

Analyses of the “Problem” of AIDS in China

Pan Suiming*, Huang Yingying * and Li Dun*

Published on *China Social Science* (zhongguo shehui kexue), 2006, no.1

All copy rights reserved

艾滋病在中国并不是一个简单的疾病流行的问题，而是具有中国独特性的社会问题，且是后于某些社会问题而出现的，因而具有相当鲜明的社会选择倾向。其危害也不仅仅指向个体生命，而是危及社会发展的根本理念。本文分析了艾滋病“问题”在中国的建构过程，指出对此“问题”认知过程中产生的学理冲突既影响到有关政策的制定，又反过来建构了艾滋病“问题”的现状。据此，作者提出应从建设社区与社区的文化机制、流动人口的社会组织化、重新认识与定为青少年等方面入手，把艾滋病“问题”从危机转化为契机，推动建设和谐社会的进程。

Since the first reported AIDS case in 1985, the development of the epidemic in China may be broadly divided into three stages: the stage of infection via foreigners (1985-1988), that of low prevalence (1989-1993) and of high prevalence (1994-now). By December 2004 the population infected by HIV had reached 840,000, while “HIV/AIDS is spreading from high-risk groups to the general population.”¹ In the same year, the prevention and control of AIDS was treated as a matter of high importance in a State Council document that related it to “economic growth, social stability, state security and national prosperity.”² This statement was interpreted by the Ministry of Health as meaning that the prevention and control of AIDS was “a critical task for the quality of the people and the rise of the nation,” and should be treated as “concrete embodiment of China’s responsibilities to international society and to the survival and development of humanity.”³

However, humanities and social sciences studies are lacking in the existing AIDS prevention literature, thus preventing the humanities and social sciences from playing their irreplaceable role in resolving this issue. This paper is an attempt to redress this situation.

I. The Unique "Problem" of AIDS in China

The construction of the “problem” of AIDS in China

The present situation of the AIDS epidemic in China is not merely the result of the “natural” spread of the virus, but has its sources in society: it derives from and is exacerbated by negative elements in the development of institution, organization, culture, beliefs and the social environment.⁴

1. Blind pursuit of economic growth in some localities exacerbates the spread of sexually transmitted diseases (STDs)

Prostitution is a major channel for the spread of AIDS. In the summer of 2002, the first author of this paper, Professor Pan Suiming, led a research team to a southwestern town, and depicted the process by which STDs spread.⁵

- The local government planned to build a development zone in a poor and remote area;
- Two village were flattened, but all that was built were two wide local highways;

- House along the highways were built with farmers' compensation fees for their land ,or funds raised by local residents;
- However, as there were no investors, sellers outnumbered buyers;
- The houses thus had to be used for entertainment purposes, mainly prostitution;
- However, as they had few clients, these prostitution kept leaving for other places;
- This place thus became, in the words of local people, “a prostitution training center”;
- Pimps then had to find other girls in the labor market of neighboring towns, trafficking in them and locking them up;
- In this kind of life, the prostitutes seldom used condoms;
- STDs were common among them and spread with those who left for other places.

This mechanism was not one in which the spread of STDs preceded the threat to society; rather, the social problems came first, and were followed by the spread of STDs.

The three channels by which AIDS is transmitted (blood transmission, sexual transmission and mother-to-infant transmission) basically did not exist in China twenty years ago. In particular, the AIDS infections in some areas among farmers who sold their blood are virtually unprecedented worldwide. Even today, when drug use and sexual intercourse have become more important channels of transmission, to the best of my knowledge poverty-related proportion of AIDS infections of China, including some caused by local policies and sales of blood.⁶ This implies that from the broad perspective, the whole AIDS problem in China arises from other social problems.

2. Social stratification intensifies the selective spread of HIV/AIDS

AIDS does not spread in China on an “equal opportunity” basis. It spreads selectively among the current social strata, first and foremost endangering particular strata and groups in society.

On the one hand, more AIDS victims are infected through blood (sale of blood and needle sharing among injecting drug users) and pregnancy in the lower strata. Before 2004, when the state began to provide free help, their social and economic status prevented them from avoiding high-risk actions or adopting expensive preventive measures. In this regard, AIDS is a poverty-related disease. Poverty is both the cause and the result of the disease.⁷

On the other hand, however, victims in richer groups tend to be infected more through sexual intercourse.

Professor Pan conducted a nation-wide random sampling survey among the population aged 20-64 during 1999-2000. The survey shows that among the nine social strata, male factory owners, managers and bosses visit prostitutes most often 9 times more often than rural laborers. They also have an average of 6.27-6.41 extramarital sex partners, ranking highest among the surveyed population. Their likelihood of having more than one sex partner is 1.95-2.60 times that of urban male laborers, and 2.87-3.37 times that of rural male laborers. What's more, the likelihood of visiting prostitutes is 32 times greater among the richest 5% of males than among the poorest 40% of males.⁸

The survey results point to such “economic elites” as the most dangerous bridge population for AIDS. Besides, there are hardly any effective measures to restrain their sexual relations and it is therefore difficult to reduce the possibility for them to spread AIDS.

3. The social gender-based selective spread of AIDS is also rooted in social problems, at least when it is concerned with sex as a transmission channel.

The above survey shows that 23% of male respondent have or formerly had more than one

sexual partner (a possible source of AIDS), compared with only 9% of female respondents. In other words, more women are passive victims of AIDS transmitted by sexual intercourse.

The special threat of AIDS in China

1. Panic is even more harmful than the disease itself

The panic caused by the spread of AIDS in society is a more serious danger than the rising number of infections and deaths. In China, the AIDS epidemic comes freighted with too many moral implications, which are sometimes even unconsciously reiterated and highlighted in prevention education. An AIDS panic has thus arisen and spread, geometrically increasing the AIDS threat. An example is the rumor of an HIV-infected patient who deliberately attempted to harm the public with a contaminated needle in Tannin in 2002. This rumor caused great panic in Tannin and even spread to Beijing.⁹

Current society and its operational mechanisms are effective in dealing with public health crises (including the wide spread of AIDS) if they only involve death and economic loss. However, such public health crises usually bring with them general and deep panic, which impede the normal operation of society even in the capital city. That was once again proved during the SARS epidemic.

Therefore, our top priority concern with regard to AIDS should be predicting the specific time when AIDS reaches a high prevalence.

In recent years, some international organizations and domestic researchers who are influenced by these organizations have warned repeatedly that the number of HIV infections will rise to 10-15 million in 2010.¹⁰ They tend to predict that the epidemic will reach high prevalence in an ever nearer future.

If this coincided with some other social risk or crisis, they would be mutually enhancing, and expand rapidly. China's high growth implies or even increases such a possibility. We are in a race with possible risks or crises.

2. The significance of the threat to life posed by AIDS is changing

In present-day China, threats to life have been associated with the violation of the right to life. The human responsibility behind natural disasters is being given increasing attention, and a supreme value is starting to be placed on individual lives. This makes people harbor doubts about government accountability. It is on this basis that the government has defined dealing with AIDS as an important issue of governing capacity building.

II. The Construction of AIDS as a Problem

Other than AIDS, no single disease or health care project has ever been defined as a life and death issue for the nation since the foundation of the People's Republic.

It is not the aim of this paper to discuss the grounds of this definition. We attempt to explore what social factors, considerations and strategies have finally constructed AIDS as a "problem" of this kind.

Politicalization of AIDS as a problem

Before the mid 1990s, AIDS was regarded as a "fly from the west" that should be kept out relentlessly. In other words, when AIDS first appeared in China, it was regarded as a sign of "international class struggle" that reflected the international political situation.

The second time AIDS was treated as an issue of international politics was not later than the

mid 1990s, when international organizations began to intervene in China's AIDS prevention by promoting "policy development" that is, "to build up the capability of public sectors in terms of strategic planning and management, and develop policies and strategies for more effective control of HIV/AIDS."¹¹

Such "policy development" inevitably involves not only public health policy orientation at all levels of the Chinese government, sometimes in detail, but also the government allocation of financial and public resources. It even involves legislation, law enforcement and the judiciary in some fields. "Policy development" is very defective: some international "concepts" are "embedded in" and gradually change China's related policies.

In September 1999, James D. Wolfensohn, President of the World Bank Group, wrote to the Chinese President about China's AIDS situation. Following that letter, top levels of leadership in China defined AIDS as a social problem, and became increasingly more concerned about it.¹²

This landmark turning point means that China stopped regarding its AIDS situation as an "internal issue" not amenable to foreign interference. China was going to link up with the outside world. It is interesting to note that the strong and effective push from the outside came from the World Bank, rather than special organizations such as WHO, and even less from international opinion. This indicates a shift from opposition to cooperation between political forces inside and outside China, a shift that pushed forward and accelerated the mainstream construction with AIDS as a problem in China. The only thing is that this "globalization" is still expressed within China in phrases such as "state security" and "the life and death of the nation."

Correspondingly, the AIDS epidemic was also politicized domestically. The first time, in the early stage of AIDS, it was regarded as an ideological/moral issue. The second time, in 2004, it was defined as a life and death issue for the nation.

Such politicization as been constructed jointly by multiple social factors outlined below:

Government agencies have played a major role in the second international politicization of AIDS in China.

Local authorities, impelled to action by international funding, shifted from a negative or even hostile attitude to a positive one. A number of policy breakthroughs were initiated at the local level and fed back to the central government, constituting one of the major forces in the construction of AIDS as a problem.

The SARS crisis raised the awareness of the public and the government with regard to public health needs, providing a foundation in public opinion and a historic opportunity for the AIDS epidemic to be defined as a "problem."

The spread of AIDS happened to start in China in the mid 1980s at the same time as the "sexual revolution." For years, there have been people who insist on blaming sexual intercourse as being the most important channel of transmission, ignoring the fact that the largest number of AIDS infections in China were transmitted through blood. This view highlighted the sexualization of AIDS and made it a sensitive topic, which in turn facilitated the political construction of AIDS.

The spread of AIDS also coincided with the popularization of the media in China. The constant onslaught of the media has played an important role in the problematization and politicization of this eye-catching issue. At the same time, some realistic facts and voices relating to AIDS also found partial expression in the media.

AIDS caused the significant development, if not the emergence, of NGOs in China. NGOs

have played a role in constructing the AIDS epidemic as a “problem” in that their appearance and development forced the government to compete for a dominant moral position.

An increasingly large number of Chinese researchers are shifting their major concern from the protection of HIV carriers personal rights to AIDS as a violation of the human right to health—one of the basic human rights—and further to prevention of AIDS as a problem related to the general human rights situation of a society. Their views play an increasingly significant role in the construction of AIDS as a “problem.”

Those infected with HIV/AIDS and the people living with them, the most directly interested, have little opportunity to voice their needs. Their absence from the table filters out possible dissonant voices and additional considerations in the definition of AIDS as a “problem.”

The new vision of “building up a harmonious society” shows that the central government is taking AIDS into its overall consideration in implementing its new policy.

In summary, it is the synergy of the social factors above that has constructed the “problem” of AIDS in China as it now exists.

III. Theoretical Controversies about the HIV/AIDS “problem” and Their Significance

The between economism and the humanities-social sciences view

This academic debate, which has already developed to substantial dimensions, focuses mainly on the size and nature of the impact of AIDS on the social economy.

Generally speaking, mainstream discourse tends to describe the damage AIDS does to economic development with statistical data from the economic perspective.

However, sociology and humanities researchers tend to believe that the prevention and control of AIDS will be effective only when treated as social systematic engineering.

From these two theories come different technical paths and totally different results. For example, an AIDS prevention project in one town took the path of treating AIDS as a purely economic problem and basically resolved the employment problems of local AIDS patient.¹³ However, as it operated mainly with project funds, those affected by AIDS did not form an organization of their own, nor did they develop the capacity to coordinate and bargain with the local administrative authorities. As a result, there was little autonomous and sustainable development. In addition, in a context where a great number of rural laborers are swarming into cities and towns to seek employment, the local employment solution is also open to question in terms of its actual effectiveness. Conversely, if the project had been designed in accordance with the humanities-social sciences approach and had taken community building as a major goal, prevention and control might have been more sustainable, and it might have been possible to provide opportunities and momentum for the comprehensive and sustainable development of the area in question.

Such theoretical controversies have found direct expression in people’s understanding of the necessity of AIDS prevention and control.

A classic expression of economism is: if AIDS spreads on a large scale, it will bring about a reduction in the labor force and a drop of so many percentage points in GDP.¹⁴ Its logic is since human beings are primarily material producers, life and death can be evaluated using various economic indicators.

In contrast to this, the humanities-social sciences approach stresses the prevention and control of AIDS as involving a guarantee of the basic human right to health. It is the concrete embodiment of a set of basic values in a society, including equal access to medical care. Its logic is that human beings are first of all the masters of society, and therefore the degree to which human rights are realized is the fundamental indicator for evaluating the effectiveness of AIDS prevention and control.

The conflict of these two basic ideas is most clearly reflected in estimates of the magnitude prevalence of AIDS in China.

Advocates of the first view tend to exaggerate the prevalence of AIDS and adopt a policy of "intimidation." They particularly tend to gain the attention of their superiors by defining AIDS as the great enemy of economic growth. The consequences are often panic in society, misdirection of resource allocation, and discrimination against those affected by HIV/AIDS.

However, proponents of the second view tend to rely more on raising subjects' awareness of their interests and rights so that they may actively avoid any possible risk. Otherwise we would be running around exhausted by one epidemic after another, in addition to AIDS, and these separate reactive responses might never lead to a collective awareness of the "right to health." This would greatly weaken the social value of our preventive work.

The behaviorist perspective vs. the humanities-social sciences approach

The focus of debate is whether the spread of AIDS is a result of individual behavior or society and culture.

The construction of the problem from the behaviorist perspective usually assumes that actions are undertaken by individuals on the basis of individual decisions determined by individual consciousness.

However, from humanities-social sciences perspective, there is almost no individual action that is the result of absolute free choice, nor is there a subjective consciousness that dictates actions on its own. All actions between subjective consciousness and the specific context of a given society and culture. Neglecting the socio-cultural interpretation greatly increases the likelihood of our misreading "high risk actions."

A typical example in this case is the use of condoms by female sex workers. If merely seen from the individual perspective, it makes little sense that the risk of AIDS, life-threatening in the eyes of prevention workers, is considered only a minor cost in the survival strategy of female sex workers, despite their specific circumstances—they suffer from social gender inequality (they are objectified by their clients), are exploited in political-economic terms (a great portion of their income is extracted by various managers), marginalized (they are in desperate want of support and information, traditionalized (their greatest worry is that they will not be able to bear children, rather than contracting AIDS), and criminalized (the risk of being arrested is often higher than that of contracting AIDS). Mere prevention education without considerations of and intervention in these social factors will not persuade them to use condoms more frequently.

A humanities-social sciences perspective would see and stress that organizational forms in the actions, including high-risk actions, of all individual members of the organizations. Therefore, we must understand and deal with the problem from the perspective of the inter-relations and interactions of major actors in sex industry. The most important findings in this regard are the approach and practice, prostitutes to prevent AIDS.¹⁵ Derived from this is the basic approach of "restructuring production in the sex industry to prevent AIDS."¹⁶

The theoretical debates are also reflected in assessment of those infected with HIV/AIDS.

Some people see those infected with HIV/AIDS as evildoers who have themselves to blame. There are even people who say, privately, that AIDS may be taken as a way of purifying the race. These people tend to see HIV/AIDS carriers as contaminators, forgetting that they are at the same time victims. They tend to regard the risk run by the people involved as a “danger to others.” A similar view is the so-called “ABC Model” (Abstain, Be faithful or use Condoms if A and B are not practiced). In this view, AIDS is the last weapon to defend traditional sexual morality.

There are other people who propose to replace the term “risk population” with “potential victim population,” and to empower them.

Construction of the AIDS “problem” though theoretical debates

Theoretical controversies have played a role in defining AIDS as a “problem” in Chinese society, as well as in policy orientations. This is most clearly evident in the fierce debate in society that has been and will continue to be aroused by specific actions for preventing and controlling AIDS.

Some preventive actions, permitted, supported and enforced by the state, seriously contradict existing laws, social policies and moral principles. Among them the most noteworthy are: free and clean needles for injecting drug users contradict the forced drug-relief laws; promoting 100% condom use in entertainment establishment contradicts laws that prohibit selling and buying sex; encouraging self-protection among homosexuals contradicts the moral orientation of current society; encouraging the establishment and development of NGOs that work on preventing and controlling AIDS contradicts existing laws and regulations of association; and the affirmative action policy of the government to those infected with HIV/AIDS¹⁷ contradicts the policy of individual responsibility for other infectious diseases.

Because of such contradictions, there have been concerns among the public, AIDS prevention / control workers and even high-level leaders that AIDS prevention / control work may harm our established political institutions, laws, morality, marriage and family institutions and our construction of a “spiritual civilization.”

Those taking the first perspective above tend to hold that existing institutional arrangements are adequate to deal with the AIDS “problem,” and that what is needed now is to enhance the enforcement of laws to eradicate the sources of AIDS. But those taking the second perspective see existing institutional arrangements as inadequate to contain and forestall the spread of AIDS. Therefore, they tend to define AIDS as a “problem” that requires capacity building in governance to secure the health of the public.

Neither perspective sees AIDS as a disease. Both see it from the heights of the interests of society as a whole. For both, it inevitably involves judgments and suggestions with regard to overall institutional arrangements. Hence AIDS has been constructed as a politicized “problem.”

IV. Prospects for and Approaches to Dealing with the “problem”

Building communities and communal cultural mechanisms in China

International trends are developing toward community-based AIDS prevention,¹⁸ advocating a shift from depending on vertical administrative systems to restructuring the network of social factors, from a model that focuses on sanitation and health care to a model that attempts to build ways of life and local culture, and from emphasizing outside intervention in individual actions to

mobilizing and gathering together the spiritual power and cultural dynamics of community actors.

However, as the urban “unit system” and traditional rural communities are disintegrating in China, it is questionable in what scope and to what degree “communities” exist. Work in grassroots urban areas is carried out more through administrative agencies than communities.¹⁹ The international community-based model puts much stress on elements such as “community leaders” and “community spiritual resources,” which are scarce in the daily life of the Chinese.

That means that the first step in China is to re-organize “fragmented” individuals into real communities. Only then will it be possible to bring these communities into full play and develop them into “base areas” in the fight against AIDS.

Organization of the “floating population”

The “floating population” is one of the most important channels for the transmission of AIDS.

The “floating population” is constituted by two groups of similar size: “migrant peasant workers” and “white floaters” (migrant white-collar workers). AIDS is not the only problem they have to face. On the one hand, their collective contribution to development is often limited to the purely economic; this is one of the most important factors in the lack of the dynamics for sustainable social development. On the other hand, there is great tension between their social networks of differential patterns and the pyramidal social structure. Their dissociation from society may change for the worse, into delinquency. Unfortunately, our current social operational mechanisms cannot provide them with prompt and effective channels to realize their “urbanization” and “localization.”

If AIDS prevention / control workers fail to recognize such realities and still depend on administrative organization in promotion and education, they may have difficulties in finding an audience. Social networks should be brought into full play; they effect may far surpass our expectations.

Understanding youth in a new way and re-orienting youth work

AIDS prevention also stresses peer education among young people. However, young people in China usually live with two polarized groups of their own age: fellow students and fellow pack members (in the negative sense—fellow gang members). They don’t have “peers” with whom they can discuss sex, pregnancy, drug use and sale of blood. “Peer education” in China is often little different from conventional education in content and the relations of educator and educated, except that the speaker is a good student instead of a doctor.²⁰ Naturally, its effects are limited.

We should understand that youth in 21st century China needs channel for socializing outside the school system, such as Internet forums (BBS), Internet chat rooms, and bars (place of meeting chance).

In fact, young people are already using these channels. Adult society should help and guide them rather than suppressing and restraining them. Otherwise, AIDS prevention among youth will remain passive instead of being active. Efforts should be made to encourage new forms of communication among young people, to promote their participation in social and even political activities. Being young and patriotic, they will bring more vigor to the development of China, and success to the prevention and control of AIDS.

In summary, possible errors in ideas about and practices in AIDS prevention and control may cause greater losses to society than the epidemic itself. Therefore, we must make every effort to avoid such errors, in order to protect not only individual lives or public health, and not only social stability, but also the sustainable development of Chinese society.

Using the humanities-social sciences approach to resolve the AIDS “problem” may have an incrementally constructive effect of modern civilization such as, at the least, the mutual responsibility of individuals and society, respect for human life, tolerance, rational acceptance of a plural society, etc. All these are cultural qualities required for a harmonious society.

*Pan Suiming is Professor of Sociology, People’s University of China. His fields of research include sexuality and gender. He has published widely in Chinese and English, including: “Three ‘Red Light Districts’ in China” (in *Sexual culture in East Asia, The Social Construction of Sexuality and Sexual Risk in a Time of AIDS*, Routledge Curzon, Taylor & Francis Group, 2004), *Existence and Absurdity: Exploring the Underground Sex Industry in China* (Qunyan Publishing House, 1999), *Survival and Experience: Tracing a Red-light District* (Social Sciences Academic Press (China), 2000), and *Sexuality in China, the Southeast Asian Consortium on Gender, Sexuality and Health* (The Rockefeller Foundation, 2005).

*Huang Yingying conducts research on sexuality and gender at the Institute of Sociology of Sexuality, People’s University China, and has published “HIV/AIDS Risk among Brothel-based Female Sex Workers in China: Assessing the terms, content and knowledge of sex work” (*Sexual Transmitted Diseases*, 2004 Nov; 31(11):695-700, USA), “Imagined Otherness: A Gendered Perspective on Chinese women’s sexiness” (*Communication of Sexuality: Empirical Studies in Current Chinese Contest*, Hong Kong Dadao Publishing House, 2005) and *Female Sex Workers: the Rights of Labor: A Comparative Study of Southeastern and Northeastern China* (co-author, Hong Kong Dadao Publishing House, 2005)

*Li Dun is Director of the Committee of Legislation and Policy Work, Chinese Association of STD and AIDS Prevention and Control. He studies structural and institutional changes in Chinese society from the perspectives of law and society. His major publication include “The Institutional Background of China study” (*Zhejiang xuekan*, 1994), *AIDS in China: A Legal Assessment and Factual Analysis* (Social Sciences Academic Press (China), 2004) and *Facing AIDS*, 2004 (Social Sciences Academic Press (China), 2005)

Notes

¹ State Council AIDS Working Committee Office and the UN Theme Group on HIV/AIDS in China, *A Joint Assessment of HIV Prevention, Treatment and Care in China*(2004), 1 Dec. 2004.

² “State Council Notice on Reinforcing AIDS Prevention and Control” [State Council Document No.7], 16 Mar. 2004

³ Ministry of Health, “Notice on Understanding and Implementing the Important Instructions by General Secretary Hu Jintao and Premier Wen Jiabao, and Further Reinforcing AIDS prevention and Control,” 6 Dec. 2004.

⁴ The first to discuss this in China was Weng Naiqun. Cf. Weng Naiqun, “Socio-Cultural Construction of AIDS,” *Qinghua shehuixue pinglun*, 2001, no.1.

⁵ Pan Suiming et al., *Situations and Understandings: Surveys in Three Red-light Districts in*

Southwestern China, Social Science Academic Press (China), forthcoming.

⁶ Please refer to *2004 Update of the AIDS Situation and Needs Assessment Report* for related data.

⁷ Jing Jun et al., "AIDS and Poverty Reduction in China,"

<http://www.thaids.org/renwen/word/5.doc>.

⁸ Cf. Pan Suiming et al., *Sexual Behavior and Relations in Contemporary China*, Social Sciences Academic Press (China), 2004

⁹ For the detail of this incident, please refer to "Investigation of the Incident of An AIDS Patient's Deliberately Causing Harm with a Needle in Tianjin", *South Weekend*, 24 Jan. 2002.

¹⁰ For the estimate of foreign experts, refer to UNAIDS, *HIV/AIDS: China's Titanic Peril*, June 2002, <http://public-info.org/Pages/PagesDossoers/RapportOnusida2002/chinareport.pdf>. and the National Intelligence Council, *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China*, September 2002, <http://www.cia.gov/nic/special/nextwaveHIV.html>. This estimate was acknowledged by the then Chinese Minister of Public Health. See *Beijing Youth Daily*, 2 Dec. 2003. The estimated data was repeatedly quoted, particularly on World AIDS Day 2004 (Dec. 1).

¹¹ Introduction to the China-UK HIV/AIDS Prevention and Care Project.

¹² Zhang Youchun and Wang Ruotao, "The AIDS Problem and Policy Environment,"

<http://www.thaids.org/renwen/word/18.doc>.

¹³ Zheng Li et al., "An Analysis of Attitude shift Concerning Discrimination against HIV/AIDS Patient before and after Community Intervention," *Zhongguo aizibing xingbing*, June 2003, vol.9, no.3.

¹⁴ Liu Kangmai, Yuan Jianhua, et al., "The Impact of AIDS on China's Society and Economy," UNICEF project.

¹⁵ Su-su Liao, "A Pilot Intervention Among Sex Workers in Hainan: Final Report," unpublished report, 1998. Wu Zunyou, "Final Report on Intervention among Female Prostitutes in Yunnan," presented at the 12th International AIDS Conference in Geneva, June, 1998.

¹⁶ Pan Suiming, "Unavoidable Reality: Forms of the Sex Industry" in *Teahouse for Sociologists' Salon*, October 2002; Huang Yingying, et al., "HIV/AIDS Risk among Brothel-based Female Sex Workers in China: Assessing the Terms, Content and Knowledge of Sex Work," *Sexually Transmitted Diseases*, 31(11) (November 2004): 695-700.

¹⁷ Free voluntary counseling and testing (VCT), free ATV drugs for AIDS patient among rural residents and urban low-income groups, free education for AIDS orphans, free voluntary counseling and testing (VCT) and ARV drugs for pregnant women, and care and financial aids for AIDS patients and their families. These policies were issued in 2003.

¹⁸ Qinghua University and Harvard University, *Training Materials for Provincial Leaders in Yunnan Province on AIDS Prevention and Control*, March 2005.

¹⁹ For detail, refer to Li Youmei, "The Actual Life Style of Urban Grassroots Social Organizations," *Shehuixue yanjiu*, 2002, no.5.

²⁰ Zeng Yang et al., "Follow-up Assessment of Peer Education in STD&AIDS Prevention and Control among Medical Students," *Zhongguo jiaokang jiaoyu*, vol.15, no. 11; Fang Xiaowei, "A New Model of Sex Education for the Young in China: A Participant Observation and Functional Analysis of Peer Education," June 2005, <http://www.sexstudy.org/article.php?id=1906>.

References

1. Research Team for the Sociological, Psychological and Behavioral Study of the Spread of STD, "Sociological, Psychological and Behavioral Study of the Spread of STDs on the Chinese Mainland," *Zhejiang xuekan*, 1998, no.1.
2. Li Dun, *AIDS in China: A Legal Assessment and Factual Analysis*, Social Sciences Academic Press (China), August 2004.
3. Lin Zhe, "The Rights of AIDS Patients and the Security of Their Human Rights," <http://www.sexstudy.org/admin/show.php?id=1924>.
4. Qiu Renzong, "Ethical Issues Concerning AIDS Legislation," in Tsinghua University AIDS and SARS International Forum, AIDS Prevention and Control: *Humanities and Social Science Studies*, Nov.11,2003.
5. Ren Xiaohui, "Women-oriented AIDS Prevention and Control Education," *Zhongguo aizibing xingbing*, April 2005, vol.11, no.2.

-
6. Wang Ruotao and Zhang Youchun, "Sociological Issues Raised by AIDS," *Zhongguo dangzheng ganbu luntan*, 2003, no.3.
 7. Weng Naiqun, "Social and Cultural Dynamics for the Spread of AIDS," *Shehuixue yanjiu*, 2003, no.5.
 8. Yuan Jianhua, Xu Yi and Jiang Tao, "Review of and Prospects for Studies of AIDS' Impact on Society and the Economy in China," presented at the First National AIDS Conference, 2001.
 9. Zhang Beichuan, "Issue Requiring Understanding and Discussion for AIDS Prevention and Control," *Zhongguo aizibing xingbing*, March and April 2005, vol.11, nos.1,2.
 10. Pan Suiming, "Sexuality and AIDS," presented at the Symposium of Social Sciences and AIDS Theory and Practice, Shanghai Academy of Social Sciences, Nov,1-2,2003.
 11. Zhang Youchun and Wang Ruotao, "The Chinese Government's Strategic Choices and Actions," in Jin Wei (ed.), *AIDS Prevention and Control Policies: Reading Material for Cadres*. Central Party School Press, 2003.
 12. Zhang Youchun, Yu Dongbao and Fang Hui, "Decision-Making Analysis of China's AIDS-related Policies," *Zhongguo aizibing xingbing*, April 2005, vol.11, no.2.
 13. Huang Yingying, et al., "Female Sex Workers in the Labor Market in Northeast China," *Shehuixue yanjiu*, 2003, no.3.
 14. Virginia Berridge and Philip Strong, *AIDS and Contemporary History*, Syndicate of the University of Cambridge, Great Britain, 1993.
 15. Gray W. Dowsett, "Some Considerations on Sexuality and Gender in the Context of AIDS," *Reproductive Health Matters*, 11(22), 2003.
 16. Roger Galtley and Philip Seed, *HIV and AIDS—A Social Network Approach*, St.
 17. Glick, Robert A., *Law, Ethics and HIV*, Conference: HIV/AIDS Stigma and Discrimination—An Anthropological Approach, held on 29 November, 2002 at UNESCO-Paris.
 18. Sylvia H. Guerrero, Gender-Sensitive and Feminist Methodologies, *A Handbook for Health and Social Researchers*, University of the Philippines Press, Quezon City, 1999.
 19. Joan Kaufman and Jun Jing, "China and AID—The Time to Act Is Now," *Science*, Vol.296, Issue 5577 (June 28, 2002).
 20. William L. Parish. et al., "Population-based study of Chlamydial Infection in China—A Hidden Epidemic, JAMA," *The Journal of the American Medical Association*, Vol.289, No.10 (March 12, 2003).
 21. William L. Parish. et al., *Sexual Partners in China—Risk Patterns for Infection by HIV and Other Sexually Transmitted Diseases*, Harvard University Press, forthcoming.
 22. Michael L. Tan, *Love and Desire—Young Filipinos and Sexual Risks*, University Center for Women's Studies. University of the Philippines, Philippines, 2001.

——Translated by Huang Jue from *Zhongguo shehui kexue*, 2006, no.1
Revises by Sally Borthwick