WOMEN’S VULNERABILITIES TO HIV/AIDS FROM THE PERSPECTIVE OF SOCIAL STATUS—THE CASE STUDY OF YUNNAN PROVINCE, CHINA
ABSTRACT

The purpose of this study was to analyze women’s vulnerabilities to HIV/AIDS from the perspective of their social status in Yunnan Province. Three main questions were asked: what are the current situation of women’s HIV/AIDS infection and the reasons behind the epidemic in contemporary Yunnan Province, China, how do sociocultural factors which have effects on women’s social status influence their vulnerabilities to HIV/AIDS, and what kinds of strategies from the aspects of policies and practical activities are being used in Yunnan Province to empower women. This non-experimental research was designed as a case study. Data was mainly collected through web search engines, databases, telephone interviews and informal talks. Inequality gender analytical framework was used to guide the analysis. During the research, seven determinants—the ethic of family and culture expectation; education and knowledge; migration; violence against women; stigma and discrimination; laws and policies as well as economic inequality were demonstrated to put women at lower status which leads to the greater risk of HIV/AIDS infection than men in Yunnan Province. And then I tried to demonstrate integrating gender into HIV/AIDS policies and practical activities in Yunnan is the useful way to empower women to inhibit and reverse the epidemic.

Keywords: Yunnan Province, China, HIV/AIDS, IDU, sexual transmission, gender inequality, policy, NGOs, role models, media.
ABBREVIATIONS

ACWF: All-China Women’s Federation
AIDS: Acquired Immunodeficiency Syndrome
BBS: Bulletin Board System
CCSC: China Contraceptives Supply and Development Center of NPFPC (National Population and Family Planning Commission of P.R. China)
CIPRA: China Integrated Programs for Research on AIDS
CNKI: Chinese National Knowledge Infrastructure
CQVIP: Chongqing VIP Information
FSW: Female Sex Worker
HIV: Human Immunodeficiency Virus
IDU: Injecting Drug Use/User
KABP: Knowledge, Attitude, Behavior and Perception
MOH: Ministry of Health
NCACP: National Center for AIDS/STD Control and Prevention, China
NBSC: National Bureau of Statistics of China
NGO: Non-governmental Organization
SCAWCO: State Council AIDS Working Committee Office
SCIO: State Council Information Office of the People’s Republic of China
SSCI: Social Science Citation Index
STD: Sexually Transmitted Disease
UNAIDS: The Joint United Nations Programme on HIV/AIDS
UNGASS: United Nations General Assembly Special Session
UNODC: United Nations on Drug and Crime
UNDCP: United Nations International Drug Control Programme
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNTG: United Nations Theme Group
VCT: Voluntary Counseling and Testing
WHO: World Health Organization
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1. INTRODUCTION

1.1. Research problem

In the context of extremely large population of 1,295 million (NBSC 2001), there are currently estimated 700,000 people living with HIV/AIDS in China (UNAIDS 2008b). Although UNAIDS reports that China’s overall HIV epidemic still remains low prevalence (0.1%) among adults aged 15 to 49 (UNAIDS 2008a), there still exists high rate of infection in specific regions among higher prevalence sub-groups.

Yunnan is the province with the first outbreak of HIV/AIDS and still the worst in China. In the border area of Dai-Jingpo Autonomous Prefecture of Dehong, the first group of 146 HIV positive cases was reported among drug users in 1989 (Ma et al. 1990). Needle sharing pushed HIV virus to spread rapidly among injecting drug users (IDUs) from border areas to deeper inside. In recent years, the proportion of HIV/AIDS cases caused by sexual transmission almost exceeds the ones caused by IDU (MOH & UNTG 2004; Xinhuanet.com 4. June 2007a; Ibid. 20. August 2007b; Zhang 2005). Yunnan Province is facing with the spread transition from IDU to sexual transmission. Women are on the rise to be vulnerable to HIV/AIDS by sexual transmission (Yang 2006). The emerging female sex workers (FSWs) and male migrant workers are “bridge” population for the sexually transmitted diseases (STDs) and HIV/AIDS to spread further into the general population (Xiao et al. 2007).

Facing with the serious epidemic, from being treated as a medical problem, HIV/AIDS is now widely acknowledged that the broader approach is needed. Gender issues should be considered into the parts of this problem as well as the parts of solutions (see e.g. Lin et al. 2007; Xiao et al. 2007; Zhou 2008). Globally, the inequality in gender roles and the status of women have been recognized as the

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1 By the end of September in 2008, a cumulative total of 63,322 HIV positive cases, 9,752 AIDS patients and 7,015 AIDS related deaths were reported in Yunnan Province (Yunnan Daily 2008). Also see at www.avert.org/aidschina.htm.
backdrop of HIV/AIDS issues for a long time. There are a lot of researches which have well analyzed the impact of women’s inferior status caused by sociocultural factors on their vulnerabilities to HIV/AIDS. However, after reviewing a considerable amount of researches related to HIV/AIDS among women in China from 1989 to 2009, I find that there is inadequate attention to be paid on Yunnan Province (see Dore et al. 1996; Dwyer 1996; Hesketh et al. 2005; Hirabayashi et al. 1997; Hyde 2007; Lu et al. 2004; Xiao et al. 2007; Yang et al. 2008), not to mention the attention specific to investigate the relationship between women’s gender roles in daily lives and their vulnerabilities to HIV/AIDS.

In dealing with the increasing effects of HIV/AIDS epidemic on women in Yunnan Province and in order to supply a research gap, there exists an urgent need to study on the inter-relations between women’s social status and HIV/AIDS, and especially how gender inequality effects on women’s vulnerabilities to HIV/AIDS in Yunnan Province.

1.2. Purpose and research questions

The purpose of this study is to analyze women’s vulnerabilities to HIV/AIDS from the perspective of their social status, and then finding ways to empower women aiming at the corresponding vulnerable determinants.

In deed, doing researches on the linkage between social factors and women’s social status, then the inferior status and their vulnerabilities to HIV/ADIS is necessary. This

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3 Four databases were used to search for the previous researches on women and HIV/AIDS in Yunnan Province: Social Science Citation Index (SSCI), PubMed, Chinese National Knowledge Infrastructure (CNKI) and Chongqing VIP Information (CQVIP). The keywords were HIV/AIDS, women, gender, Yunnan, China. Time limits were set from 1989 to 2009. The result showed that only eight researches on Yunnan Province out of altogether sixty-nine on the whole China. Five of them focus on medical aspects. One research tries to explain a little about women’s vulnerabilities to HIV/AIDS through unsafe sexual behaviors (Xiao et al. 2008). One aims to assess knowledge and attitudes towards HIV and its testing among pregnant women and health professionals (Hesketh et al. 2005). Besides, Hyde’s book (2007) Eating Spring Rice based on fieldwork in Sipsongpanna and Menglian prefectures of Yunnan Province discussed politics of HIV/AIDS in China with particular focus on cultural politics, state-society relations, ethnicity, sexual behaviors, prejudice and stigma, etc.
implies both the vulnerabilities and opportunities to fight against the epidemics. Türmen marked out that “women’s empowerment is vital to reversing the epidemic” (Türmen 2003: 411). Accordingly, the research on the above relationship can not only discern the existing risks to HIV/AIDS faced by women, but also can help to find the appropriate means to empower women and strengthen their status in order to inhibit the epidemic.

The general problematique is “What’s the relationship between women’s social status and their vulnerabilities to HIV/AIDS”. One core question is raised in accordance with it: “How do sociocultural factors influencing women’s social status contribute to women’s vulnerabilities to HIV/AIDS?”

Furthermore, the core question is “translated” into three following sub-questions which are expected to be addressed more particularly during research:

1. What are the current situation of women’s HIV/AIDS infection and the reasons behind the epidemic in contemporary Yunnan Province, China?

2. How do sociocultural factors which have effects on women’s social status influence their vulnerabilities to HIV/AIDS in Yunnan Province?

3. What kinds of strategies from the aspects of policies and practical activities are being used in Yunnan Province to empower women?

1.3. Method and selection

This non-experimental research is designed as a case study. According to Creswell, it is a qualitative approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information and reports a case description and case-based themes (Creswell 2007: 73).
Here, not only my lack of control over the subject of study, but also the research questions mainly focusing on “what” and “how” of social phenomenon encourage the choice of a case study (Yin 2003: 1-7). And Yunnan Province is a good case to discern the relationship between women’s social status and their vulnerabilities to HIV/AIDS from the broader backdrop including various groups of women—rural and urban women, Han nationality and ethnic group women, female sex workers and IDUs, etc.

In deed, during the research, if doing fieldwork and trying to understand women’s lives and their situated activities through their eyes, it is hard to establish an atmosphere for interviewees, particularly the women working at service and entertainment sites as well as female sex workers to feel safe enough to discuss freely about their experiences and feelings. According to previous researcher’s experience, very few initial informants replied after contacting with them directly (see e.g. Hyde 2007). Besides, HIV/AIDS is still a sensitive and complicated topic in Yunnan Province, when doing the fieldwork there, the authority’s permission or joining an experienced research group is necessary. However, I am lack of control over these. Therefore, using accessible statistical materials and reports together with related literature on gender, governance etc. to develop the research is a more useful and efficient way in current study stage. I will try to adopt the inequality gender framework to demonstrate the inter-relations between gender roles and HIV/AIDS in Yunnan Province. Türmen’s seven determinants of women’s vulnerabilities are applied during the analysis (Türmen 2003)\(^4\).

1.3.1. Primary data

The primary data used in the thesis includes published policies to prevent women from HIV/AIDS infection, published documents on strategies and practical activities

\(^4\) The seven determinants are social and cultural, violence against women, laws, education, knowledge and skills, poverty, migration as well as stigma and discrimination.
to counter HIV/AIDS among women, unpublished activities notice as well as two telephone interviews and two informal talks online. The informants include a scholar working on ethnics and history issues, a medical doctor working for an NGO in the field of HIV/AIDS for many years and a staff (the doctor introduced to me) working in a grass-root organization based on community.

The policy documents are necessary to help trace what kinds of strategies are being used for Yunnan Province to counter HIV/AIDS among women, which can help to discern the vulnerable factors beneath the epidemics. Meanwhile, during the period of writing the thesis, an internship in HIV/AIDS unit, UNODC facilitates the data collection. Their policy guidance to counter HIV/AIDS in prison setting as well as their comprehensive evidence-based strategies and programmes for most-at-risk population, such as women, IDUs, trafficking human being, etc. enlighten me to search the related strategies and programmes in Yunnan Province.

Two informal talks at February 14 and March 18, 2009 through internet chat tool —QQ (the function is similar as Windows Live Messenger) with the scholar, Mr. Liu in China who has done some researches on ethnics and history issues provided me with the clues to find the common gender role in family spectrum between ethnic group women and Han nationality women.

One non-structured phone interview with the medical doctor, Ms. Wang⁵ and one semi-structured phone interview with the staff, Ms. Zhang⁶ provided the first hand materials on NGO’s activities as the complementary resources to the Internet information. Ms. Zhang also sent me a copy of unpublished activity notice issued by

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⁵ Ms. Wang is my first informant in Yunnan Province. She is an experienced doctor on epidemic prevention and specific on HIV/AIDS during the recent six years. She keeps close contact with some local NGOs and is familiar with their education and advocacy activities to counter HIV/AIDS among women. The phone interview at March 3, 2009 was non-structured.

⁶ Ms. Zhang works for an HIV/AIDS grass-root NGO based on community in Yunnan for three years. The interview with her at March 26, 2009 was semi-structured. I prepared some open-ended questions, such as “what kinds of activities are organized in community?” “What are the aim and target groups of these activities?” “Do these activities work or not, if not, what are the hindered reasons or factors?” “What are the obstacles during your [organization] work?” etc.
Ministry of Health (MOH) and All-China Women’s Federation (ACWF) in 2007.

1.3.2. Secondary data

Secondary data includes the news and reports related to HIV/AIDS infection situation and the activities organized by governments or other organizations to counter the epidemics in Yunnan Province, as well as literature on HIV/AIDS, gender inequality, the ethic of family and culture norm, governance, ethnography, etc.

During study, I will try to provide the introduction of the infection situation among women in Yunnan Province. It is made through accumulating various materials and comparing all of them from almost all the portal websites, such as Xinhuanet.com, Yn.xinhuanet.com, Yn.gov.cn, Yunnan.cn, Pbh.yn.gov.cn, Sohu.com, Sina.com, etc.

The reports are mainly annual HIV/AIDS reports issued by UNAIDS, WHO, UNDCP, UNODC and other reports about the detailed infection situation among women in Yunnan Province issued by the relevant organizations (such as Chinese Ministry of Health, National Center for AIDS/STD Control and Prevention, Yunnan Provincial Anti-Epidemic Station, etc.).

1.3.3. Criticism of the sources

It is important to indicate that the statistics on the epidemic situation only correspond to the reported cases. These are mainly collected through keeping track of women’s access to health service (Dumont 2009; Wang 2009). However, it is possible that many cases are not reported in Yunnan Province due to the privatization of health service and the limited access to health services for women, particularly the migrant women. Therefore, I believe the actual number of HIV/AIDS cases among women in Yunnan Province could be much higher than the collected one.
In addition, the governmental statistics on Yunnan’s infected situation are scarce. The relevant reports on women’s infection situation are incomplete as well; even some of them are contradictory with each other. All these make the research difficult to come by the outline of the epidemic. This is also the reason why I will try to introduce the whole country’s general situation as the background and benchmark to explain the situation in Yunnan Province.

1.4. Analytical framework

Gender inequality will be used to guide the analysis on women and HIV/AIDS. It is a major concern surrounding HIV/AIDS among women. Early in the year of 1998, UNAIDS (1998) issued the paper Gender and HIV/AIDS to identify the influence of gender inequality on women’s vulnerabilities to HIV/AIDS. WHO (2000) reminded people of the relationship between violence against women and HIV/AIDS. These are attempts to discern how women’s social status influences their vulnerabilities to HIV/AIDS. Türmen (2003) generally outlined eight determinants—biological, social and cultural, violence against women, laws, education, knowledge and skills, poverty, migration as well as stigma and discrimination—for the first time to demonstrate the factors putting women at greater risk to HIV/AIDS in universal base. Other researcher, Lin (2007) used Türmen’s eight determinants to conduct the literature review on women and HIV/AIDS in China.

Putting aside the biological aspects, the secondary status of women is a pan-cultural fact. Here, I will use seven determinants— culture, education and knowledge, migration, violence against women, stigma and discrimination, laws as well as poverty provided by Türmen to guide the analysis on inequality gender which puts women at inferior and vulnerable status to HIV/AIDS in Yunnan Province.

Firstly, culture and value system can put women at vulnerable status to HIV/AIDS
infection. In Yunnan Province, among the Han people, the value centering on Confucianism\(^7\) still has the profound influence on people’s way of thinking and social behaviors. In Han communities, Confucianism still remains significant as an underlying link of the cultural heritage and its influence on women’s social status, which leads to women’s subordination to men (Zhao 2004). To understand the influence and the importance of Confucianism and its ethics can provide valuable knowledge to interpret women’s inferior status and its effects on women’s vulnerabilities to HIV/AIDS.

Based on Confucianism, women are confined to the norms of three followings and four virtues. Three followings mean woman should follow father before marriage, follow husband after marriage and follow son after her husband dies. Today, it has limited influence in urban areas, but still impacts a lot on rural areas in Yunnan Province. Four virtues represent “women’s virtue (fude), women’s speech (fuyan), women’s comportment (furong), and women’s work (fugong)” (Rosenlee 2006: 104) which require woman to be virtuous wife and good mother in family spectrum. Banzhao\(^8\) even raised an argument in her article of *Admonitions for Women* that women should be submissive and remain faithful to their husbands, even when their husbands had concubines\(^9\). In accordance with these, China established inequality-patriarchy system for a long time, in which men universally dominate over women and women are in the subordinate position.

Among ethnic groups, Confucianism has limited influence. In order to find the mutual characters between Han nationality women and ethnic group women, Gilligan’s theory of “ethic of care” in general base helps a lot. She conceptualized care as an ethical value, and found that women’s moral frameworks differ from men’s.

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\(^7\) Confucianism is the ancient Chinese philosophy that focuses on moral, societal, political thoughts and the way one lives and behaves imbedded within Chinese society since late 500’s B.C.

\(^8\) She is a woman intellectual in Eastern Han Dynasty.

\(^9\) The whole article of *Admonitions for Women* in Chinese can be found at: [http://www.zhidao.baidu.com/question/11490032.html](http://www.zhidao.baidu.com/question/11490032.html). It is a short article and only has 1600 or so Chinese characters, but has a deep influence on Chinese women and society.
Therefore as for women, feminine ethic in family reflects the ethic of patriarchal social order and is “an ethic of special obligations and interpersonal relationships” (Gilligan 1998: 342). In both Han nationality and other minorities in Yunnan Province, the ethic of care in family influences women’s attitude towards HIV/AIDS and other family members’ expectation towards women. Based on Gilligan’s theory, Zhou (2008: 1117) raised that women traditionally are regarded as caregivers in family and play a fundamental role in protecting the family in China. The situation is the same in Yunnan Province, especially in rural areas and ethnic groups, women’s gender role is more restricted to family spectrum. For example, Naxi women have to shoulder more family responsibilities than Han women (Lijiangen.com 31. March 2009). The ethic of care and family obligations largely presume that women should commit to others’ (male and children) needs for care and for compassion, even though this might result in their self-sacrifice and put themselves at great risk of HIV.

Secondly, in preventing HIV/AIDS among women, education and knowledge play the dominating role to raise their awareness to safeguard themselves. Being lack of education and knowledge puts Yunnan women at inferior status vulnerable to HIV/AIDS.

On one hand, the high rate of illiterate and semiliterate among women in Yunnan Province, especially in rural areas and ethnic groups (e.g. Yang 1999; 2008) restricts women’s access to the knowledge on sex and gender as well as how to prevent HIV/AIDS.

On the other hand, gender norms restrict women to pursue the knowledge on sex and HIV/AIDS. “Usually they have very limited knowledge about sexual practices, reproductive health, and issues concerning HIV/AIDS” (Lin, Meelmurry & Christiansen 2007: 682). Especially in many rural areas and ethnic groups of Yunnan Province, it is not appropriate for women to seek out extensive knowledge about sexuality or reproductive health, such as Dai Nationality, Blang, Bai Nationality, etc.
(Fu 2007; Jin et al. 2002). Meanwhile, masculinity norms also make men reluctant to admit their lack of knowledge on sex, sexuality and HIV/AIDS. In many cases, men’s control and dominant status put women at the powerless situation (see e.g. Ibid.). Along with men’s lack of knowledge on sex and HIV/AIDS, women are unable to avoid coerced risky sexual activities, including nonconsensual sex and violence against them.

Thirdly, the flood wave of migration after 1990s in Yunnan Province fuels the sex industry (Xiao et al. 2007). Female sex worker and male migrant workers from rural areas to urban Yunnan are “bridge” to spread the epidemic to the general population. On one hand, due to lack of knowledge on sex and HIV/AIDS among FSWs and social discrimination towards them, FSWs are at inferior status to be vulnerable to HIV/AIDS. On the other hand, the male migrant workers who visit sex workers put both themselves and their partners at risk of HIV/AIDS.

Fourthly, violence against women will impair women’s power of negotiation on safer sexual intercourse and the use of condom. This can put women at disadvantageous status to the vulnerabilities of HIV/AIDS.

Fifthly, “stigma and discrimination are the consequence of the epidemic but can also act as a driving force” (Türmen 2003: 416). There exist both social and system stigma and discrimination towards women. These are rooted in Yunnan society and can increase women’s potential risk of being infected.

Sixthly, being lack of laws and policies to address the responsive measures to prevent HIV/AIDS among women will set back women seeking legal protection to safeguard their deserved right and personally safety.

Finally, historically, women have the lower economic status than men which leads to the lack of power and economic independence (Yang 1999: 110). Today, there still
exists the large gap in income levels between men and women (Yunnan Province Women’s Federation 2001), which makes women, particularly the rural and ethnic group women in remote areas have less resources and power. Facing with the lack of information and resources, women have limited control over choices made for them by other male family members. Besides, family responsibilities and economic inequality also affect women getting access to health care. Just as Türmen pointed out, “women’s illness may be ignored until they are unable to perform daily tasks” (Türmen 2003: 417).

In general, from gender perspective, unequal gender relations can impact on women’s vulnerabilities to HIV/AIDS. Meanwhile, the spread of HIV/AIDS infection makes the gender inequality more visible.

1.5. Delimitation

It is not the aim of this study to address the biological or medical aspects of HIV/AIDS. The specific attention will be put on sociocultural factors to explain women’s vulnerable status to HIV/AIDS. And then I will try to find the corresponding policies and activities implemented by governments and other participants to empower women, in order to inhibit and reverse the epidemic.

1.6. Ethical considerations

Although the contents of the telephone interviews and informal talks are not related to sensitive topics and political taboo, the informants still need to be guaranteed anonymity at their requests. In order to ensure the confidentiality, the names and working organizations of all the informants will be concealed.
1.7. Thesis outline

This thesis will be separated into three parts. Each part corresponds to one of the three research sub-questions. In the first part, I will try to give a brief introduction of the HIV/AIDS situation in Yunnan Province. In the second part, how sociocultural factors effect on women’s social status and the relationship between women’s inferior status and HIV/AIDS infection will be analyzed. At the third part, I will try to look for the strategies from the aspects of policies and practical activities which are being used to empower women in Yunnan Province. Finally, the thesis will be followed by a conclusion.

2. THE SITUATION OF HIV/AIDS IN YUNNAN PROVINCE

2.1. Statistics on HIV/AIDS in Yunnan Province

Source: Xiao et al. 2007: 666.
Yunnan Province lies in the southwestern China and shares a 4,060 km long international border with Vietnam, Laos, and Myanmar. These areas are called “golden triangle” for being used as the major routes of smuggling and drug trafficking (Yn.gov.cn 26. April 2005).

At early stage, the HIV/AIDS infection mostly lay in the border areas and ethnic groups. Dai-Jingpo Autonomous Prefecture of Dehong was the first and is still the most serious infected place. In 1989, the first group of 146 HIV positive cases among drug users in Ruili City was reported (Ma et al. 1990). Later, HIV transmission gradually expands geographically to the inner places of Yunnan and other provinces and infiltrates into general population through sexual transmission. Yunnan Province has 16 prefectures and cities, with 129 counties/districts under them. Based on the data in 2005, of these, 94% of counties have found the infected people (Yn.xinhuanet.com 23. February 2005). Of the 16 prefectures, Dai-Jingpo Autonomous Prefecture of Dehong is at the high prevalence stage, 12 of them led by Kunming City are at the medium stage, and only 3 of them, Lijiang, Nujiang and Diqing are at low stage (Ibid.).

The followings are four tables of data I was able to collect on HIV/AIDS situation in broad China and Yunnan Province.

| Table 2.1.1 HIV/AIDS in China and Yunnan Province: Reported Cases |
|---------------------------------|-----------------|-----------------|
| Reported HIV/AIDS cases since 1989 | China | Yunnan Province |
| Estimated number of HIV/AIDS cases since 1989 | 550,000—850,000 (till Oct. 2007) | Over 80,000 (till Oct. 2007) |
| Reported IDU percentage of all cases | 38.5% | 85,000—100,000 (till Sep. 2008) |
| Reported Heterosexual percentage of all cases | 17.8% | n/a |

(The data do not include Hong Kong, Macao or Taiwan)

Table 2.1.2 Proportion of Female HIV/AIDS in China, 2000-2008

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</thead>
<tbody>
<tr>
<td>Female HIV/AIDS Percentage of all cases</td>
<td>19.4</td>
<td>22.7</td>
<td>25.4</td>
<td>35.6</td>
<td>39.0</td>
<td>27.7</td>
<td>27.8</td>
<td>29.5</td>
</tr>
</tbody>
</table>


Table 2.1.3 Male and Female Ratio of HIV/AIDS in Yunnan Province

<table>
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<th>1989</th>
<th>2004</th>
<th>2005</th>
<th>2007</th>
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<tbody>
<tr>
<td>Male/female ratio</td>
<td>40:1</td>
<td>3.8:1</td>
<td>2.45:1</td>
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</tbody>
</table>


Table 2.1.4 Two Main Transmission Modes in Yunnan Province, 2004-2008

<table>
<thead>
<tr>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>Reported IDU percentage of all cases</td>
<td>51.4%</td>
<td>26%</td>
<td>40%</td>
</tr>
<tr>
<td>Reported Heterosexual percentage of all cases</td>
<td>20.8%</td>
<td>n/a</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

Source: Gan 2006; Ren et al. 2005; Yn.xinhuanet.com 2008; Yunnan.cn 2008.

Based on Table 2.1.1, up to the year of 2008, the cumulative reported cases of HIV/AIDS in Yunnan Province are high up to 63,322 since 1989. The number takes the large percentage of 23.9% of all the cases in China. Indeed, Yunnan Province is only the one of 34 province-level administrative units in China. But it takes great proportion of infection cases. Therefore, although many news reports in portal websites show that the situation of HIV/AIDS infections in Yunnan Province has been improved a lot (see e.g. Yn.xinhuanet.com 23. February 2005; Yunnan Daily 26. November 2008), we still can not be overoptimistic about the current situation in
Yunnan.

As for Yunnan women’s infected situation, due to the scarcity of data on it, firstly, I will try to take the whole country’s situation as the benchmark. Table 2.1.2 shows that the percentage of infected women was 19.4% in 2000, and then rose rapidly to 35% in 2008. Sexual transmission is becoming the main mode to make women endangered to HIV/AIDS. The proportion of infected women by sexual transmission had increased from 44.1% in 2001 to 55.0% in 2004 (Xinhuanet.com 4. June 2007a).

In Yunnan Province, the “Mid-term Monitoring and Evaluation Report for Yunnan Province implementation on ‘Chinese women and children development program’ (2001-2010)” pointed out that, up to the end of 2005, the total reported HIV/AIDS infected people in Yunnan Province was 37,940. 8,957 of them were women. The number of infected women was respectively increased by 7,630 and 6,404 than the year of 2000 and 2003 (Yang 2006). The HIV/AIDS infected male to female ratio changed from 40:1 in 1989 to 2.45:1 in 2005 and then decreased to 1.74:1 in 2007 (see Table 2.1.3). And the reported infected cases caused by heterosexual transmission were increased sharply from 20.8% in 2004 to 49% in 2008, which has already exceeded the IDUs (see Table 2.1.4).

Although there is no exact statistic on infected women in Yunnan Province, based on the limited information in Yunnan and the general situation in the whole country, there is no doubt that Yunnan women’s situation is even worse than the average national level due to its geography and development level.

2.2. The general reasons behind the epidemic among women

There are two main transmission modes among women in Yunnan Province: sexual transmission and needle sharing among IDUs. At the early stage of the epidemic
among women in 1989 and early 1990s, there was even no case through sexual transmission (Yunnan.cn 29. November 2008). However, in recent years, the ratio of sexual transmission patterns has increased greatly and exceeded the IDUs. Four major groups are considered as the most-risk HIV/AIDS carriers among various groups of women\textsuperscript{10}. Women who work in entertainment and service establishment, female sex workers, IDUs and women whose intimate partners are infected by HIV/AIDS. FSWs and migrant workers are considered as the “bridge” to expand the spread of epidemic to general population.

The first two groups of women overlap at most of the cases in Yunnan Province. Due to more and more floods of internal and inter-provincial migration within Yunnan Province since 1980s, many young and rural men and women join the tidal waves of rural-urban labor migration. This fuels the sex work industry (Xiao et al. 2007).

The rural migrant women experience the difficult period of finding jobs in cities at the beginning and sex work is typically considered as the transient occupation for them to earn money and assimilate into urban life (Jin et al. 2004; Luo et al. 2005; Xiao et al. 2007). The lack of knowledge on how HIV/AIDS transmits, how to prevent HIV/AIDS and how to use condoms puts women at great risk to HIV/AIDS. Their clients’ refusal to use condoms worsens this situation.

At the same time, being lack of awareness to prevent STDs and HIV/AIDS as well as being lack of knowledge on how HIV/AIDS transmits between female sex workers and their clients put male migrants or tourists who visit the FSWs at great risk of HIV/AIDS as well. “Migrants return to their hometowns periodically (e.g., for Spring Festival); thus, STI/HIV acquired elsewhere may be spread to partners” (Xiao et al. 2007: 670). The “left-behind” rural wives are then put at further risk, from their infected husbands. The cases for urban women who have unprotected sex with their infected partners are the same. All these women are at great risk of contracting HIV and sexually transmitted infections through unprotected sex with their partners.

\textsuperscript{10} See at http://www.avert.org/aidschina.htm.
As for IDUs, based on Xiao’s report, there are few female drug users in rural border areas (less than 4%) (Xiao et al. 2007: 669), but women represent about one-third of drug users in urban Yunnan Province (Jia et al. 2003). Among all the drug users, the prevalence of injection is high in recent years. And syringe sharing is very common, which makes women drug users at great risk of HIV/AIDS.

3. WOMEN’S SOCIAL STATUS AND HIV/AIDS

3.1. Women’s social status in general

“In a social hierarchy [social status is] based upon honor or prestige” (Maiese September 2004). Here, women’s social status refers to the degree of honor or prestige attached to women’s position in society, which can be showed through economic role and social role. Economic role can be reflected by power and resource distribution. At the same time, social role can be reflected by what an individual woman holds, which embodies her deserved rights, as well as the given duties defined by cultural heritage, social norms, and lifestyle. In the followings, Yunnan women’s social status will be analyzed from the groups of rural women and urban women, ethnic women and Han nationality women. I will mainly focus on the spectrum of family and family expectation towards women to indicate gender inequality. And female sex workers who are the most vulnerable to HIV/AIDS in Yunnan Province will be involved as cross-over analysis to indicate their inferior economic and social roles restricted by cultural heritage and social norms.

In general, women’s social status is further elevated through carrying out Nairobi Strategies and Beijing Declaration\(^\text{11}\) which guide the whole society to pay more

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\(^{11}\) Nairobi Strategy (the full name is Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000) was raised during the Third World Conference on Women, from July 13-26, 1985. It was an important...
attention to women’s life in recent years (People.com 2005; Wu 2005). However, in
the vast territory of Yunnan Province, the elevation in different areas does not keep
the same pace. Especially in frontiers, rural areas and minority nationality regions,
women are still influenced by the obsolete customs and residual feudal ideas, such as
Lahu Autonomous County of Lancang in Simao areas\(^\text{12}\) (see e.g. Dong 2004).

3.1.1. Rural women and urban women

Based on the Fifth Nationwide Census in the year of 2000, the number of female is
612,280,000, accounting for 48.37% of all the population. All the rural population
account for 63.91\% (NBSC 2000). And there has larger proportion of women in rural
areas, frontier areas and ethnic groups. Although I did not get the exact number of
rural women in Yunnan Province, it’s not hard to infer that they take larger proportion
than the average national level due to Yunnan’s geography at Southwestern frontier
and its high level of ethnic diversity.

The rural women are always considered by the public, especially the urban people as
the traditional, fall-back and uncivilized group as well as the subordinated group to
their husbands and families. In rural household, the expectation of marital roles which
heritage from the Confucian cultural value and most of the ethnic group sociocultural
traditions (see e.g. Jin 2002) is that women’s proper place is within the domestic
sphere and to keep their conventional status of housewives. It is deeply inrooted into
the social fabric of rural areas.

\(^{12}\) In this area, women are considered as the main labor force in families. Historically, they have to shoulder
heavier household duties than men, as well as heavier responsibilities of raising children. And early marriage is
the common social phenomenon for women there, which makes them restrict to bearing children and families in
young age. Thereby their self-development is highly hindered. Besides, the traditional views have a lot of
discriminations towards women. Normally, families look up to men and down on women. The education
opportunities are strictly guaranteed to men firstly.
From the economic perspective, most of the women in rural Yunnan need to rely on their husbands and families. The economic dependence confines them to the subordinate position. They are “lack of control over their lives, lack of access to material resources, and restrictions on their freedom of movement” (Li 2003: 696). Even worse, “the inequality in resources and authority may be so great that those dominated [women] go along with it with little self-awareness” (Kriesberg 2005: 15).

Due to women’s inferior economic role, most of them in rural areas have fewer opportunities than men to get access to education and health care service (Yunnan Province Women’s Federation 2001). They even can not get the equal rights to be against the violence towards them in families as well as argue for the safe sexual intercourse. All these make rural women at high risk of being infected by STDs or HIV/AIDS.

In addition, “a woman’s exposure to the world beyond the village is also an important measure of her status” (Li 2003: 699). More contacts with the outside can provide women with multiple sources of knowledge and help them get wider resources, more working opportunities to improve their economic situation. These can help them to have more freedom of movement, more decision-making power, as well as more negotiation rights to let their partners share with housework and childcare. However, due to the restrictions of social culture, although many young women migrant to urban areas in recent ten years (Xiao et al. 2007), most of the rural women in Yunnan Province, especially in frontier areas and ethnic groups, are lack of opportunities to get enough contact with outside world, which partly contributes to their gender inequality and subordinate status.

Compared to rural women, the situation is better for urban ones in the counterpart aspects mentioned above. The urban women in Yunnan Province have more economic independence than rural ones (see the documents on women’s development plan issued by Yunnan Province Women’s Federation in 2001). They have more education
and get exposed to more updated information than average rural women. Therefore, urban women have stronger awareness of improving their status which displays in the following fields, for example, they strike to protect their legal rights, they advocate having equal rights and duties as men, they argue for the equal working opportunities, they try to experience modern women’s lifestyle\textsuperscript{13}.

There is a group of women in urban areas we can not neglect—the female sex workers (FSWs). There exists social stigma and discrimination towards FSWs all along. Sex workers face many obstacles to gain recognition and acceptance in society. They are stigmatized that they embody unchaste behaviors and are hereby pushed to be oppressed in lower status, even among women.

Virginity is an important concept for traditional women both of Han Nationality and other ethnic groups in Yunnan Province. “Women are objectified by their sexuality and their status in society is dependent on the maintenance of their ‘pure’ behaviors” (Chillmon & Ricks 2003). When all goes to all, the social stigma and discrimination towards female sex workers boil down to the social implications of the female body. The body needs to be only co-opted to conform to male desire from the natural sexual experience, not to be sold as a commodity (Davidson 2002). Therefore, the unchaste things female sex workers engage in to sell their bodies refer to defilement to the identity of women, which are contrary to the traditional moral norms. Based on this understanding, female sex workers are considered to be “worthless” (buzhiqian) than so-called unspoiled female loyal to their husbands and families. FSWs are legally and socially constructed as a separate class of persons (Ibid.), and are subjected to varying degrees to a range of civil and human rights abuses.

\textsuperscript{13} See examples at http://www.ynwoman.cn/.
3.1.2. Han nationality women and ethnic group women

In many Han Nationality areas, especially the rural areas, the female are still seen as the temporary members of their parents’ families. After they get married, they will belong to their husbands’ families (see e.g. He & Wu 2004). Therefore the education and property rights are much more restricted for women before they get married, which makes them more dependent on their parents’ families and subordinate to male members. While after getting married, obeying the arrangements by their husbands, taking care of families and the household chores are regarded as the bounden duties of their own.

Source: ynchaye.com; ynethnic.gov.cn\(^\text{14}\).

\(^{14}\) The original map can be accessed at http://www.ynchaye.com/qcyn/UploadFiles_2603/200706/20070619233246202.jpg. I checked and made a little revise based on the general introduction of ethnic groups in Yunnan Province, which can be accessed at http://www.ynethnic.gov.cn/.
Women’s over-reliance on their families and husbands in socio-economic and family life as well as being lack of resources to participate in social affairs make them at subordinate status to men. Even worse, traditional customs make women’s awareness of gender inequality internalize (Aksornkool 2005), which lets them gradually be lack of rights awareness and fighting spirit, and be willing to become the vassal of men.

As for minority nationalities in Yunnan Province, men take the dominating role over women as well. And women are highly restricted to family spectrum and inner space (see e.g. Jin 2002). Even in certain ethnic groups where women had priorities over men in old days, the situation has been gradually changed. For example Naxi, in previous time, women were empowered to be independent, strong minded and highly respected members of their families and communities. They once took the leading role and carried the responsibilities to support and harmoniously develop the household and communities affairs. However, with the increasing influence of urbanism, more and more men go outside to become migrant workers to earn more money in order to support their families. The Naxi culture, which was based on an agricultural civilization system, is being challenged (Stelzner, Ge & He 2005). Women’s social status has been declining along with the vanishing of matriarchal ethnic livelihoods. Men have gradually taken over more rights both in daily life and even divination.

As a whole, Yunnan women’s advancement and emancipation is still the critical problem in social development. Regardless of rural women or urban women, Han nationality women or ethnic group women, their social status in both economic and sociocultural aspects is relatively lower than men’s.
3.2. How social factors effect on women’s vulnerabilities to HIV/AIDS

3.2.1. The ethic of family and culture expectation

In Yunnan Province, both Han nationality and other ethnic group women, regardless of urban or rural, the ethic of family and culture expectation of femininity interactively influence their attitude towards HIV/AIDS and other family members’ expectation towards them.

From ethic perspective and moral choice, men put more emphasis on rules and individual rights, while women tend to consider more about relationships, caring and compassion (Gilligan 1998). Women will balance more between their own needs and what should be the moral choice towards themselves and other family members. That implies they should have the spirit of self-sacrifice to commit to others’ needs for care and for compassion.

The culture expectation of femininity with submissive, emotional characters, etc. casts women in the subordinate, dependent, and passive position, which makes them passive in sexual interaction and family life. In order to be in line with the cultural expectation of femininity, Yunnan women should take on care responsibilities for families and fulfill socially desired gender roles to be good wives and mothers within their families (Yang 1999: 111). Meanwhile gender norms greatly affect women’s and men’s access to information and services. Women mainly concentrate on family sphere and have less economic control to get access to HIV/AIDS education and services.

Lin (2007: 688) once rose that “economic and social dependency jeopardizes women’s use of health services and ability to provide informed consent”. This argument is applicable to Yunnan women as well. Women’s vulnerable status with HIV/AIDS and their pursuit of desired identities expected by cultural heritage and
other members are sometimes at variance. Therefore, in the context of gender inequality, the complex relationships among gender, womanhood, and HIV/AIDS become the moral dilemmas faced by Yunnan women. Traditionally, women should play the important primary caregiver role to their husbands, partners or other family members (Wu 2005). However, completing caregiver’s responsibilities not only means arduous caring work and potential vulnerable to HIV/AIDS, but also implies the prevention from receiving timely medical care for the women infected with HIV.

Their vulnerabilities to HIV/AIDS in intimate relationships become even clearer when men’s power are taken into account. Power differences between men and women, men’s dominant role in sexual life, and their ignorance about HIV/AIDS and its prevention contribute to the increasing HIV risk faced by women (Lin 2007: 688).

In general, in Yunnan Province, the ethnic of family and culture expectation have the profound influence and restrict women at the inferior status being lack of power and economic independence, which make them at disadvantageous position to negotiate safe sex and receive the timely prevention, care and treatment when facing with HIV/AIDS. And women’s identities as wives or partners give them little hope of escaping the HIV risk brought about by their intimate relationships.

### 3.2.2. Education and knowledge

According to the statistics from NBSC (2005), women generally are less educated than men (Lin 2007: 682). And UNDP report in 2003 showed that the rate of illiterate and semiliterate women in Yunnan Province was high up to 16% (UNDP 16. December 2005).

Women have very limited knowledge about sexual practices, reproductive health, and issues concerning HIV/AIDS, such as how HIV/AIDS transmits and can be avoided,
how to use condom and the relationship between using condom and preventing HIV/AIDS (see e.g. Duo et al. 2003), which are due to both being lack of information and their inabilities to read. And women in rural areas know less than urban counterparts.

According to informant’s response to my interview, the basic block of building effective HIV prevention among women lies in their lack of knowledge on how HIV transmission can be avoided together with the means to follow up on that knowledge (Zhang 2009).

Making situation worse, young women are discouraged from discussing sex openly with their own partners or shy to discuss freely with their female friends (see e.g. Jin 2002: 61-62). Sex is considered as the private and difficult subject to talk openly. Therefore, traditionally, discussing sex openly is a kind of nasty behavior which will make self feel humiliated, especially for young and unmarried women. In addition, in many of the ethnic groups, such as Naxi, Lisu, Bai, Pumi, Dai, there still exists reproductive worship. Sex is a mysterious part related to this kind of worship. Openly discussing sex is considered as the blasphemy to their worship (Ge 1991: 61-63).

Along with the globalization and influenced by outside sexual culture, many unmarried young women are often pressured by their boyfriends to have sex as a proof of love and obedience (Zhang 2009). At the same time, “the emphasis on ‘innocence’ prevented young women from seeking information about sexual health and contraception” (Tian et al. 2007: 290). Being lack of sex knowledge and contraception information makes them vulnerable to STDs and HIV/AIDS.

In general, inadequate education and knowledge about sex and HIV/AIDS are important determinants of women’s vulnerabilities to HIV/AIDS. If women are not empowered to have knowledge and express their opinions to male partners, they have no control over choices made for them by other family members. They are weak to
avoid coerced risky sexual activities, including nonconsensual sex and violence against them (see e.g. He & Wu 2004). And they can not get access to prevention, care and treatment resources as well.

3.2.3. Migration

The analysis in this part also combines with the aspects of education and economic inequality.

Due to more and more floods of internal and inter-provincial migration within Yunnan Province since 1980s, many young and rural men and women join the tidal waves of rural-urban labor migration. This fuels the sex work industry (Xiao et al. 2007).

Because of gender inequality in education and occupational training for rural migrant women, they are difficult to find jobs in cities at the beginning and turn to sex work as a transitory strategy for survival or for achieving other life goals. The entertainment and service establishments such as massage parlor, beauty salon, hair salon, karaoke hall, etc. are developed in covert forms for commercial sex.

Studies conducted between 1995 and 2000 indicate that over 80% of girls who worked in entertainment and service establishments (e.g., hair salon, bar, dancing and karaoke hall, or massage salon), as well as 45% of females who worked in service businesses along a main national highway (e.g., hair salon, karaoke bar, hotel, and restaurant), were involved in the sex trade (Xiao et al. 2007: 669).15

Among FSWs, the condom use rate is not high (Wu 1997). Their lower education levels16 and lack of HIV/AIDS knowledge, as well as their client’s coercion are

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15 Xiao’s analysis was based on the following articles: Guo’s article in 2002 named Analysis on an HIV/STD interventional program among female servants in Baoshan area of Yunnan., Wu’s article in 1997 named Commercial sex establishments and sex workers in Dehong Prefecture, Yunnan Province, and Jin’s article in 2004 named Effect of health education and behavioral intervention of AIDS/STD among female attendants of roadside inn.

16 Most of the female sex workers are poorly educated. Studies showed that, in Yunnan Province, more than
major obstacles to safe sex negotiations, which make them the most vulnerable group to HIV/AIDS in Yunnan Province.

From the perspective of men who visit FSWs, separation from intimate partners and less constrained by social norms far away from home, the easier access to commercial sex in urban areas provides male migrants or tourists more opportunities to seek casual sex in entertainment sites. In addition, in many rural areas of Yunnan Province, women are strongly expected to remain their virginity till getting married, which partly brings about the fact that their young boyfriends who migrate to urban areas more readily get access to available commercial sex without control or the sting of moral norms\textsuperscript{17}. Being lack of knowledge on how to use condoms and how HIV/AIDS transmits among female sex workers and their clients puts male migrant or tourists at great risk of HIV/AIDS. All their wives or female partners will be also at great risk of contracting sexually transmitted infections and HIV through unprotected sex with them.

3.2.4. Violence against women, stigma and discrimination

In daily life, many women in Yunnan Province will face violence towards them, system and social stigma and discrimination. These factors interactively influence each other.

Women who experience sexual coercion are more likely to be endangered by HIV/AIDS, because “the threat of violence affects women’s power and ability to negotiate the conditions of sexual intercourse, especially condom use” (Türmen 2003: 413).

\textsuperscript{17}80\% of female sex workers (FSWs) had fewer than 8 years of education (Xiao et al. 2007: 669).

\textsuperscript{17}This idea supporting to the reasons for women’s infection was enlightened by the informal talks with Mr. Liu, who has done many researches in the field of ethnics.
And due to gender inequality and discrimination, unmarried young women and adolescents, while in reproductive ages, are not covered by the family planning framework and not covered by the State health system as well. And female migrant workers are not covered by the health system due to the lack of permanent city residency (Tian et al. 2007: 293). If getting illness, most of them can not afford that high expense to seek health services, do not have the awareness and have limited routes to get access to the reproductive services.

Besides these kinds of system discrimination towards them, women have to face the deeply-rooted social discrimination. “The stigma is much more burdensome for women than men” (UNAIDS 1998: 6). As early as 1987, the late Jonathan Mann, director of the WHO Global Programme on AIDS, identified three phases of the HIV/AIDS epidemic: “the epidemic of HIV, the epidemic of AIDS, and the epidemic of stigma, discrimination, and denial” (Mann 1987). Stigma and discrimination are “as central to the global AIDS challenge as the disease itself” (Ibid.).

HIV/AIDS related stigma and discrimination interact with preexisting fears about contagion and disease. Hesketh et al.’s assessment on knowledge and attitudes towards HIV and its testing among pregnant women and health professionals in Yunnan Province (2005) showed that attitudes towards HIV/AIDS were negative: 23% of health professionals and 45% of pregnant women thought HIV was a disease of “low class and illegal” people, 48% of health professionals and 59% of pregnant women thought that HIV positive individuals should not be allowed to get married, and 30% of the health professionals were not willing to treat the HIV positive individual.

In general, on one hand, stigma and discrimination are consequences of the HIV/AIDS epidemic. On the other, they also act as driving forces. They reinforce women’s preexisting educational, cultural and economic disadvantages and unequal access to information and services. The fear of being ostracized, abused, and viewed as promiscuous make women avoid HIV testing or seek care, which is the potential
risk for women to get infected by HIV/AIDS.

3.2.5. Laws and policies

Compared to the response of the neighbor countries, such as Thailand, within their capabilities, of many affected women in Yunnan Province, for a long period, governments turned a blind eye to HIV/AIDS, and in most cases continue to do too little, either because they lack the capability to act or the willingness to do so. This makes women lack of protection to safeguard their legal rights and struggle for equal access to resources, education, working opportunities and health services as men.

4. TOWARDS WOMEN’S VULNERABILITIES TO HIV/AIDS

Although obsolete customs, the residual feudal ideas and gender norms are unlikely to be got rid of or changed in short term, other measures from the aspects of policies and practical activities aiming at vulnerable determinants can be addressed to protect women from being endangered to the epidemic, improve their awareness of HIV/AIDS, and reduce the violence as well as stigma and discrimination towards them.

In this chapter, I will try to look for the strategies being used in Yunnan Province from the aspects of policies aiming at empowering women and practical activities organized by governments and other participants to counter and reverse the epidemic.

4.1. The policy environment and policy process in Yunnan Province

The policy environment for women in Yunnan Province has been gradually improved
since 1990s. Especially the Fourth World Conference on Women held in Beijing in 1995 aroused the public awareness of the significance of women to families and our societies\textsuperscript{18}. In 2001, \textit{The Development Plan for Women in Yunnan Province (2001-2010)} was issued (Yunnan Province Women’s Federation 2001). Many women issues related to gender inequality, such as women and economic independence, women and poverty, women and education, women and health, women and marriage and family were addressed, which gave the specific guideline to improve women’s status, reduce gender inequality and safeguard their legal rights\textsuperscript{19}.

At the same time, facing with the serious situation of HIV/AIDS infections, in January 20, 2004, \textit{Responsive Measures to HIV/AIDS Prevention in Yunnan Province} was issued at Yunnan Province 12\textsuperscript{th} Standing Committee (HIV/AIDS Prevention and Control Bureau of Yunnan Province 2007). This document specified several recommended harm reduction approaches such as needle exchange, condom promotion, and methadone maintenance treatment. Particularly, the Article 13 and 14 are the legal protection for FSW and left-behind wives of rural migrants from the aspects of safe sexual intercourse and eliminating social discrimination.

\textbf{Article 13:} Owners or runners of hotel, flea bag hotel, flop house and other facilities for accommodation, and of entertainment establishments should have condoms on display for sale or distribution, or have facilities for sale.

Condoms should be available for sale or distribution at work place of legally registered detoxification service and STD or AIDS treatment clinics.

Ways of condom’s available for sale or distribution should be made appropriate for places where mobile population concentrates such as railway station, airport, port, construction site, touring spot.

Public health department above county level and CCSC should finalize and supervise the condom availability stipulated in above 3 items.

\textbf{Article 14:} Legal rights of AIDS patient and HIV positive should be protected by law, any entity or individual should not discriminate HIV

\textsuperscript{19} See at http://web.ynwoman.cn/main/2-004.asp.
positive, AIDS patient and their family. Either should their right for work, study and living be deprived (Yunnan People’s Government 20. Jan 2004).

In 2006, *The Regulation of AIDS Prevention and Control in Yunnan Province* was issued (HIV/AIDS Prevention and Control Bureau of Yunnan Province 2007). This regulation provided women with legal protection for knowing the HIV/AIDS test results, offered help to registered married couples for free HIV/AIDS test as well as provided the legal protection for women to avoid social stigma and discrimination.

Up till now, Yunnan government has made more and more political commitments to HIV/AIDS prevention and control among women. Together with a series of HIV advocacy activities at various levels, there had significant increase in HIV/AIDS awareness among the general population since 1998 (Ma et al. 2001).

### 4.2. The activities organized by governments

Strong government commitments embody two aspects—policies and practical activities organized together with other participants to prevent HIV/AIDS among women through the way of improving women’s education situation, increasing their knowledge of sex and HIV/AIDS, advocating to reduce the public stigma and discrimination towards them\(^\text{20}\). All-China Women’s Federation (ACWF) and Ministry of Health (MOH) take the leading role to establish the action programs and guidelines, and then the local authorities in Yunnan Province at various levels shoulder the specific implementation responsibilities.

In 2003, ACWF set up a HIV/AIDS Prevention and Control Coordination Work Group. It developed *All-China Women’s Federation HIV/AIDS Prevention and Control Strategic Plan (quan guo fu lian yu fang yu kong zhi ai zi bing zhan lve gui hua)*, and launched the activities themed “Prevent AIDS, Keep health of the whole

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\(^{20}\) See examples at http://www.pbh.yn.gov.cn/fangaiju/.
family (yu fang ai zi bing ,jian kang quan jia ren)” together with MOH over the whole country. Based on the strategic plan, the first round “face to face” advocacy and education activities towards women were launched in National HIV/AIDS Prevention and Control Demonstration Zone. 29 cities in Yunnan Province were selected to the list (see Table 4.2.1). And then in the following few years, ACWF continues to advocate education and prevention activities organized by governments at various levels.  

Table 4.2.1 The Selected Areas to Launch “Face to Face” Publicity and Education Activities among Women in Yunnan Province

<table>
<thead>
<tr>
<th>City/Prefecture</th>
<th>County (City/District)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baoshan City</td>
<td>Longyang District, Tengchong County</td>
</tr>
<tr>
<td>Bai Autonomous Prefecture of Dali</td>
<td>Dali City, Xiangyun County, Binchuan County</td>
</tr>
<tr>
<td>Hani-Yi Autonomous Prefecture of Honghe</td>
<td>Jianshui County, Kaiyuan City, Mile County, Gejiu City</td>
</tr>
<tr>
<td>Kunming City</td>
<td>Dongchuan District, Yiliang County, Guandu District</td>
</tr>
<tr>
<td>Lincang City</td>
<td>Va Autonomous County of Cangyuan, Yun County, Dai-Va Autonomous County of Gengma</td>
</tr>
<tr>
<td>Qujing City</td>
<td>Qilin District, Xuanwei City, Luliang County</td>
</tr>
<tr>
<td>Simao City</td>
<td>Cuiyun District, Menglian County, Hani Autonomous County of Mojiang</td>
</tr>
<tr>
<td>Zhuang-Miao Autonomous Prefecture of Wenshan</td>
<td>Quibei County, Wenshan County, Yanshan County</td>
</tr>
<tr>
<td>Zhaotong City</td>
<td>Ludian County</td>
</tr>
<tr>
<td>Lijiang City</td>
<td>Gucheng District</td>
</tr>
<tr>
<td>Yuxi City</td>
<td>Chengjiang County</td>
</tr>
<tr>
<td>Yi Autonomous Prefecture of Chuxiong</td>
<td>Chuxiong City</td>
</tr>
</tbody>
</table>

For example, in 2004, ACWF further printed out and distributed the Views on Further Improving the Participation of HIV/AIDS Prevention and Control by All-China Women’s Federation (quan guo fu lian quan yu jin yi bu zuo hao can yu ai zi bing fang zhi gong zuo de yi jian) (ACWF 2005). Every province including Yunnan was required to develop specific programs in accordance with its own given circumstances, in order to improve the basic knowledge of HIV/AIDS prevention among women and raise women’s awareness of their vulnerabilities to HIV/AIDS, especially for the age group from 15-49 year-old.

In 2007, ACWF together with MOH issued the notice of Programme on “Face to Face” Publicity and Education Towards Women on HIV/AIDS Prevention, Control and Treatment (quan guo fu lian wei sheng bu guan yu kai zhan 2007 nian du ai zi bing zong he fang zhi dui fu nu mian dui mian xuan chuan jiao yu huo dong fang an) (ACWF & MOH 2007). It required the 29 selected areas in Yunnan Province to continue to launch various forms of publicity and education activities among women, improve their knowledge of HIV/AIDS prevention, control and treatment.
Under the guidance of ACWF & MOH, Yunnan Province Women’s Federation launches a series of advocacy and education activities named “refuse drugs and keep my family away from HIV/AIDS”. At the same time, many “face to face” publicity and education activities on how to prevent and counter HIV/AIDS are organized among women, particularly among high-risk women, such as sex workers and injecting drug users.22

In general, the activities aim to three target groups: the general population; the group at high risk and infected women. The activities organized for the general population are related to HIV/AIDS publicity and education in order to popularize HIV/AIDS prevention knowledge. This kind of education can also help eliminate stigma and discrimination towards women and HIV/AIDS due to the ignorance of how the virus spreads and how to prevent23.

For high-risk group of women, such as sex workers, women working in entertainment establishments, IDUs, the ones whose partners are infected by HIV/AIDS, etc., besides education, more activities are launched, such as, mobilizing high-risk women to take Voluntary Counseling and Testing (VCT), carrying out the publicity and education on intervention methods24.

For those infected women, more care, help and support are provided to them and their families.25

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24 See examples Ibid.
25 Ibid.
Among all these activities, on one hand, the governments endeavour to raise the public awareness of women’s importance in family life and in keeping the whole society stable and harmonized, therefore reducing the discrimination and violence towards women. On the other hand, these activities can help women recognize their legal rights and raise the awareness of HIV/AIDS risk. The significant increase in HIV/AIDS awareness among women and general population (Ma et al. 2001; Xiao et al. 2007) suggests some successes of these HIV/AIDS programs in Yunnan Province.

4.3. New actors and collaboration patterns

Although strong government commitment is still in place, there exist many changes. On one hand, top-to-down political commitments are devoted to reducing women’s vulnerabilities to HIV/AIDS by improving their education, legal, health and economic situation. On the other hand, more and more new actors, such as NGOs, media, role models, etc. are involved within the decision-making process and organizing activities together with governments to reduce gender inequality, improve women’s situation, and make women be aware of their vulnerabilities to HIV/AIDS.

4.3.1. NGO

Today, NGOs still can not get fully independent position from the state (Westwomen.org 2007). However, they are more and more active in participating in activities related to HIV/AIDS advocacy and education, as well as other forms of assistance together with governments. And many international NGOs are also involved in the collaboration.

Under the semi-authoritarian autonomy, NGOs are currently playing important roles in facilitating multi-sectoral cooperation for HIV/AIDS publicity and education among women, as well as in bridging social capital. And NGOs are also involved in
developing governments’ strategies to improve women’s social status and raise their sense of countering HIV/AIDS. In the followings, I will take three NGOs in Yunnan Province as examples\(^2\) (Wang 2009; Zhang 2009), which have many successful experiences to help me discern the functions of NGO in countering HIV/AIDS among women.

First of all, A develops the Community Care Service Station based on communities in urban areas to give care for the infected women and provide education on how HIV/AIDS transmits and how to prevent and control the epidemic for high-risk group women. It also organizes activities on publicity of legal knowledge, which help women clearly realize their deserved rights, thereby safeguard their safety with legal tool when facing with dangers. In addition, A also devotes to training the volunteers to broaden the publicity and education of HIV/AIDS among women with their helps. These volunteers can go to remote rural and ethnic areas at their convenient time and in a more flexible and efficient way to spread the knowledge of HIV/AIDS and related policies, or provide other free health services to women who are lack of access to information and resources.

B puts great emphasis on self-HIV/AIDS prevention and intervention project among the high-risk groups of sex workers and female IDUs based on communities.

C organizes many training seminars and workshops to rural women cadres to raise their awareness of HIV/AIDS and increase their knowledge on it, which can benefit their future work of organizing activities among women, based on their local social environment and needs in rural areas and ethnic groups.

At the same time, many international collaboration projects are set up in Yunnan Province in recent years, such as China-UK HIV/AIDS Prevention and Care Project;

\(^2\) In order to ensure the confidentiality, all the NGOs here will be renamed as A, B and C. And there is a list of local NGOs and international NGOs in Yunnan Province, accessed at http://www.china-aids.org/.
China Integrated Programs for Research on AIDS (China CIPRA)\(^{27}\). These projects put more and more emphasis on gender issues (Stewart). In addition, there are some other international NGOs in Yunnan Province actively participate to help the development of local grass-root organizations. For example, during the period of March 20 to 22, 2008, Global Fund (GF) organized the training for grass-root NGOs in Yunnan Province to improve their capacity of management and ways of advocacy (HIV/AIDS Prevention and Control Bureau of Yunnan Province 2008a). The contents of training include: how to effectively organize HIV/AIDS prevention education, especially among most-at-risk people, such as female sex workers, women IDUs, etc.; sharing project management knowledge; teaching the grass-root organizations how to formulate the project proposals. Around 30 organizations took part in the training. And trainers delivered the samples of publicity materials for HIV/AIDS prevention among women aiming at different groups.

All the above activities show that NGOs can make great contribution to counter HIV/AIDS among women together with governments. What we should pay more attention is that the cooperation of international NGOs and local grass-root organizations can be the good model to follow, in which the capacities of every participant can be fully taken advantage of, thereby to expand the coverage of HIV/AIDS information and service to more women and to remote rural and ethnic areas.

4.3.2. Role models

Since the year of 2005, publicity and education have been ranked as the priority and basic solutions to the issues related to HIV/AIDS among women by governments at various levels and various departments in Yunnan Province (Yunnan.cn 31. December 2008). Many female public figures have been appointed as “image ambassadors”

\(^{27}\) See examples at http://www.china-aids.org/.
(xing xiang da shi) to assist anti-drug propaganda and education on HIV/AIDS among women, in order to arouse women’s consciousness of striking for their legal rights and deserved social status as well as raise their awareness of HIV/AIDS.

For example, in 2006, Yunnan Provincial Foundation for Drug-Suppression and Control AIDS invited the popular singer in China—Liu Yuanyuan as their image ambassador.


In December 29, 2008, Xu Anni, the most popular show host in Yunnan Television Station was appointed as the image ambassador to help spread the knowledge on HIV/AIDS and its prevention to the public (Ibid.).
The use of so many public figures serves to draw the public attention on women and their vulnerable social status to HIV/AIDS. As the public figures, their words and behaviors are more convincing to the public. They advocate safeguarding women’s legal rights, telling the public how to prevent HIV/AIDS, shaking hands with HIV people, which give the public information on HIV/AIDS and how it is not transmitted. These can help to reduce the ignorance and stigma towards women and discrimination attached to HIV/AIDS (see e.g. Ibid.).

The public figures penetrate into schools, rural areas, ethnic groups, communities and public entertainment sites, functioning as the unifying bond to hear about the distress, difficulties, stigma and discrimination which women face in their daily life, and then make the sincere appeal to the public through various media, such as TV, newspaper, blog or BBS etc., which advocates the public having the proper attitude towards women, as well as providing the care, close understanding to them, especially towards the women infected by HIV/AIDS or the ones whose family members are infected by HIV/AIDS. The public figures also advocate volunteers actively involving into the activities of HIV/AIDS prevention, care, treatment and support for women, particularly targeting young women and high-risk groups.

In general, celebrities, especially female celebrities can play the irreplaceable roles in countering the ignorance, stigma and discrimination towards women surrounding HIV/AIDS. They can exert their influence and appeal on the spread of HIV/AIDS knowledge and education to the public.

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4.3.3. Media

Media is an important tool to lead the direction of public opinion through its publicity and explanation on women’s social status and HIV/AIDS issues. It has various forms, such as newspaper, TV and broadcast in traditional way and Internet in modern way. Here I will mainly focus on the new tool of Internet and its function to counter HIV/AIDS among women.

In Chinese society, sex and HIV/AIDS related issues are still highly sensitive topics to the public.

The Internet can provide rapid and practical information on HIV/AIDS and a space where people can discuss openly sex-related issues and make contact with people who face similar situations without renouncing to their anonymity (Dumont 2008: 29).

In combination with other media, such as newspapers and televisions, internet is the new and useful tool to give rise to the public attention on gender inequality and related HIV/AIDS issues. It can also effectively combine information and resources on HIV/AIDS and spread them more quickly to the general population. Besides, it provides the excellent platform to train the youth volunteers.30

As a whole, internet can contribute a lot to push further the advocacy and education on HIV/AIDS prevention among women.

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30 For example, In November 14, 2008, the Information Network of Anti-drug and HIV/AIDS Education in Colleges and Universities in Yunnan Province was officially started. The network combines information and resources from four training centers for anti-drug and HIV/AIDS prevention education in Yunnan Province, and can be shared in 60 colleges and universities in Yunnan Province (HIV/AIDS Prevention and Control Bureau of Yunnan Province 2008b). In the near future, the network aims to gradually establish and improve the expert panel for HIV/AIDS education, online education resources and provide the services for volunteers. The launch of the information network is in favor of integrating various resources for HIV/AIDS education as well as advocating more youth to join the education activities to help women in communities.
4.4. Challenges faced by governments and NGOs

Although the governments, new participants as well as new tools have contributed a lot to reduce gender inequality and women’s vulnerabilities to HIV/AIDS through cooperation, there still exist a lot of challenges ahead.

For governments, in recent years, there are still not too many changes on family planning framework and the health system for female migrants, unmarried young women and adolescents at reproductive ages, to help them get access to health services, which can reduce their vulnerabilities to HIV/AIDS.

For NGOs, currently, there are two kinds of NGO in Yunnan Province. One kind is the product of government reform and led by government as well. It is more like the public institution and keeps track of “top to down” development (A and C mentioned above are this kind). The other kind is grass-root organization, which keeps track of “down to top” development (B is this kind).

As for the first kind, there still exists strong state control over it. It does not have independent development status to organize activities, and only considers itself as the complementary to governments.

As for the second kind, on one hand, it has to face “dual command” from government (Westwomen.org 23. November 2007). When a new grass-root NGO applies for registration, it needs to find a responsible institution first and as an affiliate to it. Then it can get the approval of department of civil affairs to set up. Working as the responsible institution means taking the related responsibilities. Therefore, the departments which want to take on this role are seldom, which brings the biggest obstacle for establishing a new grass-root NGO. On the other hand, because grass-root NGO is not allowed to raise fund (Ibid.), it will face financial constraints, which will
make it difficult to get self-development and organize activities on advocacy and education.

5. CONCLUSION

Yunnan Province is the first and still the worst HIV/AIDS epidemic area in China. In recent years, the proportion of infected women through sexual transmission is gradually increasing. And the epidemic is just spreading from high-risk population such as female sex works, IDUs, etc. to the general population via the “bridge” of FSWs and rural migrants. Facing with the situation, the research on inter-relationship between women’s social status and their vulnerabilities to HIV/AIDS in Yunnan Province is urgently needed. And incorporating gender considerations into HIV/AIDS strategies and programs are demonstrated to be effective to counter the epidemic among women. In deed, not only Yunnan Province, but also others, such as Hunan Province, Guangdong Province, Sichuan Province, Guizhou Province, Guangxi Province, etc. are commonly facing with the increasing infection among women through sexual transmission\(^\text{31}\). The research on Yunnan Province can provide the practical experiences for the later sub-epidemic as well as the lessons to remind the currently low prevalence areas of strengthening the prevention to HIV/AIDS among women in corresponding determinants.

In the thesis, seven determinants—the ethic of family and culture expectation; education and knowledge; migration; violence against women; stigma and discrimination; laws and policies as well as economic inequality are demonstrated to put women at lower status which leads to the greater risk of HIV/AIDS infection than men. And the analysis of the impact of gender inequality on HIV/AIDS also shows the importance of integrating gender into finding ways to empower women. Relevant

policies and activities aiming at vulnerable determinants can help enable women to make the transition from the periphery to the center of countering the epidemic.

When facing with HIV/AIDS among women in Yunnan Province, on one hand, top-to-down political commitments can reduce women’s vulnerabilities by improving their education, legal, health and economic situation. On the other hand, new actors, such as NGOs, public figures, etc. can contribute significantly to improve women’s inferior status, raise their awareness of HIV/AIDS as well as reduce the stigma and discrimination through launching various education and advocacy activities. Along with this process, new tools such as Internet can be useful to help advocacy and education activities. Besides, young people can play important role in advocacy, which can provide women with more access to HIV/AIDS prevention and care information and resources.

Only when the strengths of involved participants are made full use of and all-round cooperation are fully taken advantage of, all participants can significantly contribute to improve the efficiency of prevention strategies and activities, which not only will be in favor of improving women’s social status and raising their awareness of HIV/AIDS, but also can make for arousing the whole society’s attention to reverse the epidemic.

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