limited gendered analysis of the other threats to human security. The article stated that;

In no society are women secure or treated equally to men. Personal insecurity shadows them from cradle to grave. In the household, they are the last to eat. At school, they are the last to be educated. At work, they are the last to be hired and the first to be fired. And from childhood through adulthood, they are abused because of their gender (1995, p. 233).

The UNDP also reported that women in both developed and developing countries faced significant threats to their personal security based on their gender, and that 'human lives are at greater risk than ever before. For many people, the greatest source of anxiety is crime, particularly violent crime' (1995, p. 233).

Clearly, the above discussion demonstrates that in the area of personal security, women are particularly vulnerable. The findings in previous chapters of this dissertation reinforce these assertions because, as has been discussed, the vulnerability

of Chinese women to HIV/AIDS is heightened due to their disempowered status and the threats that this has on both their personal safety and their ability to achieve self-determination. For instance, due to social and cultural traditions, many women are viewed as the property of men and this view strongly impacts on the gender-based power relations that permeate Chinese society.

In the analysis of sexual passivity and sexual aggression in the PRC it was found that many Chinese men retain their traditional position of privilege within Chinese society, and that this position is clearly visible in the power dynamics of heterosexual relationships. Due to the continuation of traditional views of women as the property of men, many women are forced to have sexual intercourse against their will by male partners. Furthermore, there is often a focus on male prowess and pleasure and female passivity when determining gendered sex roles. These unequal gender-based power relations mean that for many women, safer-sex options are difficult or impossible to negotiate. These practices not only highlight the disempowered status that many women hold in the PRC, but they are also factors that significantly increase women's vulnerability to HIV/AIDS there.

Threats to women's security due to sexual aggression can also be found in the traffic of women both within and outside of China. Women are often sold or tricked into prostitution or the 'bride' trade due to their subordinate status, and the purchase of a 'bride' is often regarded with indifference by some segments of society due to the continuing notion that women are the property of men. The traffic of women is also increasing women's vulnerability to HIV/AIDS. For those who have been trafficked, their vulnerability is heightened because they are often raped by their abductors and

men who may purchase them as a 'bride', or they are sold outright into prostitution whereby women are extremely vulnerable to HIV exposure from clients. However, it also increases the vulnerability of women whose sexual partners solicit women who have been trafficked into prostitution. Due to their married status, these women are often believed to belong to a low-risk group and can easily be overlooked in discussions of vulnerability and HIV/AIDS, even though they are at high risk of contracting HIV/AIDS.

The rise of domestic violence is further evidence of the types of threats to personal security faced by Chinese women, with domestic violence believed to be occurring in at least one third of all Chinese homes. While China has passed legislation prohibiting domestic violence, many regard domestic violence 'as a family's internal problem and should not be interfered in by others' (Feng 2004, p. 34) In addition, suicide among women, which is particularly high in rural areas, is also believed to reflect the dire situation many women find themselves in due to unequal gender-based power relations.

Women's personal security in the PRC is also threatened because, as discussed above, education and employment opportunities are not equal or guaranteed for women. Therefore, women often occupy a more precarious position economically, which can contribute to them being dependant on a male partner or family member. This further increases their vulnerability to HIV/AIDS because they may be unable to leave unhealthy relationships due to the lack of economic alternatives. Furthermore, it may also mean that health services, which may provide beneficial information on HIV/AIDS and how to prevent its transmission, may be out of their economic reach.

The One Child Policy has also seen state-sanctioned violence against women. Forced abortions and sterilisations and the insertion of IUDs without consent are all clear examples of violations of the reproductive rights of China's women. In addition, the re-emergence of son preference as a result of the Policy has also seen the personal security of women suffer as they are often the targets of violence when they fail to produce a son and may even be divorced by their husbands. While this is more of a problem in rural areas, the effects of the violence is damaging to all women because it not only increases male privilege within Chinese society, but as discussed earlier, familial violence has also been shown to increase HIV vulnerability as a result of the unequal gender-based power relations it causes.

Therefore, Chinese women's personal security is threatened by a number of factors that are based on gender. Furthermore, as shown by the above discussion, the situation in China mirrors the quote from the UNDP, which detailed how women's personal security is threatened as a result of their gender. While personal security is often overlooked⁹⁷ in academic papers which use the narrower interpretation of human security, due to its location in the 'freedom from fear' and 'freedom from want' school of human security, this discussion clearly highlights that the personal security of women is not only threatened during times of war or instability. Instead, for most women around the globe, threats to personal security are experienced or 'shadow' women on a daily basis. Therefore, it is imperative that human security discourse incorporates gender into its analysis and discourse so as to be more wholly inclusive of the range of threats to human security faced by the world's citizens on a daily basis.

⁹⁷ Except in times of war or post-war reconstruction.

COMMUNITY SECURITY

In its discussion of community security, the UNDP identified community as one of the types of membership groups⁹⁸ from which people derive security. The report stated that membership of a community can offer ‘cultural identity and a reassuring set of values...[and] practical support’ (UNDP 1995, p. 233). While there are certainly exceptions to this, for instance minority groups who may be marginalised by the wider community thereby receiving little support or cultural identity, for many people, a secure community can offer its members a degree of security that those not belonging to a community may not feel. However, it is also important to note that the UNDP also states that ‘communities can also perpetuate oppressive practices: employing bonded labor and slaves and treating women particularly harshly’ (1995, p. 233). In support of the statement on the treatment of women it cited female genital mutilation in Africa as an example of a traditional community practice that threatens the human security of women affected.

In the case of the PRC, the resurgence of son-preference and the privileged status accorded men are both clear examples of traditional beliefs that have impacted gravely on women’s security within community. These beliefs have resulted in female babies being denied existence due to their sex, and acts of violence committed against women for failure to produce male offspring. It has also seen a return to pre-Liberation rates of prostitution, women being trafficked as ‘brides’ and prostitutes, and an increasing number of men practising polygamy. Women have also suffered disadvantages in both education and employment based on their sex, and when

⁹⁸ The other groups identified by UNDP include family, organisations and racial or ethnic groups.

combined with the double and triple burden faced by many women, political opportunities have also moved out of the reach of many Chinese women. There have also been countless women laid-off during the economic restructuring of many businesses including the SOEs, and important maternity and breastfeeding rights have been lost in the process. Clearly, women face an uneasy position within the communities they have membership of because of the traditional gender beliefs that permeate society.

Furthermore, as has been discussed in previous chapters, the above mentioned reasons not only represent threats to women's human security, but they are all factors that contribute to women's HIV/AIDS vulnerability in the PRC. In addition, it is also obvious that many of the elements that affect community security also affect the other components of human security already discussed. This again reinforces that the 'freedom from fear' and 'freedom from want' school of human security does include an 'integrated matrix of needs and rights' as postulated by Burke (2001, p. 216). However, it also demonstrates that there is no real way that these components can be arranged hierarchically, because of their integrated and dependant nature.

POLITICAL SECURITY

The final component of human security identified by the UNDP was political security and it was defined as the ability of all people 'to live in a society that honours their basic human rights' (1995, p. 233). Clearly, in the case of the PRC, political security is not assured, and there have been notable incidences of human rights abuses that illustrate this. The Tiananmen Square Incident (1989), the brutal suppression of secessionist and alleged terrorist movements in Tibet and Xinjiang, and the treatment

of Falun Gong practitioners are all examples of China's poor human rights record, and are evidence of the political insecurity faced by some segments of Chinese society. However, for Chinese women, the implementation of the One Child Policy has seen the PRC government directly threaten women's reproductive and human rights, and it has seen the government wield great power over Chinese women's bodies.

The *Report of the Fourth World Conference on Women* clearly identified reproductive rights as being a keystone in the empowerment of women, and an important responsibility of government. Item 17 of the Beijing Declaration stated that 'The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment' (DPCSD 1995). The 1994 *Report of the International Conference on Populations and Development* also emphasised the importance of reproductive rights stating that 'The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children' (United Nations Population Information Network 1994). Therefore, these two important documents both postulate the importance of women retaining control over their fertility and that couples, not governments, should decide the number and spacing of their offspring.

In the case of the PRC this is not the case, and the reproductive rights of both men and women are severely curtailed by the One Child Policy.⁹⁹ Not only are couples directed to have only one child, but those who conceive additional children face financial penalties and restricted opportunities in terms of housing allocations,

⁹⁹ It should be noted that some groups are excluded from the One Child Policy. See footnote 65 on p. 189 for further clarification.

government subsidies and job promotions. In the more extreme cases, women who are pregnant with additional children have been forced or coerced into having abortions, and IUDs aimed at preventing further pregnancies are inserted without consent. Thus, for many Chinese women, not only are they denied decisions about the number and spacing of the children they have, but they are targeted by the government to undergo medicalised procedures that ensure compliance with the One Child Policy. This is an obvious breach of their reproductive and human rights, and demonstrates the level of political insecurity that many Chinese women face.

However, the implementation of the One Child Policy has also caused unexpected outcomes such as the resurgence of son-preference and re-affirmation of male privilege, the incidence of violence against women who conceive girls and the denial of life for female foetuses and babies through sex-selective abortion and female infanticide. All of these factors have contributed to an environment that has not only disempowered many women, but it has also increased their vulnerability to HIV/AIDS. This is due, in large part, to the effect that the resurgence of son-preference and re-affirmation of male privilege has had on gender-based power relations in China. These relations are not equal and are very much in favour of men. This has resulted in many women being denied education and employment opportunities, which has increased not only their dependence on men economically, but it has also seen their economic security eroded.

Other key areas, which have already been discussed, include that women's personal security has been threatened by the increase in the traffic of women and violence against women. Furthermore, due to the imbalance of the sex ratio it is believed that

the number of men of marriageable age will soon outnumber the number of available women, so the traffic of women will only increase.

ENGENDERING THE 'THREATS' TO HUMAN SECURITY

The UNDP definition of human security identified 'freedom from fear' and 'freedom from want' as the key components of human security discourse. While the latter component of these components has often been criticised or overlooked in favour of the more state-centric notion of 'freedom from fear', that is ensuring human security in times of conflict or crises, and critics such as Paris have argued that as a concept the 'freedom from want' component is 'extraordinarily expansive and vague' (2001, p. 88), the UNDP definition does include a framework for identifying and analysing the types of threats to security faced by people worldwide. This framework, which identifies the key areas that threaten both the 'freedom from fear' and 'freedom from want' components of human security, allows for a concise, guided analysis of the broader definition of human security. Thus, rather than being an unwieldy concept that does not allow for solid analysis, by following the identified threats, as outlined by the UNDP, it is possible to analysis human security using the broader 'freedom from want' definition.

The inability to arrange the components of human security hierarchically was another of the key points identified by Paris in his criticism of human security. Paris argued that the reluctance of human security proponents to 'prioritise... the goals and principles that make up the concept' is highly problematic because it means that 'all interests and objectives within the movement [are treated] as equally valid' (2001, p. 92). However, examining the range of threats to human security faced by women, it is

apparent that many issues are interrelated such as economic, educational and employment disparities, gender discrimination, substandard healthcare, restricted access to healthcare facilities, reproductive rights, the traffic of women and male violence against women. These issues have several links across the components of security identified by the UNDP, and they are all connected to the existence of unequal gender-based power relations and women's disempowered status. Thus, to increase the human security of women a 'top-down' approach, which prioritised some areas of insecurity over others, would not suffice because all of the threats affect women's security and the integrated nature of them means that they must all be tackled in order to make adequate improvements to the human security of women.

Therefore, as a theory, human security is valuable as it offers women the prospect for greater visibility in security discourse by focusing on issues of human development, human rights, empowerment and a 'bottom-up' approach to security. Thus, it is imperative that gender is incorporated into mainstream human security discourse. However, as previously discussed, interpretations of threats to human security contained in the UNDP definition and elsewhere have primarily been male-oriented and have largely failed to recognise the exceptional threats faced by women. Therefore, the threats to security unique to women were not adequately identified in the UNDP definition, and attempts at incorporating gender issues were patchy at best. This allowed important issues that contribute to women's insecurity to be blurred in the UNDP document, and subsequent documents on human security since. Hudson's overall summary of human security reinforces this point. She stated that 'Broad-school security thinking has offered only a partial understanding of human security through its neglect of women's pervasive insecurity' (Hudson 2007, p. 171).

However, some critics have trivialised human security by assigning it ‘feminine’ traits, which Hoogensen and Stuvøy state are ‘not meant to be complimentary’ (2006, p. 210). They state that descriptions of human security as ‘motherhood and apple pie’ (Anonymous cited in Hoogensen & Stuvøy 2006, p. 210) and ‘sentimental, feminine, utopian, and therefore incapable of transfer to the international arena for rigorous analysis’ (McSweeney cited in Hoogensen & Stuvøy, p. 210), are evidence of the ‘feminisation’ of human security. They also attest to the reluctance of ‘realist-oriented security researchers’ to consider the security concerns of individuals, such as food, economic, health and environmental security, and they argue that such scholars continue to view security narrowly as primarily concerning state security and maintaining state sovereignty, while disregarding the security concerns of individuals, because such insecurities do not ‘fit’ into the traditional state-centric security paradigm (2006, p. 210).

The above work builds on an earlier discussion by Hoogensen and Rottem in which it was argued that the marginalisation of women in security studies is largely due to the patriarchal foundation upon which much of the security discourse has been founded, and that ‘[p]atriarchy creates the Universal Man upon whom we develop our assumptions about security’ (2004, p. 164). Therefore, for Hoogensen, Rottem and Stuvøy, the security debate itself is already gendered. Rather than considering all gender relations, it is based on ‘masculinist power relations’ and it is for this reason that there has been a neglect of gendered analyses in mainstream security discourse, even though for decades there has been a discourse within international relations,

which has called for the inclusion of a gendered analysis into international relations and security studies (2006, pp. 210-11).

In addition, it is important that gendered analysis of human security become part of the mainstream human security discourse, as argued for in this dissertation, and not a 'component' of human security discourse, as this will only serve to reinforce the marginalisation of women in international relations and security studies. Furthermore, it is imperative that there is a genuine inclusion of a gendered analysis of human security in the major policy documents of human security such as those by the Commission on Human Security and the United Nations, which is not currently the case, to ensure that gendered analyses are secured in mainstream human security discourse. This inclusion is vitally important because one reason for the marginalisation of feminist perspectives in international relations has been noted by Carver as due to 'a view that feminist theorizing is always, necessarily, and most usefully done by women, for women, about women' (cited in Hoogensen & Rottem 2004, p. 166). Thus, by expanding human security discourse to include a gendered analysis it is hoped that gendered or feminist research will no longer be deemed the 'realm of women', but the realm of all concerned scholars.

CONCLUSIONS

The discussion contained in this chapter demonstrates that the evidence from the research does in fact reinforce the assertion that gendered analysis is necessary in human security discourse, and has made a solid case for the incorporation of gender into mainstream human security discourse. In addition, it also successfully used

UNDP's framework, which identifies the key areas that threaten both the 'freedom from fear' and 'freedom from want' components of human security, breaking the 'freedom from want' component into economic, food, health, environmental, personal, community and political security. It was found that this framework does allow for a concise, guided analysis of the broader definition of human security. Thus, rather than being an unwieldy concept that does not allow for solid analysis, by following the identified threats, a focused analysis of human security is possible using the broader definition.

The chapter has also detailed how these insecurities have also contributed to women's heightened vulnerability to HIV/AIDS. It was found that women's vulnerability to HIV transmission is closely linked to issues of empowerment and gender-based power relations and that a deficiency in human security increases HIV/AIDS vulnerability. In addition, it was also found that women face many unique threats to HIV/AIDS when compared to their male counterparts, and that such vulnerabilities are often either caused by, or intensify, the range of human insecurities faced by women. Considering HIV/AIDS is identified as a major threat to human security worldwide, and there are gendered differences in human insecurity, it is imperative that human security discourse becomes inclusive of a gendered perspective, in both its mainstream discourse and approach to security, and in the mainstream policy documents produced by organisations such as the United Nations and the Commission on Human Security.

This reaffirms this researcher's prior belief that as a theory, the human security framework offers women the prospect for greater visibility in security discourse by

focusing on issues of human development, human rights, empowerment and a 'bottom-up' approach to security. Furthermore, the 'broader' interpretation also clearly identifies the integrated nature of security threats and that such threats can not be accorded a hierarchical status as a result. The range of securities affected by the implementation of the One Child Policy, for example, is a clear illustration of the interrelated nature of the components of human security identified by UNDP, and the range of issues this one policy has created also demonstrates how women face different threats to their security than men. However, much of this discussion has been based on the types of threats unique to women that are influenced by the disempowered status of women in China, and the unequal gender-based power relations that exist there. Therefore, it is hoped that by engendering human security discourse, the above-mentioned issues would be recognised as not only important issues in human security discourse, but also in discussions of security generally.

CHAPTER NINE

CONCLUSIONS

This dissertation has examined the social, cultural, economic and political factors that make women vulnerable to HIV transmission to determine whether or not women face unique threats to their human security compared to their male counterparts. To explore issues of human security, the dissertation employed the UNDP definition of human security, which states that human security is both ‘freedom from fear’ and ‘freedom from want’, incorporating components such as economic, food, health, environmental, personal, community and political security. At the outset it was argued that while discussions on human security have attempted to encompass threats to humanity as a whole, interpretations of such threats have largely been male-oriented and often failed to recognise the exceptional threats faced by women. Therefore, this researcher believed it to be imperative that a sharper focus be placed on the unique threats women face in terms of their security; ones that might become blurred in general discourse, such as economic, educational and employment disparities, gender discrimination, substandard healthcare, restricted access to healthcare facilities, human trafficking and male violence.

Thus, in researching the vulnerability of Chinese women to HIV/AIDS and its related issues, the following key questions guided this study:

1.1 What is human security?

2.1 What is the epidemiology of HIV/AIDS in China

- 3.1 What is the 'Gender and HIV/AIDS Vulnerability Matrix' and how can it be used to identify women's vulnerability to HIV/AIDS?
- 3.2 What social, cultural, economic and political factors influence women's vulnerability to HIV/AIDS globally?
- 4.1 What was the status of women in pre-revolutionary China?
- 5.1 How did the 1949 revolution alter the social, cultural, economic and political status of women in China?
- 5.2 Has the social, cultural, economic and political status of women changed since the reform and opening of China in the late 1970s?
- 5.3 What is the current social, cultural, economic and political status of women in China?
- 6.1 What specific sources of HIV/AIDS vulnerability faced by women in China can be identified using the 'Gender and HIV/AIDS Vulnerability Matrix'?
- 6.2 Are there any parallels between the vulnerabilities faced by Chinese women and recognised vulnerabilities to HIV/AIDS faced by women globally?
- 6.3 What are the links between the status of women in China and their HIV/AIDS vulnerability?
- 7.1 What were the objectives put forth by the Beijing Platform for Action regarding the protection of women from the spread of HIV/AIDS?
- 7.2 Is the central Chinese government acting alone or in cooperation with either sub-national or national intergovernmental organizations (IGOs), non-governmental organisations (NGOs) and/or international non-governmental organizations (INGOs) in responding to China's HIV/AIDS epidemic?
- 7.3 If IGOs, NGOs and INGOs are involved, what roles are they playing in the response to China's HIV/AIDS epidemic? And what influence, if any, are they having on the formation and implementation of policies towards protecting women from HIV/AIDS, or assisting those with the virus?
- 8.1 Does the evidence from the research reinforce the assertion that gendered analysis is necessary in human security discourse?

The evidence presented in the dissertation has demonstrated that the unique vulnerabilities faced by women to HIV/AIDS globally, and in the PRC in particular, were directly the result of their sex and were caused by their disempowered status and the unequal gender-based power relations in both the private and public spheres. These unique vulnerabilities also mean that women face unique threats to their human security, not only because the vulnerabilities identified make them more susceptible to HIV transmission, but also because of the effects these threats have on their economic, food, health, personal, community and political security. Therefore, this research reinforces the assertion that gendered analysis is necessary in human security discourse, and the dissertation has made a solid case for the incorporation of gender into mainstream human security discourse. In addition, it also successfully used UNDP's framework, which identifies the key areas that threaten both the 'freedom from fear' and 'freedom from want' components of human security, breaking the 'freedom from want' component into economic, food, health, environmental, personal, community and political security, to determine the unique sources of women's insecurity. It was found that the UNDP framework does allow for a concise, guided analysis of the broader definition of human security, even though many critics have considered it to be unmanageable. Thus, rather than being an unwieldy concept that does not allow for solid analysis, by following the identified threats, a focused analysis of human security is possible using the broader definition.

As discussed earlier, this research was prompted by the limited discussion in the mainstream literature of a gender analysis of human security, and the need to discuss unique threats to human security faced by women. The realisation that the

'disempowered status' of women increased their vulnerability to HIV/AIDS, and that HIV/AIDS has become a major source of insecurity for many women around the world (and in China in particular), provided a relevant focus for such an investigation. Further research on gendered aspects of human security is necessary to provide a more complete discourse of human security, and further studies that use the 'broader notion' of human security are also needed to demonstrate that a focused analysis of human security is possible using the broader definition. This researcher also considers research into the human insecurity of children is necessary in providing a more complete analysis of the range of threats that threaten human security, because children too face unique threats to their security such as abuse, neglect, child labour, sex trafficking and the growing incidence of child soldiers.

In the past decade, HIV/AIDS has become an increasingly important issue in the People's Republic of China, because it is being transmitted to diverse groups of the population. Although transmission has been largely concentrated among IDU and prostitutes, the transmission of HIV through the commercial blood and plasma trade has seen HIV/AIDS transmitted to members of the general population who were otherwise considered to be of 'low risk' of contracting the virus, and it is anticipated that other modes of transmission, such as homosexual intercourse, heterosexual intercourse and MTCT will all soon be more identifiable as the source of transmission in people testing positive for HIV. While thus far, men have made up the majority of those infected with HIV/AIDS, it has been predicted by epidemiologists that the transmission of HIV via heterosexual intercourse among the general population will see the number of women with the virus rapidly increase.

When examining the current vulnerability of Chinese women to HIV/AIDS, it was found that they do in fact already face a number of unique vulnerabilities to HIV transmission compared to their male counterparts. Many of these vulnerabilities were found to be similar to women elsewhere, and were brought on by both enabling environments and gender roles. It was demonstrated that the identified sources of women's vulnerability to HIV/AIDS were a global pattern, and certainly not something unique to China. The causes of such vulnerabilities were found to be the result of the interplay of the unequal status accorded many women due to their sex, their disempowered status within society, unequal gender-based power relations both within the domestic and public arenas, and the patriarchal norms and attitudes that influence all of the above. However, the discussion also identified country-specific vulnerabilities that have resulted from the privileged status accorded to Chinese men, particularly in sexual relationships, and the rise of son-preference as a result of the introduction of the One Child Policy. Both Chapters Three and Six demonstrated that there are significant gender based factors that increase Chinese women's vulnerability to HIV transmission, which must be considered when responding to HIV/AIDS epidemics there.

This dissertation also established that not only has gender equality not been achieved in China, but there exists a climate which has been proven elsewhere to be conducive for high rates of HIV transmission. However, it also found that the status of Chinese women is widely diverse, and there are clear divisions between the rural and urban areas, with women in the urban areas faring much better, in most instances, than their rural sisters. In addition, disparity in education levels can also dictate a woman's future direction, with those who are more educated able to pursue greater

opportunities than those who are less educated. Furthermore, it also determined that Chinese women are under-represented politically, thus their opportunities to initiate policies and regulations that will improve their status are limited.

Therefore, the overall status of Chinese women is not favourable. They have not achieved emancipation, despite the CCP's earlier proclamations that this had been achieved, and in many areas their status in the post-Mao era is very similar to the strongly feudal and patriarchal situation that existed prior to liberation. When determining women's vulnerability to HIV transmission, the status of women was found to be an important factor, and it was determined that the status of many women in China, and the privileged position accorded to Chinese men, strongly indicates that Chinese women face a heightened vulnerability to HIV transmission.

The dissertation also confirmed that gendered responses are not currently being undertaken in China and that the Beijing Platform for Action has not been considered in formulating laws and legislation on HIV/AIDS prevention. It was also determined that while the Chinese government has made improvements in its response to HIV/AIDS, it still has a long way to go in order to meet international best practice on HIV/AIDS prevention and before it makes any real inroads into preventing the spread of HIV/AIDS in the PRC. China's response to HIV/AIDS is still primarily focusing on regarding the virus as a medical issue that requires medical and punitive responses. The government has for many years ignored the social, cultural and political factors that contribute to HIV/AIDS vulnerability and transmission of the virus. Furthermore, the political structure that exists in China between the various levels of government has further retarded an effective HIV/AIDS response in the PRC.

While evaluating government responses it was also ascertained that China's HIV/AIDS epidemic has been fuelled for many years by outdated views on HIV/AIDS responses, and that these views have been reinforced by problematic laws and legislation that have contributed to an environment of stigma and discrimination against PLWHA. While the government has made positive steps to reverse these trends, there is still a lot of work that needs to be done before effective measures are fully realised. In addition, the reluctance of the Chinese government to fully cooperate with civil society and to provide adequate funding to projects run by various IGOs, NGOs and INGOs were recognized as being major factors that continue to cripple its response to HIV/AIDS. In addition, it was also concluded that until the Chinese government allows the full incorporation of civil society into all aspects of HIV/AIDS prevention and treatment, any real progress in HIV/AIDS prevention is delayed.

When examining the vulnerabilities of women to HIV/AIDS, both globally and more specifically in China, this researcher employed the 'Gender and HIV/AIDS Vulnerability Matrix' as an analytical tool. The matrix was found to be a useful analytical tool for determining the social, cultural, economic and political factors that contribute to women's vulnerability to HIV/AIDS globally. The researcher concluded that the 'Gender and HIV/AIDS Vulnerability Matrix' can be employed as a reliable framework by which future researchers could further investigate women's vulnerability to HIV/AIDS in specific countries, regions or globally. Another area for further research would be for more studies to be conducted that test the 'Gender and HIV/AIDS Vulnerability Matrix' in other locations to determine any gender roles or enabling environments that may need to be included.

Another area identified as warranting further research was using the ‘Gender and HIV/AIDS Vulnerability Matrix’ to identify country-specific examples of HIV vulnerability, and whether such vulnerabilities are transposed to new locations. This researcher believes that research on the HIV vulnerability of expatriate populations, refugee populations, or those who have been displaced from their ‘traditional homeland’ or locality would be beneficial in determining whether or not such peoples faced the same types of vulnerabilities to HIV/AIDS in their new location as those faced in their original location. It is highly likely that the gender roles and enabling environments they would have faced in their original location, would strongly influence their gender roles and enabling environments in their new location, even though such factors may not be present in the other populations that co-exist in the new locality. Therefore, such considerations would be important in the formation of HIV/AIDS policies and prevention campaigns in the new location so that they were inclusive of *all* peoples.

Overall, however, this dissertation has demonstrated that women do have unique vulnerabilities to HIV/AIDS. It was found that women’s vulnerability to HIV transmission is closely linked to issues of empowerment and gender-based power relations and that a deficiency in human security increases HIV/AIDS vulnerability. Therefore, considering HIV/AIDS has been identified as a major threat to human security worldwide, and distinct gendered differences in human insecurity have been identified, it is imperative that human security discourse becomes inclusive of a gendered perspective, in both its mainstream discourse and approach to security, and

in the mainstream policy documents produced by organisations such as the United Nations and the Commission on Human Security.

However, in addition to making a case for gendered discourse in human security, this dissertation has also challenged the more restricted notions of what constitutes human security, which restrict application of the notion of human security to times of conflict. While it would be desirable for the restricted definition to be revised to include the wider context as defined by the United Nations, including a gendered analysis, at the very least this dissertation argues a good case for pandemic illnesses such as HIV/AIDS to be included into the restricted ‘freedom from fear’ definitions of what constitutes a threat to human security, because the affects of HIV/AIDS have been shown to be far reaching. HIV/AIDS can cross national borders and it has the ability to damage achievements in development and cause great economic costs as well as social upheaval. The global transmission of the virus has also proven that HIV/AIDS is a threat to *all* of humanity on many fronts.

APPENDICES

APPENDIX 1

OVERVIEW OF INTERVIEWEES

Interviewee A, Beijing, 21 August 2003.

- A Senior Programme Officer for an overseas aid organisation involved in implementing HIV/AIDS prevention and control projects in remote provinces of China. Interviewee A's organisation focused on three key areas namely capacity building, that is the instruction of multi-sectoral groups on how to organise effective projects/plans through their own agency; health promotion, the execution of projects specifically targeting increasing standards of healthcare and HIV/AIDS prevention knowledge among the general population; and a multi-sectoral working group which met with other overseas HIV/AIDS prevention organisations to devise comprehensive programmes and pilot projects on HIV/AIDS prevention in the PRC.

Interviewee B, Beijing, 22 August 2003.

- A Programme Officer for an overseas aid agency involved in implementing HIV/AIDS prevention and control projects in China at both a country and regional level. The three key focus areas of the organisation included promoting legal reforms and policy changes to improve the general environment for PLWHA and to allow international agencies and the Chinese government to carry out more effective HIV/AIDS prevention and control programmes; to incorporate PLWHA into China's HIV/AIDS response; and to bring together civil society, media and government representatives to discuss multi-sectoral response to HIV/AIDS.

Interviewee C, Beijing, 22 August 2003.

- A National Programme Officer for an international aid agency focused on HIV/AIDS advocacy, prevention and treatment. The aid agency's main task was to ensure China's HIV/AIDS response followed in line with international best practice, and to oversee outcomes and programmes coordinated by individual international and national non-governmental organisations.

Interviewee D, Beijing, 27 August 2003.

- Interviewee D was the director of an organisation that focused on the formulation of advocacy programmes aimed at preventing the spread of HIV/AIDS in China. The organisation also played a role in monitoring China's HIV/AIDS epidemic, and was in the planning stages of launching pilot programs that would facilitate the distribution of anti-retroviral drugs to PLWHA.

Interviewee E, Beijing, 27 August 2003.

- A health specialist for an international donor organisation that includes HIV/AIDS in its health framework. While primarily focused on development issues, this organisation recognises the impact that HIV/AIDS has on slowing or even reversing progress made in areas of development and therefore includes HIV/AIDS in its development policies. The organisation also produces and disseminates HIV/AIDS related information, is active in the surveillance of the epidemic, has spearheaded campaigns aimed at improving medical care for PLWHA, and promotes the importance of blood safety.

Interviewee F, Beijing, 9 September 2003.

- The Division Director of a government organisation that examines HIV/AIDS related issues as one factor of its overall framework that is focused on development issues.

APPENDIX 2

INTERVIEW QUESTIONS

1. What role does your organisation play in HIV/AIDS prevention?
2. Is your organisation able to influence the formation and implementation of policies towards protecting women from HIV/AIDS, or assisting those living with HIV/AIDS? If so, how is this achieved?
3. Is the Central Chinese Government acting alone or in cooperation with non-governmental organisations in its response to HIV/AIDS?
4. Do current policies, aimed at preventing the further spread of HIV/AIDS seek to empower women and transform gender relations? If so, how is this attempted?
5. Do you know of any campaigns that have targeted men, aimed at promoting gender equality in sexual relationships?
6. Do HIV/AIDS prevention campaigns work in conjunction with the women's movement in China?
7. Do you believe Chinese women are particularly vulnerable to HIV transmission?
8. What insecurities, unique to women, are women in China facing?
9. What HIV prevention methods are currently promoted in China? And, how are these prevention methods received by Chinese society?
10. What are the current treatments available for HIV/AIDS patients in China? What proportion of those infected with HIV/AIDS would be able to access such treatments?
11. Do current responses to HIV/AIDS occur simultaneously at an international, national and local level? If so, do these levels engage with one another?
12. What difficulties do HIV/AIDS prevention and treatment campaigns face in China? And, how do you believe such difficulties can be overcome?

APPENDIX 3

DEFINITION OF HIV AND AIDS

HIV is the abbreviated form of Human Immunodeficiency Virus, the virus that is responsible for the Acquired Immune Deficiency Syndrome (AIDS). The HIV attaches itself to CD4+ T-cells, which form the human immune system. The cells then make copies of the HIV, and these copies attach themselves to other cells, weakening the immune system. This causes the body to be susceptible to disease, and diseases that otherwise may not be dangerous are difficult to fight off and become life-threatening. These diseases eventually become so serious that the infected person becomes very sick and dies. There are two strains of HIV, namely HIV-1, which has nine sub-types and HIV-2, which is less infectious than HIV-1 (Feinstein & Prentice 2000, p. 1).

Progression refers to the rate at which HIV develops in an infected person. There are three phases of progression of HIV/AIDS: Acute Infection, Asymptomatic Infection and Clinical AIDS. Acute Infection refers to the period immediately after a person has been infected. During this time, the person may experience flu-like symptoms as a reaction to the virus, and the period of acute infection generally lasts around 1-3 weeks. The asymptomatic phase refers to the period of time whereby although HIV is rapidly destroying the cells of the infected person, the person displays no symptoms of ill health. This period usually lasts for approximately 8-10 years and is followed by the third phase, known as clinical AIDS. When a person progresses to clinical AIDS, the immune system of the infected person has been extremely damaged, the infected

person is highly susceptible to diseases and eventually they will die (Feinstein & Prentice 2000, p. 1).

A notable difference between the rate of progression among men and women is that although during the first five years of the asymptomatic phase of HIV infection women often have fewer copies of HIV than men, many women progress to the third phase, clinical AIDS, faster than men. Reasons for this rapid progression may be attributed in part to the fact that worldwide many women have restricted or poor access to healthcare, and are often subjected to substandard levels of healthcare in comparison to their male counterparts (Feinstein & Prentice 2000, p. 1).

MODES OF HIV TRANSMISSION

HIV is transmitted via body fluids, such as blood, semen and vaginal fluids, in four ways. Firstly, HIV can be transmitted to an uninfected person if they have unprotected heterosexual or homosexual intercourse. It has been estimated that approximately three-fourths of HIV infections worldwide are the result of sexual intercourse (Feinstein & Prentice 2000, p. 2).

HIV is also transmitted by sharing a syringe or other equipment used in injecting drugs that has been infected by a HIV+ person. This type of transmission is highly effective because it involves the injection of HIV infected blood directly into the blood stream, and is the second most common mode of HIV transmission worldwide (Feinstein & Prentice 2000, pp. 2-3).

The third mode of HIV transmission occurs when an uninfected person receives a blood transfusion or plasma products that contain HIV+ blood. The reuse without proper sterilisation of medical equipment such as needles, which have been infected by HIV+ blood, can also transmit HIV to an uninfected person. This mode of HIV transmission is known as iatrogenic or medically acquired HIV and is generally categorised under the third mode of HIV transmission classification (Feinstein & Prentice 2000, p. 2).

The final mode of HIV transmission is known as mother-to-child transmission. This type of transmission occurs when a HIV+ mother passes HIV to her baby during the birth process, because of contact with HIV infected bodily fluids, or through breastfeeding (Feinstein & Prentice 2000, p. 2).

APPENDIX 4

EXTRACT FROM REPORT ON THE FOURTH WORLD CONFERENCE ON WOMEN^{*}

Highlighted sections indicate areas particularly relevant to the central questions of this thesis.

Strategic objective C.3. Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

- (a) Ensure the involvement of women, especially those infected with HIV/AIDS or other sexually transmitted diseases or affected by the HIV/AIDS pandemic, in all decision-making relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases;
- (b) Review and amend laws and combat practices, as appropriate, that may contribute to women's susceptibility to HIV infection and other sexually transmitted diseases, including enacting legislation against those socio-cultural practices that contribute to it, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;
- (c) Encourage all sectors of society, including the public sector, as well as international organizations, to develop compassionate and supportive, non-discriminatory HIV/AIDS-related policies and practices that protect the rights of infected individuals;
- (d) Recognize the extent of the HIV/AIDS pandemic in their countries, taking particularly into account its impact on women, with a view to ensuring that infected women do not suffer stigmatisation and discrimination, including during travel;

^{*} DPCSD 1995, *Report of the Fourth World Conference on Women*, viewed 19 April 2002, <<http://www.undp.org/fwcw/dawoff.htm>>.

- (e) Develop gender-sensitive multisectoral programmes and strategies to end social subordination of women and girls and to ensure their social and economic empowerment and equality; facilitate promotion of programmes to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other sexually transmitted diseases;
- (f) Facilitate the development of community strategies that will protect women of all ages from HIV and other sexually transmitted diseases; provide care and support to infected girls, women and their families and mobilize all parts of the community in response to the HIV/AIDS pandemic to exert pressure on all responsible authorities to respond in a timely, effective, sustainable and gender-sensitive manner;
- (g) Support and strengthen national capacity to create and improve gender-sensitive policies and programmes on HIV/AIDS and other sexually transmitted diseases, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons;
- (h) Provide workshops and specialized education and training to parents, decision makers and opinion leaders at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other sexually transmitted diseases and on their repercussions on both women and men of all ages;
- (i) Give all women and health workers all relevant information and education about sexually transmitted diseases including HIV/AIDS and pregnancy and the implications for the baby, including breast-feeding;
- (j) Assist women and their formal and informal organizations to establish and expand effective peer education and outreach programmes and to participate in the design, implementation and monitoring of these programmes;
- (k) Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;
- (l) Design specific programmes for men of all ages and male adolescents, recognizing the parental roles referred to in paragraph 107 (e) above, aimed at providing complete and accurate information on safe and responsible sexual and reproductive behaviour, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other sexually

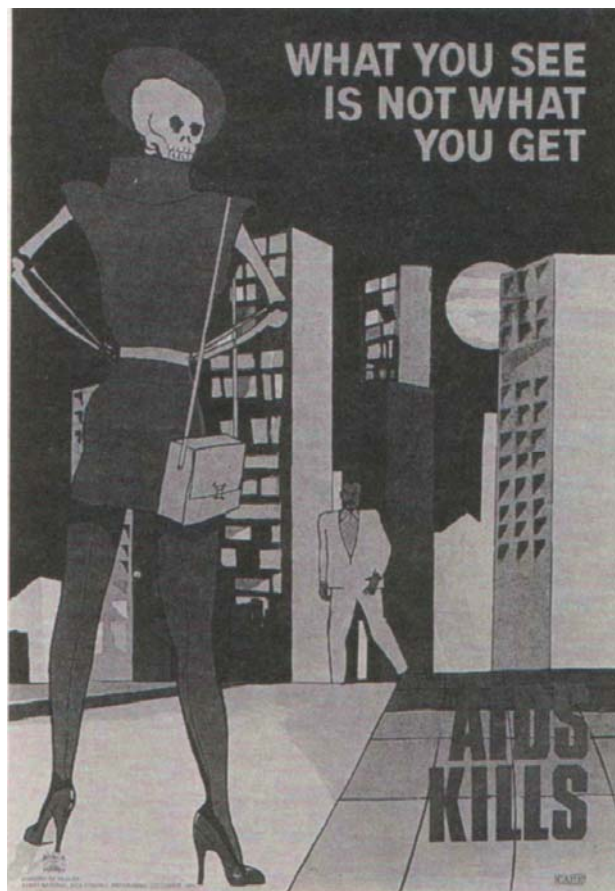
transmitted diseases through, inter alia, abstinence and condom use;

- (m) Ensure the provision, through the primary health-care system, of universal access of couples and individuals to appropriate and affordable preventive services with respect to sexually transmitted diseases, including HIV/AIDS, and expand the provision of counselling and voluntary and confidential diagnostic and treatment services for women; ensure that high-quality condoms as well as drugs for the treatment of sexually transmitted diseases are, where possible, supplied and distributed to health services;
- (n) Support programmes which acknowledge that the higher risk among women of contracting HIV is linked to high-risk behaviour, including intravenous substance use and substance-influenced unprotected and irresponsible sexual behaviour, and take appropriate preventive measures;
- (o) Support and expedite action-oriented research on affordable methods, controlled by women, to prevent HIV and other sexually transmitted diseases, on strategies empowering women to protect themselves from sexually transmitted diseases, including HIV/AIDS, and on methods of care, support and treatment of women, ensuring their involvement in all aspects of such research;
- (p) Support and initiate research which addresses women's needs and situation, including research on HIV infection and other sexually transmitted diseases in women, on women-controlled methods of protection, such as non-spermicidal microbicides, and on male and female risk-taking attitudes and practices.

APPENDIX 5

AIDS CAMPAIGN POSTER (KENYA)

This AIDS prevention poster is an example of early prevention campaigns in which women were portrayed as ‘vectors’ of HIV/AIDS. This was most prevalent in countries where there were high rates of HIV/AIDS among prostitutes.



Source: Berer, Marge & Ray, Sunanda 1993, *Women and HIV/AIDS: An International Resource Book*, Pandora Press, London, p. 41

BIBLIOGRAPHY

BOOKS

- Berer, Marge & Ray, Sunanda 1993, *Women and HIV/AIDS: An International Resource Book*, Pandora Press, London.
- Beyrer, Chris 1998, *War in the Blood: Sex, Politics and AIDS in Southeast Asia*, Zed Books, London.
- Croll, Elisabeth, 1995, *Changing Identities of Chinese Women*, Zed Books, London.
- Croll, Elisabeth 2000, *Endangered Daughters: Discrimination and Development in Asia*, Routledge, London.
- Croll, Elisabeth, Davin, Delia & Kane, Penny 1985, *China's One-Child Family Policy*, Macmillan, Hampshire.
- Curtin, Katie, 1974, *Women in China*, Pathfinder Press, New York.
- Davin, Delia 1976, *Woman-Work: Women and the Party in Revolutionary China*, Oxford University Press, London.
- Davis, Deborah & Harrell, Stevan 1993, *Chinese Families in the Post-Mao Era*, University of California Press, London.
- Dikötter, Frank 1995, *Sex, Culture and Modernity in China*, University of Hawaii Press, Honolulu.
- Ebrey, Patricia Buckley (ed), 1993, *Chinese Civilisation*, The Free Press, New York.
- Evans, Harriet 1997, *Women and Sexuality in China. Dominant Discourses of Female Sexuality and Gender Since 1949*, Polity Press, Cambridge.
- Fairbank, John and Reischauer, Edwin O, 1989, *China: Tradition and Transformation*, rev edn, Allen and Unwin, St. Leonards.
- Gao, Mobo 1999, *Gao Village: A Portrait of Rural Life in Modern China*, Crawford House Publishing, Bathurst.
- Greenfield, Tony (ed) 1996, *Research Methods: Guidance for Postgraduates*, 2nd edn, J.Wiley, New York.
- Gorna, Robin 1996, *Vamps, Virgins and Victims: How Can Women Fight AIDS?*, Cassell, London.
- Hunter, Susan 2005, *AIDS in Asia: A Continent in Peril*, Palgrave Macmillan, New York.
- Irwin, Alexander, Millen, Joyce & Fallows, Dorothy 2003, *Global AIDS: Myths and Facts. Tools for Fighting the AIDS Pandemic*, South End Press, Cambridge.
- Jacka, Tamara 1997, *Women's Work in Rural China*, Cambridge University Press, Cambridge.
- Jancar, Barbara Wolfe 1978, *Women Under Communism*, John Hopkins University Press, Baltimore.

- Jashock, Maria & Miers, Suzanne (eds) 1994, *Women and Chinese Patriarchy: Submission, Servitude and Escape*, Zed Books, London.
- Johnson, Kay Ann 1983, *Women, the Family and Peasant Revolution in China*, The University of Chicago Press, Chicago.
- Kazuko, Ono 1989, *Chinese Women in a Century of Revolution 1850-1950* (rev. ed.), Stanford University Press, Stanford.
- Khan, Azizur Rahman & Riskin, Carl 2001, *Inequality and Poverty in China in the Age of Globalization*, Oxford University Press, New York.
- Lieberthal, Kenneth et. al. (ed), 1991, *Perspectives on Modern China: Four Anniversaries*, M. E. Sharpe, New York.
- Mackerras, Colin, McMillen, Donald & Watson, Andrew (eds) 1998, *Dictionary of the Politics of the People's Republic of China*, Routledge, London.
- Mann, Susan 1997, *Precious Records: Women in China's Long Eighteenth Century*, Stanford University Press, Stanford.
- McCoy, Clyde B. & Inciardi, James A. 1995, *Sex, Drugs, and the Continuing Spread of AIDS*, Roxbury Publishing Company, Los Angeles.
- Newman, Edward & Richmond, Oliver (eds) 2001, *The United Nations and Human Security*, Palgrave, New York.
- Perry, Elizabeth J. & Seldon, Mark (eds) 2000, *Chinese Society: Change, Conflict and Resistance*, Routledge, London.
- Ramusack, Barbara N. and Sievers, Sharon 1999, *Women in Asia: Restoring Women to History*, Indiana University Press, Bloomington.
- Schein, Louisa 2000, *Minority Rules: The Miao and the Feminine in China's Cultural Politics*, Duke University Press, Durham.
- Sen, Krishna & Stivens, Maila (eds) 1998, *Gender and Power in Affluent Asia*, Routledge, London.
- Sheridan, Mary (ed) 1984, *Lives: Chinese Working Women*, Indiana University Press, Bloomington.
- Sittirak, Sinith 1998, *The Daughters of Development: Women in a Changing Environment*, Zed Books, London.
- Snow, Helen Foster 1967, *Women in modern China*, Mouton & Co, Paris.
- Stearns, Peter, Gosch, Stephen & Grieshaber, Erwin (eds) 2003, *Documents in World History. The Great Traditions: From Ancient Times to 1500*, 3rd edn, Longman, Sydney.
- Thomas, Caroline 2000, *Global Governance, Development and Human Security. The Challenge of Poverty and Inequality*, Pluto Press, London.
- Truong, Thanh-Dam, Wieringa, Saskia & Chhachhi, Amrita 2006, *Engendering Human Security: Feminist Perspectives*, Zed Books, London.
- Upshur, Jiu-Hwa (ed) 1995, *World History*, 2nd edn, West Publishing, St. Paul.
- Verschuur-Basse, Denyse 1996, *Chinese Women Speak*, trans. Rauch-Nolan, Elizabeth, Praeger, Westport.

- Welch, Holmes 1967, *The Practice of Chinese Buddhism 1900-1950*, Harvard University Press, Cambridge.
- Whittaker, Andrea 2000, *Intimate Knowledge: Women and their health in North-East Thailand*, Allen and Unwin, St. Leonards.
- Williams, Louise 1998, *Wives, Mistresses and Matriarchs: Asian Women Today*, Rowman and Littlefield Publishers, Lanham.
- Witterich, Christa 2000, *The Globalized Woman: Reports from a Future of Inequality*, trans. Camiller, Patrick, Spinifex Press, Melbourne.
- Wolf, Margery 1985, *Revolution Postponed: Women in Contemporary China*, Stanford University Press, Stanford.
- Yang, C.K 1959, *The Chinese Family in the Communist Revolution*, Massachusetts Institute of Technology Press, Cambridge.
- Xia, Guomei 2004, *HIV/AIDS in China*, Foreign Languages Press, Beijing.

BOOK CHAPTERS

- Berger, Barbara & Vizgirda, Vida 1993, 'Prevention of HIV Infection in Women and Children' in Felissa L. Cohen & Jerry D. Durham (eds), *Women, Children and HIV/AIDS*, Springer Publishing, New York, pp. 60-82.
- Cockell, John G. 2001, 'Human Security and Preventive Action Strategies' in Edward Newman & Oliver P. Richmond (eds), *The United Nations and Human Security*, Plagrave, Hampshire, pp. 15-30.
- Dikötter, Frank 1997, 'A History of Sexually Transmitted Diseases in China' in Milton Lewis, Scott Bamber & Michael Waugh (eds), *Sex, Disease and Society: A Comparative History of Sexually Transmitted Diseases and HIV/AIDS in Asia and the Pacific*, Greenwood Press, London, pp. 67-83.
- Edwards, Louise 2000, 'Women in the People's Republic of China: new challenges to the grand gender narrative' in Louise Edwards & Mina Roces (eds), *Women in Asia: Tradition, modernity and globalisation*, University of Michigan Press, Ann Arbor, pp. 59-84.
- He, Xiaopei 2001, 'Chinese Queer (*Tongzhi*) Women Organizing in the 1990s' in Ping-Chun Hsiung, Maria Jaschok, & Cecila Milwertz, with Red Chan (eds), *Chinese Women Organizing: Cadres, Feminists, Muslims, Queers*, Berg, New York, pp. 41-60.
- Jeffreys, Elaine 2004, 'Feminist prostitution debates: Are there any sex workers in China?' in Anne McLaren (ed), *Chinese Women – Living and Working*, Routledge Curzon, New York, pp. 83-105.
- Mao Zedong 1999a, "'The Evils of Society'" and Miss Zhao' in Hua R. Lan & Vanessa L Fong (eds), *Women in Republican China: A Sourcebook*, M.E. Sharpe, Armonk, pp. 85-88.
- Mao Zedong 1999b, 'The Question of Miss Zhao's Personality' in Hua R. Lan & Vanessa L Fong (eds), *Women in Republican China: A Sourcebook*, M.E. Sharpe, Armonk, pp. 79-80.
- Norr, Kathleen, Tlou, Sheila & Norr, James 1993, 'The Threat of AIDS for Women in

- Developing Countries' in Felissa L. Cohen & Jerry D. Durham (eds), *Women, Children and HIV/AIDS*, Springer Publishing, New York, pp. 263-85.
- Pettman, J. 2001, 'Gender Issues' in J. Baylis & S. Smith (eds), *The Globalisation of World Politics: An Introduction to International Relations*, 2nd edn, Oxford University Press, Oxford, pp. 582-97.
- Rudelson, J. & Jankowiak, W. 2004, 'Acculturation and Resistance: Xinjiang Identities in Flux' in F. Starr (ed) *Xinjiang: China's Muslim Borderland*, M.E. Sharpe, London, pp. 299-319.
- Schneider, Beth E. & Jenness, Valerie 1995, 'Social Control, Civil Liberties, and Women's Sexuality' in Beth E. Schneider & Nancy E. Stoller (eds), *Women Resisting AIDS: Feminist Strategies of Empowerment*, Temple University Press, Philadelphia, pp. 74-95.
- Swan, Nancy Lee 1988, 'Women in Classical China: Pan Chao' in Peter Stearns, Stephen S. Gosch, Jay Pascal Anglin & Erwin P. Grieshaber (eds), *Documents in World History*, New York, Harper and Row, pp. 51-56.
- Wang, Qi 1999, 'State-Society Relations and Women's Political Participation' in J. West, M. Zhao, X. Chang & Y. Cheng (eds), *Women of China: Economic and Social Transformation*, MacMillan Press, London, pp. 19-44.
- Wang, Zheng 2000a, 'Gender, employment and women's resistance' in Elizabeth J. Perry & Mark Selden (eds), *Chinese Society: Change, Conflict and Resistance*, Routledge, London, pp.62-82.

JOURNAL AND NEWSPAPER ARTICLES

- Associated Press 2005, 'Chinese rubber company begins marketing condoms with Clinton, Lewinsky brand names' in Sina (English), viewed 17 April 2007, <<http://english.sina.com/life/1/2005/0920/46660.html>>.
- Barnett, Tony & Prins, Gwyn 2006, 'HIV/AIDS and security: fact, fiction and evidence – a report to UNAIDS' in *International Affairs*, Vol. 82, no. 2, viewed 4 April 2007, EBSCOhost database Academic Search Premier, item: AN23454855.
- BBC 2002, 'HIV hits women hardest' in *BBC News World Edition*, viewed 2 January 2003, <<http://news.bbc.co.uk/2/hi/health/2516273.stm>>.
- BBC 2007, '“Anti-Aids gel” trial is stopped' in *BBC News World Edition*, viewed 30 May 2007, <<http://news.bbc.co.uk/go/pr/fr/-/2/hi/africa/6319787.stm>>.
- Boyd, Rosalind 2005, 'Gender and human security issues: building a programme of action-research' in *Development in Practice*, Vol. 15, no. 1, pp. 115-21, viewed 19 July 2006, EBSCOhost database Academic Search Premier, item: AN1611302.
- Bunch, Charlotte 2004, 'A Feminist Human Rights Lens' in *Peace Review*, Vol. 16, no. 1, pp. 29-34, viewed 4 April 2007, EBSCOhost database Academic Search Premier, item: AN13310326.
- Burke, Anthony 2001, 'Caught between National and Human Security: Knowledge and Power in Post-Crisis Asia' in *Pacifica Review*, Vol.13, no.3, pp. 215-39.

- Caballero-Anthony, Mely 2006, 'Combating Infectious Diseases in East Asia: Securization and Global Public Goods for Health and Human Security' in *Journal of International Affairs*, Vol. 59, no. 2, pp. 105-27, viewed 4 April 2007, EBSCOhost database Academic Search Premier, item: AN20804750.
- China Daily 2000a, 'AIDS Cases on the Increase' in *China Guide*, viewed 30 July 2002, <<http://chinaguide.org/english/2000/Nov/3402.htm>>.
- China Daily 2000b, 'Teens Taught About AIDS' in *China Guide*, viewed 30 July 2002, <<http://www.chinaguide.org/english/2000/Dec/5335.htm>>.
- China Daily 2000c, 'Guangdong Alert to Soaring AIDS Cases' in *China Guide*, viewed 30 July 2002, <<http://www.chinaguide.org/english/2000/Nov/4669.htm>>.
- Cao, Xiaobin, Sullivan, Sheena, Xu, Jie & Wu, Zunyou 2006, 'Understanding HIV-related Stigma and Discrimination in a "Blameless" Population' in *AIDS Education and Prevention*, Vol. 18, no. 6, pp.518-28.
- Dorgan, Michael 2002, 'UN Warns of AIDS Disaster in China' in *Miami Herald*, June 28, viewed 26 March 2003, <<http://www.aegis.com/news/mh/2002/MH020606.htm>>.
- Eberstadt, Nicholas 2002, 'The Future of AIDS' in *Foreign Affairs*, Vol.81, no.6, pp. 22-45, viewed 8 January 2003, EBSCOhost database Academic Search Premier, item: AN7568881.
- Elbe, Stefan 2006, 'Should HIV/AIDS Be Securitize? The Ethical Dilemmas of Linking HIV/AIDS and Security' in *International Studies Quarterly*, Vol. 50, issue 1, pp. 119-44, viewed 4 April 2007, EBSCOhost database Academic Search Premier, item: AN22175695.
- Feldbaum, Harley, Lee, Kelley & Patel, Preeti 2006, 'The National Security Implications of HIV/AIDS' in *PLOS Medicine*, Vol. 3, issue 6, pp.774-78, viewed 4 April 2007, EBSCOhost database Academic Search Premier, item: AN23454855.
- Fourie, Pieter & Schönsteich, Martin 2001, 'Africa's New Security Threat: HIV/AIDS and human security in Southern Africa' in *African Security Review*, Vol. 10, no 4, viewed 26 April 2007, <<http://www.iss.co.za/PUBS/ASR/10No4/Fourie.html>>.
- Fox, Emile & Sun, Gang 1996, 'HIV/AIDS: The Epidemic and the National Response' in *China Development Briefing*, no.3.
- Fukuda-Parr, Sakiko 2004, 'Gender, Globalization and New Threats to Human Security' in *Peace Review*, Vol. 16, no. 1, pp. 35-42, viewed 27 July 2005, EBSCOhost database Academic Search Premier, item: AN13310327.
- Garrett, Laurie 2005, 'The Lessons of HIV/AIDS' in *Foreign Affairs*, Vol. 84, issue 4, pp. 51-64, viewed 4 April 2007, EBSCOhost database Academic Search Premier, item: AN17327805.
- Gil, Vincent & Anderson, Allen 1999, 'Case Study of Rape in Contemporary China: A Cultural-Historical Analysis of Gender and Power Differentials' in *Journal of Interpersonal Violence*, Vol.14, no.11, pp. 1151-71.
- Gittings, John 2001, 'China Fights HIV-Tainted Blood' in *The Guardian*, August 3,

- viewed 20 February 2003,
 <<http://www.guardian.co.uk/international/story/0,3604,532174,00.html>>.
- Gittings, John 2002, 'China Admits 'Blood Stations' Caused Steep Rise in AIDS' in *The Guardian*, September 10, viewed 26 March 2003,
 <<http://www.guardian.co.uk/Print/0,3858,4497734,00.html>>.
- Harding, Luke 2000, 'India is New Loser in Asian AIDS Epidemic' in *The Guardian*, viewed 20 February 2003,
 <<http://www.guardian.co.uk/international/story/0,3604,230527,00.html>>.
- Hewitt, Duncan 2001, 'China Comes Clean on AIDS' in *BBC News*, August 23, viewed 20 February 2003,
 <<http://news.bbc.co.uk/1/hi/world/asia-pacific/1505730.stm>>.
- Hoogensen, Gunhild & Rottem, Svein Vigeland 2004, 'Gender Identity and the Subject of Security' in *Security Dialogue*, Vol. 35, no. 2, pp. 155-71.
- Hoogensen, Gunhild & Stuvøy, Kirsti 2006, 'Gender, Resistance and Human Security' in *Security Dialogue*, Vol. 23, no. 2, pp. 207-28.
- Hudson, Heidi 2005, 'Doing Security As Though Humans Matter: A Feminist Perspective on Gender and the Politics of Human Security' in *Security Dialogue*, Vol. 36, issue 2, pp. 155-74.
- Humeniuk, Rachel 2005, 'The first methadone clinic in Beijing' in *Drug and Alcohol Review*, Vol. 24, issue 3, pp.285-87.
- Kermani, Parinaz 2006, 'The Human Security Paradigm Shift: From an "Expansion of Security" to an "Extension of Human Rights"' in *Human Security Journal*, Issue 1, April, pp. 24-34.
- Li, L., Lin, C., Wu, Z., Wu, S., Rotheram-Borus, M., Detels, R., Jia, M. 2007, 'Stigmatization and shame: Consequences of caring for HIV/AIDS patients in China' in *AIDS Care*, Vol. 19, issue 2, pp.258-63.
- Li, Xiaorong 2002, 'Social Stigma, official indifference: The plight of children orphaned by AIDS in Henan' in *China Rights Forum*, no. 4, pp. 34-37.
- Liu, Dalin 1994, 'Sexual Behaviour in Modern China' in *Chinese Education and Society: A Journal of Translations*, Vol. 27, no. 4, July-August, pp. 8-24.
- MacLean, George 2000, 'Instituting and Projecting Human Security: A Canadian Perspective' in *Australian Journal of International Affairs*, Vol.54, no.3, pp. 269-76.
- McInnes, Colin 2006, 'HIV/AIDS and security' in *International Affairs*, Vol. 82, no. 2, pp. 315-26.
- McKay, Susan 2004, 'Women, Human Security, and Peace-building: A Feminist Analysis' in *Conflict and Human Security: A Search for New Approaches of Peacebuilding*, IPSHU English Research Report Series, No. 19, viewed 26 April 2007,
 <<http://www.hegoa.ehu.es/congreso/bilbo/doku/bost/humansfeminist.pdf>>.
- Mei, Zhao-rong 1999, 'Human Security and the State' in *The Asia-Australia Papers*, no.2, September, pp. 55-58.
- Ostergard, Robert, Jr 2002, 'Politics in the hot zone: AIDS and national security in

- Africa' in *Third World Quarterly*, Vol. 23, no. 2, pp. 333-350, 4 April 2007, EBSCOhost database Academic Search Premier, item: AN6446362.
- Paris, Roland 2001, 'Human Security: Paradigm Shift or Hot Air?' in *International Security*, Vol. 26, no. 2, Autumn, pp. 87-102.
- Park, Alice 2003, 'China's Secret Plague: How One US Scientist is Struggling to help the government face up to an exploding AIDS crisis' in *Time*, December 15, no.49, pp. 48-54.
- Parry, Jane 2006, 'China's Pragmatic Approach to AIDS' in *Bulletin of the World Health Organisation*, April, Vol.84, issue 4, pp. 261-62.
- Pates, Michael & Johnson, Jason 2004, 'HIV/AIDS, National Security, and Global Stability' in *Human Rights: Journal of the Section of Individual Rights & Responsibilities*, Vol. 31, issue 4, p. 14, viewed 1 March 2007, EBSCOhost database Academic Search Premier, item: AN15093831.
- Porter, Ian 2006, 'James Bond to sell condoms' in *The Age*, February 16, viewed 17 April 2007, <<http://www.theage.com.au/news/business/james-bond-to-sell-condoms/2006/02/15/1139890806128.html>>.
- Qian, Xu, Tang, Shenglan & Garner, Paul 2004, 'Unintended pregnancy and induced abortion among unmarried women in China: a systematic review' in *BMC Health Services Research*, Vol.4, no.1, viewed 20 January 2005, <<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=333425>>.
- Riley, Nancy E 2004, 'China's Population: New Trends and Challenges' in *Population Bulletin*, Vol.59, no.2, viewed 20 January 2005, <<http://www.prb.org>>.
- Roberts, Dexter 2003, 'SARS: An Amazing About-Face in Beijing' in *Business Week*, Issue 3831, 5 May, p. 48.
- Renwick, Neil 2002, 'The 'Nameless Fever': The HIV/AIDS Pandemic and China's Women' in *Third World Quarterly*, Vol.23, no.2, pp. 337-93.
- Sorman, Guy 2007, 'The Truth About China' in *Wall Street Journal-Eastern Edition*, Vol. 249, issue 92, p. 15, viewed 7 July 2007, EBSCOhost database Academic Search Premier, item: AN24844707.
- UNDP 1995, "Redefining Security: The Human Dimension" in *Current History*, Vol.94, no.592, pp. 229-36.
- Wang, Yanguang 2000b, 'A Strategy of Clinical Tolerance for the Prevention of HIV and AIDS in China' in *Journal of Medicine and Philosophy*, Vol.25, no.1, pp. 48-61.
- Wang, Yongqiang 2005, 'Gao Yaojie: A Crusader for AIDS Prevention' in *China Pictorial*, Vol. 680, no. 2, pp. 14-17.
- Wei, Huang 2000, 'Spread of AIDS Looms Large' in *Beijing Review*, Vol.43, no.24, pp.12-19.
- Wesley, M. 1999, 'Human Security in Development and Crisis: How to Capture Human Security in Regional Institutional Arrangements' in *The Asia-Australia Papers*, Vol.2, September, pp. 24-34.

- Wu, Zunyou, Rou, Keming & Cui, Haixia 2004, 'The HIV/AIDS Epidemic in China: History, Current Strategies and Future Challenges' in *AIDS Education and Prevention*, Vol.16, Supplement A, pp.7-17.
- Xinhua 2000, 'Ban on Family Violence Urged in China' in *China Guide*, viewed 30 July 2002, <<http://www.chinaguide.org/english/2000/Aug/560.htm>>.
- Xinhua News Agency 2001, *China Reports New HIV/AIDS Statistics*, viewed 23 August 2002, EBSCOhost database World Magazine Bank, item: 2W82001200108238292.
- Zhang, Feng 2003, 'Government Approved Condom Ads Aired for First Time' in *China Daily*, 28 November, viewed 12 December 2003, Factiva database, document: CHNDLY0020031128dzbs00008.
- Zhang, L. Y., Jejeebhoy, S., Shah, I. H., Zhang, L. H., Hsia, J. & Im-em, W. 2004, 'Access to contraceptive services among unmarried young people in the north-east of China' in *The European Journal of Contraception and Reproductive Health Care*, Vol. 9, no. 3, pp. 147-154, viewed 20 January 2005, EBSCOhost database Academic Search Premier, item: AN14963276.

REPORTS AND ELECTRONIC SOURCES

- AIDS in China from Drugs to Blood to Sex* 2000, US Embassy (Beijing), viewed 18 March 2003, <<http://www.usembassy-china.org.cn/english/sandt/hivsextrans.htm>>.
- Ang, Audra 2002, 'United Nations Predicts Chinese AIDS Epidemic' in *The Body: An AIDS and HIV Information Resource*, viewed 26 March 2003, <http://www.thebody.com/cdc/news_updates_archives/jun28_02/china_aids.html>.
- Australian Red Cross 2001, *Frequently Asked Questions*, viewed 1 May 2003, <<http://www.giveblood.redcross.org.au>>.
- Bates, G., Morrison, J. & Thompson, D. (eds) 2004, *Defusing China's Time Bomb: Sustaining the Momentum of China's HIV/AIDS Response*, A report of the Centre for Strategic and International Studies, April 13-18, viewed 20 July 2004, <http://www.csis.org/china/040617_China_AIDS_Timebomb.pdf>.
- Caballero-Anthony, Mely 2002, 'Overview of Health and Human Security Case Studies' in *Health and Human Security: Moving from Concept to Action – Fourth Intellectual Dialogue on Building Asia's Tomorrow*, viewed 30 April 2007, <http://www.jcie.or.jp/thinknet/pdf/health_overview.pdf>.
- Carter, Michael 2002a, 'Few Chinese know that condoms effective way of preventing HIV' in *aidsmap*, viewed 25 June 2003, <<http://www.aidsmap.com/en/news/3ED5AFDC-399D-45A7-8567-6021CCBFC0F0.asp>>.
- Carter, Michael 2002b, 'HIV is a 'Titanic Peril' for China' in *aidsmap*, viewed 26 March 2003, <<http://www.aidsmap.com/news/newsdisplay2.asp?newsID=1515>>.
- Chu, Shulong 2002, 'China and Human Security' in *North Pacific Policy Papers*, No.8, viewed 22 July 2004,

- <<http://www.pcaps.iar.ubc.ca/pubs/nppp8-final.pdf>>.
- Commission on Human Security 2003, *Human Security Now*, viewed 22 April 2005, <<http://www2.humansecurity-chs.org/finalreport/index.html>>.
- DPCSD 1995, *Report of the Fourth World Conference on Women*, viewed 19 April 2002, <<http://www.undp.org/fwcw/dawoff.htm>>.
- Fafo Institute for Applied Social Science & Norwegian Institute of International Affairs 2001, *Gendering Human Security: From Marginalisation to the Integration of Women in Peace-Building*, viewed 3 March 2007, <<http://www.fafo.no/pub/rapp/352/352.pdf>>.
- Feinstein, Noah & Prentice, Becky 2000, *Gender and AIDS Almanac*, viewed 18 February 2003, <<http://www.unaids.org/gender/docs/Gender%20Package/GenderandAIDSalmnac.pdf>>.
- Feng 2002, 'Chinese Health Officials Announce Plan to Broaden Public Awareness of HIV/AIDS' in *China Daily*, daily report for Kaiser Network, 16 October, viewed 26 March 2003, <http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=14083>.
- Futures Group 2004, *AIDS Crisis Impending: Research on Knowledge, Attitudes and Behaviours Related to HIV/AIDS in China*, report for China-UK HIV Prevention and Care Project – Condom Social Marketing, viewed 27 August 2004, <<http://www.futuresgroup.com/Documents/CHN2003Survey.pdf>>.
- He, Aifang 2000, *Revealing the "Blood Wound" of the Spread of HIV/AIDS in Henan Province: Written on the Eve of the First AIDS Day of the New Millennium*, US Embassy (Beijing), viewed 18 March 2003, <<http://www.usembassy-china.org.cn/english/sandt/henan-hiv.htm>>.
- Horizon Research and Futures Group Europe 2002, *2001 Behavioural Surveillance Survey in Yunnan and Sichuan: Adult Male Report*, viewed 27 August 2004, <<http://www.futuresgroup.com/Documents/2001BSSadultmale.pdf>>.
- Hughes, Donna, Sporcic, Laura, Mendelsohn, Nadine & Chirgwin, Vanessa 1999, *The Factbook on Global Sexual Exploitation*, viewed 19 February 2005, <<http://www.catwinternational.org/factbook/China%20and%20Hong%20Kong.php>>.
- Jolly, Susie & Wang, Ying 2003, *Key Issues on Gender and HIV/AIDS in China*, report for U.K. Department for International Development, 9 December, viewed 17 June 2003, <http://www.genie.ids.ac.uk/docs/jolly_aidschina.doc>.
- Kanabus, Annabel 2004, *HIV & AIDS in China*, Avert.Org, viewed 1 February 2005, <<http://www.avert.org/aidschina.htm>>.
- Kerr, Pauline, 'The evolving dialectic between state-centric and human-centric security' in *Working Papers* (Australian National University), no. 2, viewed 30 April 2007, <<http://rspas.anu.edu.au/ir>>.
- Kristoffersson, Ulf (Humanitarian Coordinator Joint United Nations Programme on HIV/AIDS Sweden) 2000, *HIV/AIDS as a Human Security Issue: A Gender Perspective*, conference paper, Expert Group Meeting on 'The HIV/AIDS Pandemic and its Gender Implications Session', 13 November, Namibia,

- viewed 6 June 2002,
<<http://www.un.org/womenwatch/daw/csw/hivaids/kristoffersson.htm>>.
- National Center for AIDS/STD Prevention and Control 2006, *2005 Update on the HIV/AIDS Epidemic and Response in China*, report for the Chinese Center for Disease Control and Prevention, viewed 1 January 2006,
<www.unchina.org/un aids/2005-China%20HIV-AIDS%20Estimation-English.pdf>.
- Nordheim-Larsen, Camilla, Gubhaju, Bina & Jecks, Nikki n.d., 'Why is HIV a Gender Issue?' in *UNIFEM*, viewed 25 July 2003,
<<http://www.unifem-eseasia.org/Resources/GenderAids/genderaidstop.htm>>.
- Page, Jeremy 2002, 'UN Says China Facing AIDS Catastrophe' in *Clear Harmony Europe*, viewed 26 March 2003,
<<http://www.clearharmony.net/articles/200206/5400.html>>.
- Piot, Peter 2001, *AIDS and Human Security*, Address at United Nations University, 2 October, viewed 2 August 2002,
<<http://www.unaids.org/whatsnew/speeches/eng/piot021001tokyo.html>>.
- Ren, Xin 1995, *Violence against Women under China's Economic Modernisation: Resurgence of Women Trafficking in China*, Australian Institute of Criminology, viewed 19 February 2005,
<<http://www.aic.gov.au/publications/proceedings/27/ren.pdf>>.
- Spinder, Cheywa, Levy, Elisa & Connor, Melissa (eds) 2000, *With an End in Sight: Strategies from the UNIFEM Trust Fund to Eliminate Violence Against Women*, viewed 3 October 2003, <<http://www.unifem.undp.org>>.
- Tallis, Vicci 2002, *Gender and HIV/AIDS*, report for BRIDGE development, viewed 24 September 2004,
<<http://www.onlinewomeninpolitics.org/beijing12/CEPHIVreport.pdf>>.
- Thompson, Drew 2003, *HIV/AIDS Epidemic in China Spreads Into the General Population*, Population Reference Bureau, viewed 27 June 2004,
<<http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=8501>>.
- Thompson, Drew 2004a, *China Faces Challenges in Effort to Contain HIV/AIDS Crisis*, China AIDS Survey: Yahoo Group, viewed 26 June 2004,
<http://health.groups.yahoo.com/group/China_AIDS_Survey/message/319>.
- Thompson, Drew 2004b, *China's Growing AIDS Epidemic Increasingly Affects Women*, Population Reference Bureau, viewed 1 February 2005,
<<http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/Con...>>.
- UNAIDS 2002a, *Report on the Global HIV/AIDS Epidemic*, viewed 1 August 2002,
<http://www.unaids.org/barcelona/presskit/barcelona%20report/Global_estimate.html>.
- UNAIDS 2002b, *HIV/AIDS: China's Titanic Peril*, viewed 26 March 2003,
<<http://www.unaids.org/whatsnew/newadds/AIDSChina2001update.pdf>>.
- UNAIDS, UNFPA & UNIFEM 2004, *Women and HIV/AIDS: Confronting the Crisis*, viewed 17 September 2004,

- <http://www.unfpa.org/upload/lib_pub_file/308_filename_women_aids1.pdf#search='unaid%2C%20unfpa%20%26%20unifem'>.
- UNAIDS & WHO 2003, *AIDS Epidemic Update: December 2003*, report for UNAIDS, viewed 25 February 2004, <http://www.casy.org/engdocs/EpiUpdate2003_en.pdf>.
- UNAIDS & WHO 2005, *AIDS Epidemic Update: December 2005*, report for UNAIDS, viewed 30 February 2006, <http://www.unaids.org/epi/2005/doc/EPIupdate2005_pdf_en/epi-update2005_en.pdf>.
- UNIFEM 2000, *With an End in Sight: Strategies from the UNIFEM Trust Fund to Eliminate Violence Against Women*, viewed 3 October 2003, <www.unifem.undp.org>.
- United Nations 2000, *Resolution 1308*, Adopted by the Security Council at its 4172nd meeting, viewed 1 March 2007, <<http://daccessdds.un.org/doc/UNDOC/GEN/N00/536/02/PDF/N0053602.pdf?OpenElement>>.
- United Nations Population Information Network 1994, *Report of the International Conference on Population and Development*, viewed 11 May 2007, <<http://www.un.org/popin/icpd/conference/offeng/poa.html>>.
- UN Security Council Session on AIDS in Africa 2003, *Essential Speeches*, viewed 1 March 2007, EBSCOhost database Academic Search Premier, item: AN8860103.
- Whelan, Daniel 1999, *Gender and HIV/AIDS: Taking stock of research and programmes*, Key Material, UNAIDS Best Practice Collection, viewed 10 August 2003, <http://www.unaids.org/html/pub/publications/ircpub05/jc419gendertakingstock_en_pdf.pdf#search='gender%20and%20hiv%20faids%3Ataking%20stock%20of%20research%20and%20programmes'>.
- WHO 2001, *HIV/AIDS in Asia and the Pacific Region*, viewed 26 March 2003, <<http://www.wpro.who.int/pdf/sti/aids2001/complete.pdf>>.
- Yuan, Jinhua, Xu, Yi, Jiang, Tao & Xu Huobao 2003, *Modelling the Impact of the Legal and Policy Environment on HIV/AIDS in China*, report for the United Nations Development Program, China.
- Zhao, Baige 2001, *Quality of Care of Reproductive Health in China Today*, National Population and Family Planning Commission of China, viewed 17 May 2005, <<http://www.npfpc.gov.cn/en/rhpro.htm>>.