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**A CASE STUDY OF HIV PREVENTION
IN REFORM-ERA SHANGHAI**

FROM A RISK TO AN ENABLING ENVIRONMENT

Jacinthe Dumont

**Working Paper No 26
2008**

**Centre for East and South-East Asian Studies
Lund University, Sweden**

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ABSTRACT

The purpose of this study was to understand how the transformations taking place in reform-era Shanghai affected HIV/AIDS from a prevention perspective, both in terms of risks and opportunities. Three main questions were asked: what is the situation of HIV/AIDS in Shanghai, how are the transformations taking place in Shanghai during the reform era contributing to the creation of a risk environment, and how can an enabling environment emerge out of the reform-era context. Primary data was collected during an eleven-month fieldwork in Shanghai, and an environmental analytical framework was used to guide our analysis. We found that the rapid development of Shanghai since the 1990s was also accompanied by a serious increase in sexually transmitted infections and, more recently, HIV/AIDS. The greater influence of globalization processes in the open-door policy context combined with certain institutional changes would have contributed to the creation of a risk environment in Shanghai. On the other hand, we have argued that the emergence of new players and new tools in the reform era is promising from a prevention perspective, especially if current barriers to multi-sectoral participation and cooperation are removed.

Keywords: Shanghai, China, HIV/AIDS, STDs, STIs, IDU, globalization, institutions, multi-sectorality, multi-sectoral, civil society, NGOs, private sector, media, celebrities.

FOREWORD

This project took longer than expected due to the initial difficulty to access information in the field. I would like to express my sincere gratitude to my supervisor, Kristina Jönsson, and my previous director of studies, Marina Svensson, who never stopped to encourage me and give me precious pieces of advice throughout this “extended” research project. As well, I would like to thank my husband, Fran, for his patience during this whole process and my parents for their invaluable support. I am also indebted to my dear *saozi*, Jian, for helping me getting out of my linguistic nightmares. Last but not least, I am extremely grateful to all my Chinese friends and informants, who are anonymous here, but without whom this thesis would not have been possible. 谢谢大家！

ABBREVIATIONS

AIDS: Acquired immunodeficiency syndrome

CDC: Centre for Disease Control and Prevention¹

GONGO: Government-organized non-governmental organization

HIV: Human immunodeficiency virus

IDU: Injecting drug use/user

MSM: Men who have sex with men

NGO: Non-governmental organization

NPO: Non-profit organization

PLWHA: People living with HIV/AIDS

SCAWCO: State Council AIDS Working Committee Office

STD: Sexually transmitted disease

UN: United Nations

UNAIDS: The Joint United Nations Programme on HIV/AIDS

UNICEF: The United Nations Children's Fund

UNTG: UN Theme Group on AIDS in China

VCT: Voluntary counselling and testing

WHO: World Health Organization



Photograph: condoms and red ribbon collected in Shanghai 2006-2007

¹ Main governmental actor in HIV/AIDS prevention.

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1. INTRODUCTION

1.1 General introduction

Multicolour neon lights illuminate the city of Shanghai and its intertwined elevated highways at night. Science-fiction-like skyscrapers, night clubs, coffee shops and mysterious hair salons—where we can see young women waiting for clients but no hair products—are now part of the city landscape. Any movie or TV show popular in North America can be found at one of the countless DVD shops of the city. When taking a stroll on Nanjing West Road and Huaihai Middle Road, the passerby is invited to the universe of Gucci bags, Omega watches and Ferrari cars. A universe inaccessible to most people, but imbedded in the imagination of a reform era where “to get rich is glorious”. A reform era where sharp contrasts and staggering inequalities shape the day-to-day reality. The times of Mao Zedong seem ages away.

It is in this Shanghai of the reform era that this study on HIV/AIDS prevention takes place. This 20-million-inhabitant metropolis is particularly interesting from an HIV/AIDS perspective. Whether we consider its well established expatriate community, its 6 million migrant workers, the several millions of tourists and businessmen who visit the city each year or the 46 million passengers who travelled through Shanghai Pudong International Airport in 2006, one thing is clear: this city is characterized by a massive and constant inflow and outflow of people (Shanghai Tour 2007, Shanghai Tongji 2007, 7.19, Shanghai Daily 2007b; Z 2006, Lu 2006, China Daily 2007b). In this context, sexual exchanges between people from different origin are more likely to take place. In fact, the number of marriages between foreigners and Chinese in the city has increased from 826 in 1985 to 2943 in 2006, with a peak of 3447 in 2001 (Shanghai Tongji 2007:3.12). As if this was not enough, Shanghai is also one of the leaders in China’s urban sexual revolution and sexual norms are becoming increasingly permissive in the city (see Farrer 2002).

While Shanghai is not considered as a centre in the HIV/AIDS epidemic in China, as we shall see, risk behaviours are common in the city and the potential for an epidemic is real in the absence of prevention strategies. As well, an HIV/AIDS epidemic in a city with Shanghai’s characteristics could have a serious impact on the quantity of people affected and the geographical expansion of the epidemic, not to mention the economy.

1.2 Purpose and key questions

The purpose of this study is to analyze the relationship between the transformations taking place in Shanghai since the beginning of the reforms and HIV/AIDS, from a prevention perspective. This implies both the risks and the opportunities.

First, it is important to determine what the current situation of the epidemic in Shanghai is, as this can give us a better idea of the trends and the location of the risks². Yet, the scarcity of the governmental statistics on Shanghai combined with incomplete and often contradictory reports in the media³ make this task particularly difficult. As well, even though one can find many articles on certain subpopulations in Shanghai (e.g., Xia & Yang 2006, Xia & Yang 2005, Zhao et al. 2005 & 2006, Zhao & Yu 2001, Anderson et al. 2003 or He et al. 2007), the author is unaware of any study providing us with a global view of the situation of HIV/AIDS in the city. In most cases, when authors give data about the HIV/AIDS epidemic, it is about the epidemic in China and not specifically in Shanghai. In the few articles where data for the whole city of Shanghai is provided (Zhao 2005: iv85, Zhao & Yu 2001:341), the information is already outdated. The first chapter of this thesis will therefore try to fill this gap, and provide an introduction to the situation of HIV/AIDS in the city, based on information collected from different sources.

Second, once this has been established, we will try to understand how the transformations taking place in the reform era might have contributed to these infections. The centre of our analysis will be on the relationship between these transformations and the creation of a “risk environment”.

Finally, we will try to analyze how, on the other hand, the transformations taking place in the reform era are also facilitating, or have the potential to facilitate, prevention in the city. Here, the focus will be on the relationship between these transformations and the emergence of an “enabling environment”. One of the crucial elements that have often been mentioned in the literature on “efficient prevention strategies” is the need for a multi-sectoral participation:

[The HIV epidemic is] too multi-faceted for any single constituency (e.g. provincial clinics or local grassroots people) to deal with on its own. For this reason it is essential that HIV-prevention projects

² Xinjiang is known for its high infection rates among injecting drug users (IDUs) (see Gill & Gang 2006) while the epidemic in Henan is mainly formed by former blood donors. These two epidemics indicate different risks, but also the need for different answers.

³ See annex 1 for comments on this issue.

build alliances with the widest possible range of relevant constituencies, to ensure that a wide range of actors pool their resources and creativity in working to create a new approach that is relevant to the precise manifestations of the disease in question (Campbell 2003:57).

Surprisingly, even though there has been many articles on the development of civil society and other new players in the environmental field in China (e.g., Yang 2005, Wu 2004, Lee 2007, Ho 2007 or Yang & Calhoun 2007), the author is unaware of any study focusing specifically on the role played by new actors in HIV/AIDS prevention in Shanghai or China. Therefore, a special attention will be given to the emergence of these new players.

Thus, throughout this thesis, three questions will be explored: what is the situation of HIV/AIDS in Shanghai, how are the transformations taking place in Shanghai during the reform era contributing to the creation of a risk environment, and how can an enabling environment emerge out of the reform era context.

1.3 Delimitating remarks

HIV/AIDS is a multifaceted issue, and it is impossible to deal with all its aspects here. First, since the epidemic in Shanghai is still in its early stages, the focus will be on prevention rather than treatment. Second, without denying their importance, it is not the aim of this paper to address the medical, psychological and legal aspects of the epidemic. Instead, a special attention will be given to the socioeconomic and political processes driving the epidemic. Third, while the government remains the main actor in HIV/AIDS prevention in Shanghai and has been very active in the last few years, the third chapter of this thesis will focus on the emergence of *new* or *relatively new* actors in HIV/AIDS prevention, not on individual governmental initiatives. Finally, this is a case study of HIV/AIDS prevention in Shanghai and it is influenced by the local context of Shanghai. Therefore, its findings should not be automatically generalized to China.

1.4 Analytical framework

An environmental approach will be used to analyze the question of HIV/AIDS prevention in Shanghai. The environmental framework, used by Rhodes (2002), Rhodes and Simic (2005), UNAIDS (2002:81), Burris and Xia (2007), Barnett and Whiteside (2002) and this author, is part of a larger

trend in the literature on HIV/AIDS following the generalized failure of individual-oriented HIV/AIDS prevention interventions in Africa. It is an attempt to understand how certain broader factors or micro/macro environments can influence our behaviours, decisions or even the mere possibility of taking a decision. Other scholars use different terms to express a similar idea: “contextual factors” (Campbell 2003:10), “circumstances” (Ibid.:35), “contexts” (Ibid.: 2,37), a “cultural political economy of vulnerability framework” (Craddock 2004:6), “ecology of risk” (Lyons 2004:181), “situations of risk” (Ibid.: 181, 184) or “risk milieu” (Ibid.: 181, 185).

Rhodes and Simic describe “risk environment” as “a simple heuristic for researching multiple environmental factors that produce health risk” (2005). In a previous study on harm reduction, Rhodes also defined it as “the space—whether social or physical—in which a variety of factors interact to increase the chances of drug-related harm” (2002:91). Here we will use the definition provided by Barnett and Whiteside and adapt it slightly to the needs of this paper: political, “social and economical environments [...] in which infectious disease [such as HIV/AIDS and sexually transmitted diseases (STDs)] can expand and develop rapidly into an epidemic” (2002:73).

It is important to stress that this is *not* a deterministic approach: “[p]eople who inhabit a risk environment make decisions that are rational for them in their circumstances” (Ibid.: 84). Yet, circumstances do affect the decision-making process and the same person could have taken a different decision or acted in a different way in another context. As Amartya Sen wrote,

the freedom of agency that we individually have is inescapably qualified and constrained by the social, political and economic opportunities that are available to us. There is a deep complementarity between individual agency and social arrangements. It is important to give simultaneous recognition to the centrality of individual freedom and to the force of social influences on the extent and reach of individual freedom” (1999: xi-xii).

The decision of a person to become a sex worker can be strongly influenced by the context in which this person lives. As well, once this person works as a sex worker, the use of condoms can also be limited by a context of gender and economic inequality or social norms of masculinity, for example. If this person thinks that she might have been infected by HIV, the decision to get tested can also be influenced by the context. Are tests readily available? If the

person is HIV positive, will she face a fierce discrimination in her day-to-day life? Will she have access to treatment? These are all elements that intervene in the decision-making.

The environmental framework can enable us to understand why people decide to engage in certain behaviours, sometimes even knowing that they are unsafe. At the same time, it can also be useful to detect certain “enabling factors” in the environment that could be exploited in HIV/AIDS prevention. These can include, for example, “administrative, technological, political, economic, socio-cultural, and stakeholder factors” (Lusthaus et al. 2002: chap. 2). The ideal is to create an “enabling environment” in which prevention is more likely to be efficient and people are less likely to engage in risk behaviours.

The “environment” approach has already been used in the context of transition in Eastern Europe (Rhodes & Simic 2005). Here, we will attempt to use it in the context of the transformations taking place in reform-era Shanghai. Certain concepts such as globalization, glocalization, institutions and multi-sectorality will guide our analysis of the risks and enabling factors and be developed throughout the text.

1.5 Methodological framework

This non-experimental research has been designed as a case study. According to Yin, “[a] case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (Yin 2003:10). Here, not only did we study HIV/AIDS prevention in its real-life context during a fieldwork in Shanghai, but we also adopted an environmental framework which stresses this relationship between the phenomenon and the context. As well, the fact that we have very little control over the subject of our study and that our research questions aim to understand the “how” of a phenomenon also encourages the choice of a case study (Ibid.:1). Meanwhile, as is also proper of case studies, we intended to gather a full variety of evidence and use it in a triangulation fashion (Ibid.:8, 14).

1.5.1 Primary data

The primary data used in this thesis was collected during a fieldwork in Shanghai, from July 2006 to June 2007. It includes semi-structured and non-structured phone and face-to-face interviews, a semi-structured focus group, informal talks, an unpublished report sent by an official as a response to my questions, notes taken during several HIV/AIDS-related events I was invited

to, observations, and material collected on a day-to-day basis such as condoms, flyers, documents published or broadcast in the Chinese media⁴, and relevant artistic works. Informants include members of several student and non-profit organizations (NPOs), scholars, representatives of private companies, an official of the local Centre for Disease Control and Prevention (CDC) and a physician working at an STD hospital⁵. Here, it is important to note that the informality and unstructured nature of certain of these exchanges was dictated by the sensitivity still surrounding HIV/AIDS in Shanghai.

While surveys could have been a useful tool to study how sexuality is being reconstructed among the youth in Shanghai today or to verify their attitudes towards HIV/AIDS, STDs and safe sex, this could not be done without a permit or a local partner, which I did not have. Meanwhile, due to the sensitivity of the topic, it was crucial to “establish an atmosphere in which the subject [felt] safe enough to talk freely about his or her experiences and feelings” (Kvale 1996:124). In the field, this meant that tape-recording and the hiring of a personal interpreter was only possible once. In the other cases, the author had to rely on notes as well as on her own Chinese skills and on the English skills of the informants or other participants.

The “snowball” method proved to be the most efficient in the field, and this is how this author came into contact with most of the persons, organizations and events used as primary data. Very few initial informants replied after this author had contacted them directly, but these helped to start the “snowball” process⁶. Probably due to the sensitivity of the topic and the general importance of *guanxi* (relations) in China, being considered as “part of the circle”—or knowing people who were—was crucial to have access to people, events and information.

1.5.2 Secondary data

Governmental and UN agencies reports, as well as literature on HIV/AIDS, STDs, civil society, migration, globalization, risk environment and other topics relevant to this thesis, will be used as secondary data.

⁴ The author continued to collect online newspaper articles after she left China.

⁵ See annex 2 for more details on the primary data.

⁶ One person would introduce the author to others who would in turn introduce her to more people. Similarly, the participation in an event was usually followed by an invitation to participate in another.

1.6 Ethical considerations

All the people who helped me directly or indirectly for this thesis were aware of my research. Confidentiality was also clearly guaranteed to my interviewees. In order to ensure this confidentiality, I will omit the names of all my informants, including the ones who would not have objected to have their names mentioned. My experience in Shanghai shows that most people working on HIV/AIDS know each other. It is a relatively closed circle. Therefore, by naming some of my informants, I would facilitate the deduction of the identity of others. In some cases, I also had to eliminate basic descriptions of what these organizations do as I realized that it was easy to identify them with that information using an Internet search engine.

1.7 Disposition

This thesis will be separated into three parts. Each part corresponds to one of the three research questions. Therefore, in the first part, we will try to determine the situation of HIV/AIDS and STDs in Shanghai. In the second part, we will study the transformations taking place in the reform era from an HIV/AIDS risk environment perspective. And, finally, in the third part, we will focus on the “enabling” elements of the reform-era context, with a special attention on multi-sectorality. This will be followed by a conclusion.

2. THE SITUATION OF HIV/AIDS and STDs in SHANGHAI

2.1 Presentation of the data on HIV/AIDS

HIV/AIDS is present in all the 19 districts and county of Shanghai (Y: 2007⁷). The following is a table of the data I was able to collect on HIV/AIDS in Shanghai.

⁷ “Y” is an official from the Shanghai Centre for Disease Control and Prevention (Government). S/he prepared a report on the situation of HIV/AIDS in Shanghai and sent it to me in 2007.

HIV/AIDS in Shanghai: reported cases

	2005 (January- November 20 th)	2006 (January- November 20 th)	2007 (January- November 20 th)
HIV/AIDS cases since 1987	1506	2216 <i>(2313 by 06/12/31)</i>	2895
Estimated number of PLWHA	n/a	n/a <i>(3000 by 06/12/31)</i>	n/a
AIDS cases since 1987	164	219 <i>(226 by 06/12/31)</i>	291
AIDS-related deaths since 1987	77	97 <i>(100 by 06/12/31)</i>	120
New HIV/AIDS cases	356 <i>(445 by 05/12/31)</i>	621 <i>(718 by 06/12/31)</i>	582
New AIDS cases	n/a	46 <i>(53 by 06/12/31)</i>	65
New AIDS-related deaths	n/a	14	20
Local residents among new HIV/AIDS cases	78 cases 21.9%	122 cases 19.6% <i>(128 cases and 17.83% by 06/12/31)</i>	149 cases 25.6%
Migrants among new HIV/AIDS cases	271 cases 76.1%	499 cases 80.4% <i>(590 cases from 25 provinces and 82.17% by 06/12/31)</i>	433 cases 74.4% <i>(also includes individuals from Taiwan)</i>

Overseas residents (境外人员) among new HIV/AIDS cases	7 cases 2%	n/a	
Main transmission routes ⁸ (general)	42.8%⁹±2% IDU¹⁰ 30.8%¹¹±2% sex	53.8% IDU 22.1% sex	36.4% IDU 40% sex
Main transmission routes among residents	12.8% IDU 64.1% sex¹²	17.21% IDU 44.26% sex (52.4% sex by 06/12/31--heterosexual and homosexual)	9.4% IDU 61.7% sex
Main transmission routes among migrants	51.4% IDU 21.2% sex	62.73% IDU 16.63% sex (55.8% IDU by 12/06/07)	45.7% IDU 29.8% sex
Male/female ratio	4.4:1	4.5:1	4.4:1
Most common age	20-40	25-44	25-44
Cases corresponding to individuals in custody	n/a	341 cases 54.1%	213 cases 36.6%

Sources: Sina 2007, Shanghai Daily 2007a, Xinhuanet 2007b and 2006 a&b, People East Day 2007, Y 2007, Z 2006, China Daily 2007a, Sohu 2005, Df Daily East Day 2005, Sina 2005, People's Daily 2005).

⁸ While no official data has been published on this topic, it is believed that the infection rate in the MSM (men who have sex with men) community in Shanghai is on the rise: 1.5 percent tested positive in a 2004 survey of 477 MSM and 4.1 percent, in another survey of 513 MSM that only took place a year later (Y 2007).

⁹ Calculated by the author. It excludes the overseas residents, since the transmission means were not published for them. This is why a margin of error of two percent was added.

¹⁰ Injecting drug use

¹¹ See note no.9.

¹² In some articles, these percentages are used for the urban population while, in others (as well as in one of my interviews), they are used for all cases. Since the most detailed articles attributed these percentages to the urban population only, the author opted for this interpretation.

There were 2895 cumulative reported cases of HIV/AIDS in Shanghai as of November 20th, 2007¹³. Even though the first HIV/AIDS case was reported about 20 years ago in Shanghai, it is in these past three years that more than 60 percent of the cases were reported. This suggests that the epidemic is starting to establish itself in Shanghai and/or that more people get tested. According to Z¹⁴ (2006), both reasons are behind the increase of the past few years.

The epidemic is male-dominated and situated in the 20-44 age group. While I was unable to find data on mother-to-child and blood transmission in Shanghai, the reported data clearly suggests that injecting drug use and sex are the main infection channels in the city. The predominance of sex or injecting drug use varies along household registration lines, where sex is by far the main transmission means for local residents and injecting drug use for migrants. Another characteristic of the epidemic in Shanghai is that migrants account for most of the new reported cases: about 77 percent for the 2005-2007 period. While the number of new cases among the local residents does seem to be increasing each year, the predominance of the migrant population cannot be denied. Finally, as might be expected along with the normal evolution of the epidemic, the number of AIDS patients and AIDS-related deaths is slowly increasing.

2.2 Comments on the data

First, it is crucial to stress that this data only corresponds to the reported cases. Therefore, the actual number of cases could be much higher. Unfortunately, while the government estimates at the national level are highly publicized, the ones for Shanghai are hard to come by. The only estimate I was able to obtain for Shanghai was through Y's report. According to this report, while there were 2313 reported HIV/AIDS cases by the end of 2006, "experts" estimated that there were 3000 people living with HIV/AIDS. This number seems conservative to me¹⁵. There is a high probability that many cases go unreported due to the privatization of health services, a large migrant population with very limited access to health services, the often undetected

¹³ As a comparison, by the end of October 2007, there were 223,501 reported cases of HIV/AIDS at the national level and it was estimated that there would be 700,000 people living with HIV/AIDS (see SCAWCO & UNTG 2007 and China Daily 2007c).

¹⁴ Z is a scholar working on HIV/AIDS issues in China and Shanghai.

¹⁵ As a comparison, at the national level it has been estimated that 80 percent or even 95 percent of HIV carriers would not know their status (Gill, Bates et al. 2007:3). Unofficial estimates suggest that there could be up to 2 million HIV cases in China (Hyde 2007), as opposed to the 223,501 reported cases (see note 13).

link between certain opportunistic diseases and AIDS, and the prevalent stigma which deters people from getting tested.

Second, certain groups might be overrepresented in the data. For example, it can sometimes be difficult to determine whether a drug user was infected through sex or through injecting drug use. As well, since people in detention represent an important proportion of the new HIV cases (51.1 percent in 2006 and 36.6 percent in 2007) as opposed to HIV test volunteers (12 percent in 2006 and 10.7 percent in 2007) (People East Day 2007, Xinhuanet 2006b), there is a possibility that certain groups who might be more at risk of being detained—such as injecting drug users, “low-class” prostitutes¹⁶ or migrants—are overrepresented in the reported data. Based on his/her experience, Z estimated that the actual percentage of sexual transmission among the local population in Shanghai would probably be closer to 90 percent (2006). Yet, in order to verify this hypothesis about the detained population, further investigation and access to data that was unavailable to this author would be needed.

Finally, while it is impossible to know with certainty the situation of HIV/AIDS in Shanghai, the data can still give us an idea of the trends. Here, it seems that the epidemic has been gaining importance in the city in the past few years, that sex and injecting drug use are the main transmission means, and that migrants account for an important share of the HIV carriers in the city, although not necessarily as big as the reported data suggests.

2.3 STDs and HIV

STDs are a crucial element in the study of HIV/AIDS risks in an environment. First, the evolution of the incidence of STDs can be an indicator, to a certain extent, of the practice of unsafe sex in a society. Second, from a biological perspective, the presence of an STD can facilitate HIV infection:

“The presence of sexually transmitted diseases (STDs), particularly those involving ulcers or discharges, will greatly increase the odds of HIV infection. An STD means that there is more chance of broken skin or membranes allowing the virus to enter the body. Furthermore, the very same cells that the virus is seeking to infect will

¹⁶ Vincent E. Gil et al. (1996 :142) stress how “higher-status prostitutes who work in higher-class dance halls and clubs, or who cater as call girls to expatriates and foreign businessmen [...] are virtually immune from police harassment”. Thus, since people in detention represent a high percentage of the reported HIV/AIDS cases, it is highly probable that low-class prostitutes are over-represented.

be concentrated at the site of the STD because these cells are fighting the infection” (Barnett & Whiteside 2002:39).

According to Y (2007), the incidence of STDs in Shanghai has been increasing since the 1990s. In the past few years, there has been about 200-300 cases of STD per 100,000 persons in Shanghai, which is the highest incidence rate in China. Shanghai also has the highest syphilis incidence rate in the country with 55.3 cases per 100,000 persons in 2005 and 935 new reported cases only in March 2007 (Chen et al. 2007:134, China Daily 2007a). The actual incidence rates could be even higher since “STDs treated at hospitals, family planning centres, gynaecological clinics, pharmacies, and private practitioners go largely unreported, although these venues represent important access points for patients with STDs” (Chen et al. 2007: 135).

STD infection rates would be particularly high among certain groups such as migrants, men who have sex with men (MSM) and sex workers. While the local residents had an incidence rate of 220/100,000 in 2004, the incidence rate among the migrant population was as high as 320/100,000 in 2005 (Y 2007)¹⁷. As well, surveys of 2004 and 2005 would have shown a syphilis infection rate as high as 13 and 12 percent among MSM in Shanghai (Ibid.). In another 2004 survey on sex workers, 36.5 percent of the participants reported having had an STD (Xia & Yang 2005: 175).

The spread of STDs in Shanghai, in particular diseases like syphilis which cause genital ulcers, increases seriously the risks of HIV transmission and stresses the urgent need for efficient prevention initiatives. Meanwhile, the fact that the number of STDs started to increase significantly in the 1990s also seems to confirm Yang’s observation that “STDs in China tend to be identified with a high level of development” (2004:219). It is therefore primordial to study the relation between the processes taking place in the reform era and STDs/HIV, which is the aim of the next chapter.

¹⁷ Unfortunately, the data provided for the migrants and the local residents was not for the same year.

3. RISK ENVIRONMENT IN REFORM-ERA SHANGHAI

When you open the door, a few flies are bound to enter

(Deng Xiaoping in Farrer 2002:26).

The purpose of this chapter is to study how certain elements in the reform era might have contributed to the emergence of a risk environment from an HIV/AIDS perspective, i.e. an environment in which HIV/AIDS “can expand and develop rapidly into an epidemic” (Barnett & Whiteside 2002:73). This chapter will be divided into five parts: globalization and HIV, globalization and drugs, glocalization¹⁸ of sexuality, masculinity and the market, and migration.

The concepts of “institutions” and “globalization” will be used to analyze certain of the processes behind the emergence of a risk environment. Institutions are the rules of the game in a society, and can change over time. Meanwhile, what we call globalization today is this “deepening of the *extent* to which relations transcending geographical borders are now possible; the increased *speed* with which such relations are now taking place; and the *consequences* of such intensification of relations on political, economic and social levels” (Kinnvall 2002:5, italic added). Globalization is not entirely new as can be seen in the etymology of words in any language, the widespread use of Arabic numerals, the world-wide practice of certain religions or the legacy of Shanghai’s own history as a treaty port (see Farrer 2002:12, Henriot 2001, Hershatter 1999 and Cheng 1996:149). Yet, as stressed above, it is the significant intensification of this process over the last decades that makes it particularly interesting.

3.1 Globalization and HIV

In today’s globalized world, not only can ideas, products and people travel rapidly, but also contagious diseases. The 2003 SARS outbreak is a recent example of how infectious diseases can spread rapidly in a globalization context. It only took a few months to spread from China to many other countries, infecting as many as 438 people in a country located an ocean away, Canada (Health Canada 2006). The spread of HIV has also been intimately connected with the globalization context: “it has spread rapidly because of the massive acceleration of communication, the rapidity with

¹⁸ Here, we use “glocalization” to refer to the interaction, or “interpenetration” to use Robertson’s word (1995:30), between the “global” and the “local” in the construction of local norms, ideas, etc.

which desire is reconstructed and marketed globally, and the flagrant inequality that exists within and between societies” (Barnett & Whiteside 2002:4, see also Lee & Zwi 2003). To this, we could add the greater accessibility of international travel and the improvement of the road infrastructures, which facilitate the movement of people.

How global is the HIV epidemic in Shanghai and China? In China, eight subtypes of HIV have been identified: A, B, B', C, D, E, F and G (Xia 2004:10, see also Hyde 2007:51-52). While I was unable to find the equivalent data for Shanghai, I did find a study on a very small sample of HIV-1 carriers in the city: 17 haemophiliacs, 19 individuals infected through sex, 2 injecting drug users and 2 children infected through their HIV-1-positive mother. The subtype diversity among the small sample of 19 people infected through sex was particularly striking: A, B, B', C, CRF01_BC, CRF01_AE and intersubtype recombinant CRF01AE/B (Zhong et al. 2003).

This genetic variety of the HIV-1 epidemic in Shanghai and China illustrates to a certain extent the parallel diversity in the international exchanges that have been taken place since the beginning of the reforms¹⁹, and confirms that these have been accompanied in some cases by further exchanges in body fluid.

3.2 Globalization and drugs

The eradication of drug use is considered as one of the greatest victories of the Communist Party after the revolution. Yet, drug use re-appeared in the reform era. In 2004, there were already 1.4 million registered drug users in China and, according to unofficial estimates, the number could be as high as 12 million (Hyde 2006). In Shanghai, there were 32,000 registered drug users at the end of September 2007 (China Daily 2007d), and, here as well, the actual number is probably much higher.

Drug traffickers have benefited fully from the opening of the borders, the improvement of transportation means and road networks, and the greater facility to travel internationally in general. Most of the heroin consumed in China comes from outside the country:

¹⁹ The predominance of one or another subtype varies geographically: “HIV-1 subtype B predominates in industrialized countries as well as in Latin America and the Caribbean. Subtypes A and D are more common in Central Africa. Subtype C accounts for the majority of infections in southern Africa, parts of Eastern Africa and India. Interclade recombinant strains are relatively common and have been designated ‘circulating recombinant forms’ (CRF). Major CRFs are CRF_AG, prevalent in western Africa, CRF_AE, which predominates in south-eastern Asia, and CRF_BC, prevalent in China” (WHO 2007).

The majority of heroin and opium in the current Chinese market is brought from Myanmar into Yunnan Province or from Viet Nam into Guangxi Province, and then it is transhipped along inland trafficking routes to Sichuan, Guizhou, Gansu and Xinjiang or to Guangdong, Shanghai and Beijing (Qian et al. 2006:2).

Drug use, especially if injected and non-sterilized needles are shared, can seriously increase the risks of being infected by HIV. As well, some IDUs will sell sex to obtain drug, which increases even more the risk of infection. In Shanghai, more and more drug users are starting to inject themselves for cost-efficiency reasons:

A study conducted in Shanghai in 1997 showed that, at that time, injecting constituted only 22.7 percent of drug use. However, during an investigation in 2002, we found that this figure had tripled to 66.8 percent (Xia 2004:31).

As well, even though risk behaviours are less generalized in Shanghai than in poorer parts of China, in a study of 125 local Shanghainese IDUs, 88.7 percent reported having engaged in “at least one unsafe injection behaviour” and 48.8 percent, in “two or three unsafe injection behaviour”. Moreover, 25.5 percent of the participants reported multiple sexual partners in the last 4 months and 12.8 that they had sold sex for drugs (Zhao et al. 2006:S44-S45). While a larger sample including migrants would be needed to have a more reliable idea of the prevalence of risk behaviours among IDUs in Shanghai, especially since migrants account for most drug-related infections, this study still suggests that risk behaviours are common in that community.

Therefore, the increased accessibility of international travel, the opening of Chinese borders and the improvement of China’s road infrastructures not only facilitated the introduction of HIV/AIDS, but also of drugs and related risk behaviours in China. The combined presence of HIV/AIDS and risk behaviours constitutes a risk environment.

3.3 An uneven glocalization of sexuality

The “global” is constantly in interaction with the “local” in the construction of sexuality in reform-era Shanghai. This glocalization process is facilitated by a context of institutional changes. For example, the erosion of the social control role of the *danwei* (work unit) gives greater freedom to people in their

private life. At the same time, a new institution, the market, provides new spaces where sexuality can develop and be reconstructed, such as nightclubs or, in the case of the gay population, gay bars and men spas. As well, in the market system, many people have disposable money that they can use to consume leisure and all sorts of pleasures, including sex. Finally, the one-child policy, by disassociating sex from reproduction, opens the door to the reconstruction of sexual norms.

Most Chinese university students I spoke to in Shanghai watched or had watched exactly the same TV shows as their counterparts in America: *Prison Break*, *24*, *Lost*, *Sex and the City*, etc. These were all easily accessible on the Internet or in any of the DVD shops of the city. American movies and TV shows, the Internet, Asian pop stars, travel experiences abroad and contacts with foreigners can all influence the vision that Shanghainese have of sexuality, especially the youth:

Sexualized images of foreigners and foreign commodities are especially prominent in Shanghai discotheques. Rather than seeing this appropriation of the sexualized West as a self-marginalization, Shanghai youth understand themselves as participants in a global youth culture, consumers and contributors to a global flow of exoticized sexualized images (Farrer 2002:293).

Even high school students have developed a dating culture, augmented by images from the sexualized popular culture of American movies, Hong Kong pop songs, and Japanese teenage fashion (Ibid.: 184).

In the popular imagination, the West is often seen as a symbol of sexual “openness” or decadency, which includes premarital and extramarital sex. The use of Western bodies on some condom boxes also incarnates these connotations (see abbreviation page and annex 2.5). This imagination of a highly sexualized West enables some sort of global moral relativism where certain phenomena such as extramarital affairs and prostitution are justified because they are believed to be “normal” in other countries: “There are ‘little misses’ [xiaojie²⁰] everywhere, bars, discos, KTV, nightclubs, beauty parlors. If you don’t find them, they will find you. It’s like foreign countries. It’s like

²⁰ *Xiaojie* is often used to refer to prostitutes in Chinese.

America—very normal” (a 40-year-old unemployed man in Shanghai, in *Ibid.*:27).

This process of reconstruction of sexuality in a context of globalization and institutional changes has led to more permissive behaviours²¹. Premarital sex is increasingly accepted and practiced. In a 1999 study of “4,300 young intellectuals, young white-collar workers, young blue-collar workers, college students and high school students” in Shanghai, 70 to 80 percent approved of premarital sex (Xia 2004:14). In another study of 2580 couples who received a premarital physical exam in Shanghai in 1995 and 1996, “about 69.3 percent of the women were found to have had premarital sexual experience, with 39.9 percent being pregnant at the time or having been pregnant previously and with 89.5 percent of the latter having had an induced abortion” (*Ibid.*). In fact, it is said that over half of all abortions in Shanghai would be on unmarried women (Farrer 2002:288). This greater “freedom” in relationships is not limited to the population of single individuals as reflected in the growing divorce rates: “[t]he total number of divorces granted in 2000 amounted to ten times the number of 1980, and over forty per cent of the applicants for divorce cited an extramarital liaison as the immediate grounds” (Farrer & Sun 2003:5).

Yet, what is problematic is that global “safe sex” discourses have not been absorbed at the same speed as the global discourses on a more liberal sex behaviour. The role of the market in providing an easy access to condoms also seems to have lagged behind its role in providing sexualized leisure spaces. This is probably in part due to the fact that sex talks and contraceptive advertisements are still highly sensitive in China and Shanghai. While people do engage in premarital sex, they feel embarrassed to talk about sex or to buy condoms. A member of a student association in Shanghai mentioned to me that the problem for students was not the access to condoms, but rather that they simply felt too shy to buy them. Similarly, during an HIV/AIDS on-campus event in which condom boxes were distributed, I observed how many girls did not even want to touch the boxes and others would pass them as fast as possible to the next person in their row as if these little packages were contagious. Reactions of shyness regarding sexual issues have also been commented in the literature (e.g., Qian et al. 2007: 6-7).

²¹ This ongoing liberalization of sex can also be seen in recent literary works. The novels *The People's Republic of Desire*, *Shanghai Baby*, *Candy* and *Beijing Doll*, the previous online sexual diary of Mu Zimei or Rachel Dewoskin's autobiographical *Foreign Babes in Beijing* all introduce us to the new sexualized characters of reform-era China: the prostitute, the heroin addict, the pimp, the white collar misses, the gays and lesbians, the *laowai* (white Westerner), the foreign lover, the “third” person, the “second wife”, etc. Many newspaper articles have also mentioned this greater sexual permissiveness in urban China today, e.g.: BBC News 2003, Beech 2005, China Daily 2005b, Eimer 2005 and People's Daily 2005c.

This lack of open talk about sexual issues and contraceptives leads to a certain ignorance, low risk perception and unsafe behaviours. An example of this is this constant belief that one can judge if a person is infected by his or her appearance, when in reality it can take many years before an HIV-positive person develops AIDS and many people infected with an STD show no symptom either:

They assumed the women they were dating were “clean” because they were likable and “respectable”. Disease was associated with a separate world of commercial sex (Farrer 2002:290).

I know I might contract STI and AIDS doing such things (commercial sexual transactions). But I have been choosy, making sure that my clients are clean. I wash myself clean and ask my clients to do the same before we began. [...] Generally speaking, I don't use condoms. I only use them in the case of dirty clients (A karaoke singer from Shanghai in Xia 2004:54).

Similarly, a 2004 survey among female sex workers in Shanghai showed that even though almost all of them had heard of HIV/AIDS and most knew that their job could put them at greater risk, more than 50 percent did not think that they could personally get infected. The majority of them also claimed that they could determine if a person was sick by looking at them and that washing oneself before and after sex could prevent them from being infected (see Xia & Yang 2005:174).

The fact that the glocalization of a more liberal sexual culture is happening much faster than the glocalization of “safe sex” discourses is very dangerous. It significantly contributes to the creation of an HIV and STD risk environment in the reform era.

3.4 Masculinity and the market

The relation between masculinity norms and vulnerability to HIV/AIDS has been studied in literature on HIV/AIDS in Africa and elsewhere in the world. For example, Akeroyd explains how certain occupations—such as “[p]oliticians, diplomats, businessmen, sportsmen, and other, especially, powerful and/or rich men”—are often associated with a culture which sees promiscuity and relations with sex workers as a symbol of power, status and “virility” (2004:93).

In Shanghai, a similar phenomenon takes place in the reform era: “[i]n the market society emerging in Shanghai, masculinity is tied to ‘ability’ (*nengli*), a concept that combines economic and sexual potency” (Farrer 2002:16). Farrer and Sun also maintain that:

[a]mong private entrepreneurs a culture of masculine status competition produced strong social pressures among married men to engage in casual sexual one-upmanship. Within this male-dominated context, some younger women were hired explicitly for the “public relations” work of entertaining company guests (2003:11).

For a man to visit sex workers in a karaoke bar or to maintain lovers or even second wives²² is a source of status and perceived masculinity. This demand for sex workers also benefits from the existence of a supply, facilitated by the economical gains that women can achieve by selling their beauty or their sex in the market society and by the rising gender and rural-urban inequality in reform-era China²³. From an HIV/AIDS risk environment perspective, the way this reconstructed masculinity encourages promiscuity is problematic, in particular in the context of the unsafe sexual behaviours mentioned in the previous section.

3.5 Migration

Migrants account for an important share of Shanghai’s population *and* of the city’s HIV/AIDS cases. This section will therefore address the following questions: what are the processes driving this massive movement of people and how is this related to HIV/AIDS.

Probably inspired by global neoliberal discourses and classical unbalanced development strategies (see Binns 2002: 76-77), Deng Xiaoping’s development strategy prioritized economic growth and encouraged certain people and regions to develop first. This has led to a staggering increase in inequality, with China’s Gini coefficient rising from 0.28 in 1981 to 0.47 in 2004 (Chen & Wang 2001:3, World Bank 2007). This inequality is particularly strong between the rural and urban areas, and it has been estimated that if what is left of the urban welfare and grey incomes are

²² For descriptions or comments on the second wife phenomenon in reform-era China and Shanghai, see Farrer & Sun 2003:27-28, Lang & Smart 2002:554, Dewoskin 2005:152 and Pan 2006.

²³ For a more detailed account of gender inequality in the reform-era, how previous gendered job assignments disadvantage women today or the commercialization of women beauty in reform-era China, see Wang 2003.

included, “the ratio of urban to rural income would be as high as 6:1” (Li 2005:58). Rural citizens are increasingly aware of their relative deprivation thanks to the progress in communication technologies, transport and road network, and this serves as an incentive to move to the cities. Meanwhile, this migration has also been triggered by institutional changes. The dismantlement of the communes together with the establishment of a household responsibility system led to a surplus of labour in the countryside, which could free itself to go to the city. On the other hand, in the cities, the increasing role of the market and demand for cheap labour, the relaxation of the household registration system in terms of mobility restrictions, and the abolishment of the food coupon system enabled the inflow of migrants²⁴.

While the migration of people has often been associated with the migration of infectious diseases, this association cannot be automatically made in the case of HIV/AIDS. The exchange of specific fluids is needed for HIV to be transmitted. Recently, Sutherland has suggested a new approach to this migration-HIV link, by focusing on the origin of the migrants: “it is in fact regions with the highest numbers of HIV infections that are also those with the largest number of outward migrants” (2005:11). While it is indeed highly probable that some of the HIV-positive migrants in Shanghai were infected elsewhere, the fact that female migrants, for example, are overrepresented in commercial sex²⁵ suggests that many have also been infected after engaging in unsafe behaviours in the city. As well, a survey of migrant job seekers in Shanghai showed how 47.2 percent had had multiple sexual relationships (with low condom use), 12.2 percent had sold blood and 8.4 percent had taken drugs, all this *since they had left their place of origin* (Anderson et al. 2003:181-182).

Two main theories study behaviour changes associated with migration: the social isolation theory and the social control theory. The former accentuates the marginalization status and the denied access to opportunities in the city²⁶, which would in turn “lead to socially deviant and HIV risk behaviors in an effort to release the frustration and anxieties associated with economic marginalization and social isolation” (Yang et al. 2005:7). Meanwhile, the latter argues that “individuals behave in accordance with social norms because they fear the negative sanctions that may result from the violation of these norms”; “[o]nce anonymity prevails or individuals are detached from the

²⁴ For a more detailed description of factors encouraging migration, see for example Lei 2003:616-618, MacKenzie 2002:309, Mallee 2002: 142-143 and Solinger 1999:45-48.

²⁵ 97.9 percent of all female sex workers surveyed in a study of 2004 (see Xia & Yang 2006:171).

²⁶ In the case of China, this marginalization is particularly strong because the household registration system maintains the rural-urban divide within the urban setting.

social and normative control structure, they ‘can more easily contemplate deviance without much fear of being detected, reported, and caught’” (Ibid.:6). This theory is particularly relevant in countries like China where social control institutions are highly territorialized. A comment by a female migrant working as a hostess in Dalian city supports this theory: “Outside of this bar, whether in the city or in my rural hometown, no one knows where my money comes from” (in Zheng 2004:80). I would argue that a combination of both theories would be needed to explain why certain migrants get involved in risk behaviours.

The changes taking place in the reform era have strongly encouraged rural citizens to migrate to the city, but have not transformed these into “urban citizens”. The marginalization of the migrants, combined with the lax social control, the city’s anonymity and the supremacy of “money” in the reform era have contributed to create a risk environment in this population.

4. TOWARDS AN ENABLING ENVIRONMENT

While the rural-urban gap is unlikely to be solved in the short term, other elements of the risk environment, such as the prevalent ignorance and stigma, can be addressed now.

As well, certain enabling factors already present in the environment can play a crucial role in this respect. In this chapter, we will focus on the new players and new tools in the reform era and conclude with challenges from a prevention perspective.

4.1 New players

This section draws from the recent emphasis in the literature on the importance of multi-sectorality in the efficiency of HIV/AIDS prevention strategies (e.g., Campbell 2003:57, D’Agnes in Singhal & Rogers 2003:105, Barnett & Whiteside 2002:323). A multi-sectoral approach to HIV/AIDS involves actors from all spheres, including the government, the civil society and the private sector, and lies in the assumption that HIV/AIDS is too “multi-faceted for any single constituency[...]to deal with on its own” (Campbell 2003:57). Multi-sectoral participation is therefore seen as a crucial factor in the emergence of an enabling environment.

Some would argue that there is no civil society in China. There has been a heated debate in studies of China over the appropriateness of the term, which

is further complicated by a lack of agreement on a definition (e.g., Lewis 2002:519, Chamberlain 1993:207 and 1998, Madsen 1993, Chen Kuide in Ma 1994:187, Kwong 2004:1073, Uhlin 2002:153 or Van Rooy 2002). Here, we use the term civil society to refer to this growing group of actors and organizations who are *relatively* independent from the state and the private sector, with “relatively” being the key word. Even though NGOs that are not GONGOs²⁷ still need to “register with the Ministry of Civil Affairs or its subordinate institutions, as well as with a sponsoring institution (*zhuguan bumen*)”, which is also part of the state or party apparatus (Ho 2007:197, see also China Daily 2005a), it would be far too simplistic to assume that all these new actors are simply part of the government apparatus. As well, this would seriously underestimate the agency²⁸ of the members of these organizations. The control of the state over the civil society is too often exaggerated. Many organizations do not register or register as something else, and it is currently impossible to know how many civil society organizations there are in China. At a conference that I attended on this topic while in Shanghai, the numbers of “social organizations” or NGOs mentioned by the speakers ranged from 133,000 to 8 million! What is clear and important for the purpose of this thesis is that this group of actors has been growing significantly in the last few years and it could definitely play an important role in HIV/AIDS prevention.

Here, we will pay a special attention to three *new* or *relatively new* groups of actors in reform-era China, with a special emphasis on the multi-sectoral nature of their involvement when applicable: non-profit organizations and student associations, the private sector, and the media and celebrities. While we will not address directly governmental initiatives, it is important to note that the participation of new actors in HIV/AIDS prevention is facilitated by a governmental “enabling environment”. The 2003 SARS outbreak acted as a wake-up call for the new leadership on the importance of health issues, and facilitated the transformation of HIV/AIDS prevention into a national priority²⁹. This has also been followed by an invitation for non-profit organizations and businesses to join the prevention efforts (e.g., People’s Daily 2005b & 2006). Consequently, all the non-profit and student organizations working specifically on HIV/AIDS that I met in Shanghai were either founded in 2003 or in the years after, and the same could be said about the private sector HIV/AIDS projects I came into contact with.

²⁷ Government-organized non-governmental organizations. Please read Wu 2004 for more details.

²⁸ Here I refer to Sen’s definition of “agent” as “someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives, whether or not we assess them in terms of some external criteria as well” (1999:19).

²⁹ See, for example, Liu & Zhang 2005: 34, Pan et al. 2006, Wu Zunyou et al. 2007: 684 and Zhao 2006: 88.

4.1.1 *Non-profit organizations and student associations*

Non-profit organizations and student associations are increasingly involved in all sorts of issues in China, including HIV/AIDS prevention. They often use the government's own discourse on "harmonious society" to justify their existence and adopt a non-confrontational approach in their work: "NGOs do not mean anti-governmental organizations"; "we need to try the best of both worlds in a non-political format"; "we promote the government's strategy and don't mess around in areas that cause social unrest"; "we are helping the government, we are not against it" (field notes). Without denying the limits that this approach might impose on the organizations, it is important to stress that it is this non-confrontational strategy that enables them to exist within the semi-authoritarian context³⁰ and that, from an HIV/AIDS prevention perspective, it can also facilitate multi-sectoral cooperation and the development of bridging social capital³¹.

Here, I would like to introduce two of the non-profit organizations (A and B) and one of the student associations (A) that I met while in Shanghai, which, I believe, are particularly promising from an enabling environment perspective.

Student association A organizes peer education sessions³² on campus each week (picture on the right), where students share their knowledge and discuss HIV/AIDS and other sex-related issues with their fellow students. In that sense, it enjoys a high degree of homophily³³ and bounding social capital³⁴. Students also learn to develop life-skills³⁵ that are useful in HIV/AIDS prevention. They do role plays, theatre, brain storming,



One peer educator holds the banana, and the other puts the condom on it.

³⁰ This non-confrontational strategy has also been reported in the case of environmental NGOs, see Ho 2007:195 and Yang 2005:52.

³¹ The social capital which "links diverse groups with varying levels of access to material and symbolic power", "whose world views, interests and access to resources might be very different, but who have some sort of overlapping mutual interest (e.g. HIV-prevention)"(Campbell 2003: 56-57).

³² For a description of one of these peer education sessions, please refer to the corresponding section of annex 2.2.

³³ "[T]he degree to which two or more individuals to which two or more individuals who communicate are similar" (Singhal & Rogers 2003:173).

³⁴ "Such social capital bonds people in relationships characterized by trust, reciprocal help and support, and a positive common identity ('within-group' social capital). This is the kind of social capital that might arise from the development of close-knit, sex-worker, peer-education groups, or the

debates and all sorts of activities together. Sometimes, they also invite people to talk about specific topics. Once per year, physicians, psychologists and other experts are invited to train the peer educators. Association A is successful in creating a micro enabling environment where young students learn and talk openly about otherwise highly sensitive subjects, and where safe sex is dealt with in a very entertaining manner.

Meanwhile, organizations A and B are excellent examples of efficient bi-sectoral cooperation in HIV/AIDS prevention and of the roles that NPOs can play in HIV/AIDS prevention. These two organizations work with groups that are often stigmatized in society. They have hotlines and do outreach work as well. Most of the volunteers of organization A come from the same population as their clients. This translates into a higher level of bounding social capital. Meanwhile, organization B organizes all sorts of courses for its clients, not only related to HIV/AIDS prevention but also to their needs. This helps to gain this population's trust. Interestingly, both organizations A and B are registered, but not as "HIV/AIDS prevention NGOs". One is registered as an "advertisement business organization" and the other as a "counselling organization". This does not prevent them from enjoying an excellent cooperation relationship with the government, i.e. the local CDC. They do the outreach and CDC does the voluntary counselling and testing (VCT). They have the trust of the populations they work with, a trust that the government could difficultly get. On the other hand, the government has money, medical staff and the proper infrastructures for testing and treatment. By cooperating, they take advantage of each other's strengths for a common goal: HIV/AIDS prevention.

These three organizations show how the emerging civil society can contribute significantly to HIV/AIDS prevention in ways that the government could difficultly do. On the other hand, as noted by Clark, "NGOs will never be able to do many things or acquire the scale of government organizations. Their value is that they do *different* things" (2002:505). Thus, the bi-sectoral cooperation of organizations A and B should be the model to follow, where the strength of each actor is taken advantage of to achieve the common goal of HIV prevention.

strengthening of particular youth peer groups that have a commitment to HIV prevention" (Campbell 2003: 56).

³⁵ Life skills have been defined as "a set of psycho-social competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build health relationships, empathize with others, and manage their lives in a healthy and productive way" (United Nations 2003: 14).

4.1.2 *The private sector*

Since the beginning of the reforms, the private sector has been growing rapidly in China. As opposed to non-profit organizations, businesses often have more resources and better management skills. As well, in some cases (e.g. pharmaceutical companies), they also have access to a high level of expertise. This could all be exploited within a multi-sectoral HIV/AIDS prevention strategy, and is already starting to take place in China.

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria has established an office in China, and its members have been involved in all sorts of HIV/AIDS projects as part of their corporate social responsibility programs (see Asianet 2005 and the GBC webpage).



When some of the participants find out that they have been “infected”

During my fieldwork, I also observed how certain businesses participated in multi-sectoral projects and shared their expertise and/or resources with other actors. For example, the foreign owner of a restaurant provided rooms and snacks free of charge for two HIV/AIDS events while I was in Shanghai, and also organized an HIV/AIDS fund-raising event. S/he did not work directly with the people affected by HIV/AIDS but helped the ones who did. In another case, a representative of a foreign company came to give a presentation on how businesses and civil society could work together at a private gathering of non-profit organizations and student associations in Shanghai. S/he also taught the participants a small experiment³⁶ that they could use to make people understand how HIV/AIDS works (picture above). His/her company was involved in HIV/AIDS projects with journalists, students, medical practitioners, CDC and UN agencies in China. Meanwhile, a condom company had participated in a multi-sectoral project

³⁶ See annex 3 for more details on the experiment

together with CDC and a foreign agency in the past, and, on World AIDS Day 2006, a Chinese company, Lianhua, collaborated with CDC to put posters³⁷ all over one of its supermarkets in Shanghai (picture on the right).



Source: CCTV 9

The examples above show that the private sector has been playing a role in HIV/AIDS prevention in Shanghai and participated in multi-sectoral projects. Yet, there is still room for a much greater involvement of the sector. Virtually all the participants who showed up at a presentation of a UNAIDS official in Shanghai on “how the business sector could get involved in HIV/AIDS prevention” were from student and non-profit organizations instead of the private sector. This odd situation suggests that more efforts will be needed to encourage the participation of that sector, especially of the Chinese companies.

4.1.3 The media and the celebrities

While the media officially belong to the state in China, their commercialization in the reform era has led to a greater independency and focus on social problems (see Burgh 2003 and Svensson 2005:16), such as HIV/AIDS. The media can play a powerful role in fighting the ignorance, stigma and discrimination surrounding HIV/AIDS:

Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/AIDS. We must seek to engage these powerful organizations as full partners in the fight to halt HIV/AIDS through awareness, prevention and education (Kofi Annan in UNAIDS 2004:4).

³⁷ The efficiency in terms of prevention of these posters which only had the red ribbon, the date and “World AIDS Day” on them is questionable and this kind of initiative was far from being generalized to all supermarkets (I was not able to find any reference to HIV/AIDS in all the supermarkets where I have been on World AIDS Day), but it is still an example of a local initiative involving both a company and the government, and it can make some people think about AIDS.

Television can be particularly efficient in this sense as it reaches an important part of the population: it has been calculated that in 2003, each 100 urban households in Shanghai had 167.6 colour TV sets (UNDP 2005:171). Celebrities on the other hand can be highly influential in HIV/AIDS prevention: “[b]ecause of their position in the public eye, celebrities have the power to promote preventive health behaviour” (Singhal & Rogers 2003:93).

Here, I would like to give three examples of how celebrities and the media work together in HIV/AIDS prevention in China: a CCTV 1 gala, a report broadcasted by Shanghai Education TV, and a musical that I saw during an on-campus event. On World AIDS Day 2006, CCTV 1 organized a gala with two Western singers and many Chinese stars: Pu Cunxin, Peng Liyuan, Zhou Tao, Li Danyang, Jiang Wenli and Zhao Wei. The use of so many public figures served to draw the public’s attention on the sake of AIDS orphans, some of whom were also invited to speak. Meanwhile, Shanghai Education TV broadcasted a report starring a local hero, the Shanghainese NBA player Yao Ming, and the actor Pu Cunxin. The last part of the program was particularly useful to reduce the ignorance and stigma attached to HIV/AIDS as we could see Yao Ming touching, hugging and eating with HIV positive basketball player Magic Johnson, while giving information on HIV/AIDS and how it is *not*



transmitted. Finally, the musical *Love under the Sun*³⁸ involves many stars from both Hong Kong³⁹ and the mainland, and fights the stigma and

³⁸ It can be watched here: <http://av.aids120.cn/media/loveuts.wmv>.

ignorance associated with HIV/AIDS. A special attention is given to how the virus is and is *not* transmitted, all this in a very entertaining manner.

These are all good examples of how the media and celebrities can and have been used in HIV/AIDS campaigns in China, and more examples can be found here: <http://www.chinaaidsmedia.com/en/psa.html>. What is particularly interesting and promising of the examples listed above is that they are all the result of multi-sectoral collaboration involving celebrities, the media, the government and in some cases the private sector and international agencies⁴⁰. Yet, to increase their efficiency, they should be less concentrated around World AIDS Day.

4.2 New tools

Processes of globalization have made civil societies less limited by geographical boundaries (Uhlin 2002: 149).

The globalization, the market and the context of the reform era in general have led to new tools that can be used in HIV/AIDS prevention. Here we will study four of them: global discourses, the Internet, the mobile telephony and the combination of transport and communication.

4.2.1 Global discourses

In the context of globalization, “international regimes and conventions as well as multilateral agreements and global discourses can be used as points of reference for civil society groups targeting specific governments” (Ibid.: 161). This is also true in HIV/AIDS prevention in China. The World AIDS Campaign slogan “Stop AIDS, Keep the Promise” was translated into Chinese and present on almost all



Source: Gansu TV Station, World AIDS Day 2006

³⁹ As seen in section 3.3, Hong Kong stars are influential among Shanghai youth and their participation can therefore be positive.

⁴⁰ The CCTV 1 gala was the result of the collaboration between these celebrities, the Chinese Health Department, the State Council AIDS prevention work committee office (国务院预防艾滋病工作委员会办公室) and CCTV. As well, since the following actors are thanked at the end, it is highly probable that they also contributed indirectly: UNICEF, UNAIDS, the US-China AIDS Foundation and Nanjing Pacific Ocean TV Communication Co., Ltd (京太平洋电视传播有限公司). Meanwhile, the Shanghai Education TV program was also the fruit of the cooperation between the involved celebrities, China AIDS Media Project, the NBA, and the Chinese Health Department. Finally, *Love under the Sun* was the result of the collaboration between the PRC Health Department, the Hong Kong Health Department, the Hong Kong TV station and many celebrities from both the mainland and Hong Kong.

HIV/AIDS posters on World AIDS Day⁴¹. As well, the World AIDS Day itself is used at the local level to justify the organization of all sorts of HIV/AIDS-related activities. The fact that many Chinese students working on HIV/AIDS use some English words when talking about their work⁴² also suggests a “global” influence in their “local” initiatives.

4.2.2 The Internet

According to the official statistics, 9.57 million households in Shanghai used Internet in 2006 (Shanghai Tongji 2007, 14.15). This number seems extremely high and I was unable to access the methodology used to calculate it. Yet, what is clear is that Shanghai is one of the Chinese cities with more Internet users. This is also reflected in the July 2007 Statistical Survey Report on the Internet Development in China, which states that Shanghai accounts for 7 percent of the IPv4 addresses, 22.7 percent of the websites, as well as 18.7 percent of the domains and 23.3 percent of the “.cn” domains in China (CNNIC 2007: 66-67). The generalized use of the Internet in the city, especially among the youth, should be taken advantage of in HIV/AIDS prevention.

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. This itself is a strong asset in a country where sex, homosexuality⁴³ and HIV/AIDS-related issues are still highly sensitive. The Internet can also be particularly useful for HIV/AIDS prevention organizations as it enlarges significantly their pool of resources and their networking possibilities. Meanwhile, the Internet can also be used in combination with the television, where the television rises people interest for HIV/AIDS in the first place⁴⁴ and the Internet is used as a follow-up opportunity.

All the people involved in HIV/AIDS prevention that I met during my fieldwork made some use of the Internet in their work. In all cases, the email was used and in some, BBS, chats and websites were also used. One of the organizations had its website and hotline number printed on the condom

⁴¹ See also the section on vending machines of annex 2.5.

⁴² Author's observation during her fieldwork in Shanghai.

⁴³ See Liu & Choi 2006 for a description of social discrimination and stigma faced by MSM in Shanghai and Sun et al. 2006 (sections on the natal family and the straight world) for a description of the sensitivity still surrounding homosexuality in the city.

⁴⁴ The television can play a crucial role in getting people's attention on HIV/AIDS as users enjoy less freedom of choice than on the Internet. Therefore, a news item on HIV/AIDS broadcasted on television is more likely to be watched by people not interested in the subject than the same news item on the Internet where people enjoy a greater freedom in their selection of information.

boxes it distributed. Meanwhile, URLs were sometimes provided in TV programs or news items on HIV/AIDS, e.g.: www.aids333.com; www.aids.org.hk. The use of the Internet in Shanghai more than doubled between 2003 and 2006 (Shanghai Tongji 2007, 14.15) and I expect its use in HIV/AIDS prevention to increase as well in the next few years. Especially due to the anonymity that it provides, which encourages open discussion, the Internet can contribute to the emergence of an “enabling environment” if well exploited.

4.2.3 The mobile telephony

In 2003, there were 133 mobile phones for each 100 households in urban Shanghai (UNDP 2005: 172). All my informants’ cards had a mobile phone number written on them. Sending text messages is a very popular activity among the young and not so young in China. For example, during the Chinese New Year, many Chinese send each other jokes and greetings. During the SARS outbreak, many text messages were circulating on that topic as well (see Yu 2007). Unsolicited text messages are also common, and when I visited Hangzhou last year, I automatically received a message on my phone from the tourist office. Text messaging is not only a new technological asset but has also become part of the culture, especially among the youth. This should be exploited and fun safe sex messages could be sent this way to the population. As Singhal and Rogers stressed, “attributes of a culture that are helpful for HIV/AIDS prevention, care and support programs should be identified and harnessed” (2003:217).

4.2.4 Transport and communications

The combination of the evolution of communication technologies with the improvement of transportation means has also facilitated the creation of a network among people working on HIV/AIDS issues: “[l]ike the transnational business community, NGOs have been brought closer together by new speeds and lower prices of communication, by fax, telephone, cyberspace and cheap air travel” (Townsend et al. 2002:534). For example, people from all over China and from Canada, the United States, Japan, Thailand and Hong Kong came to Shanghai in 2006 to participate in an International Symposium on “Urbanization, Gender and Public Health”. This led some of the participants, both Chinese and foreigners, to plan a common project on HIV/AIDS prevention in Shanghai. Meanwhile, one of the student associations I met (B) offered opportunities for students to do volunteer work in HIV/AIDS projects abroad. All this is possible thanks to the progress in

communication and transport. This networking enables a positive sharing of resources and experiences that can only be useful for prevention strategies.

4.3 Challenges

We have seen how the emergence of new actors and new tools can contribute significantly to the creation of an enabling environment from a prevention perspective. Yet, certain factors jeopardize the efficiency of these new actors in their work and the opportunities for a positive multi-sectoral collaboration.

First, most local NGOs and in particular the ones that are not registered as such face serious financial constraints because they are not allowed to fund-raise (see, for example, Lee 2007:285). This in turn limits what they can do.

Second, there is a constant conflict between the goals of the Public Security Bureau and the ones of the Ministry of Health. Even though a 100 percent condom use program⁴⁵ would be very useful to create an enabling environment for sex workers to engage in safe sex, this is still not possible in Shanghai. The problem that many informants mentioned is the obligation that the police have to arrest sex workers and the fact that condoms are often used as an evidence of commercial sex to justify these arrests. Some entertainment sites have refused free condoms, because they were afraid that this could be used against them if there was a police raid (Xia 2006). Recently, on World AIDS Day 2007, it was announced that police officers would no longer be able to use condoms as evidence of sex work (Shanghai Daily 2007c). Yet, even though this is announced as something new, already in 1998, a regulation on “Principles for HIV/AIDS Education and Communication” stipulated that “condom possession should not be used nor be taken as a proof of prostitution” (UNAIDS 2002: 32). The “reminder” is welcomed, but it is too early to know if it will be enforced this time.

Third, there has been an increase in state control over non-profit organizations⁴⁶, which has been attributed to a fear of losing control after the “colour revolutions” in former communist countries (Ho 2007:197). Some of my informants commented that they were increasingly monitored and one named the Orange Revolution in Ukraine as the cause. None of the organizations I met was involved in work against the government. Instead, their goal was the same as the government: preventing HIV/AIDS from

⁴⁵ This kind of programme has been implemented in establishments where commercial sex is practiced in several Asian countries and in other Chinese cities. The pilot projects in China have been particularly successful. See Rojanapithayakorn 2006 and WHO 2006?.

⁴⁶ This happens at the same time as the central government encourages the participation of non-profit organizations in all sorts of issues.

spreading in the city. They saw their role as complementary to the one of the government, not antagonistic. This climate of distrust and intensified monitoring does not help these actors to develop themselves and contribute to HIV/AIDS prevention in an efficient way. It also hinders a positive multi-sectoral cooperation.

Finally, while sex and injecting drug use are the main infection channels in Shanghai, most of the information provided in the media and conferences while I was in China was on AIDS orphans. AIDS orphans are seen as innocent victims as opposed to sex workers and drug users who are portrayed as “social evils”. This is further incremented by the fact that the eradication of prostitution and drug use was one of the biggest victories of the communist party after the revolution. This leads to a situation where what would be most efficient in terms of prevention in Shanghai is not dealt with. In one of the university events I attended, no presentation was related to HIV/AIDS in Shanghai. While members of two organizations working with marginalized groups in Shanghai were sitting in the room, they were not allowed to speak because their work had been deemed “too sensitive” by the university. In another on-campus event, a physician spoke about HIV/AIDS transmission by blood in central China, but did not mention anything about the other transmission means which are the most important in Shanghai. The focus on issues which are far away from Shanghai’s reality because these are “less sensitive” is problematic and reduces significantly the efficiency of these events or news items in terms of prevention in the city.

5. CONCLUSION

The rapid economic growth and development of Shanghai since the 1990s have been accompanied by an increase in STDs and, more recently, HIV infections. Globalization processes, the open-door policy and certain institutional changes have contributed to create a favourable environment for the entry of HIV/AIDS into China, as well as drugs and their related risk behaviours. In some cases, it is the unevenness of their influence that is behind the risks. The glocalization of more liberal sexual norms and the construction of a more promiscuous culture among male entrepreneurs outpaced the glocalization of safe sex discourses. As well, while different institutional changes and the relaxation of the household registration system encouraged migration, the household registration system’s perpetuation of the rural-urban divide within the city has marginalized migrants and limited their

opportunities. This situation of marginalization combined with the anonymity of the city and the intimate relation between status and money in the reform era has led certain migrants to engage in risk behaviours. All these elements have contributed to the emergence of a risk environment.

Yet, at the same time, we have found many enabling elements in the environment that can be exploited in HIV/AIDS prevention. New actors and new tools can contribute significantly to the efficiency of prevention, especially when the strengths of each actor are taken advantage of in a multi-sectoral cooperation. However, in order to fully benefit from these new enabling factors, certain issues should be addressed such as the constraints on organizations' financing, the climate of distrust, the role played by the Public Security Bureau, and the taboo surrounding the most important prevention topics.

This study has explored the processes and actors involved in HIV/AIDS prevention in reform-era Shanghai. Yet, further research is needed. As well, it would be interesting to inquire on how sex workers, their clients, drug users or students perceive the risk and enabling factors in their own environment, as certain elements that are crucial for them might have been missed from the outside.

If the barriers to efficient multi-sectoral participation and cooperation are removed, the future of HIV/AIDS prevention in Shanghai could be promising. As stressed by UN Secretary General, Ban Ki-Moon, “[i]f we have learnt one lesson beyond any other in the past 25 years, it is surely this: only when we work together with unity of purpose can we defeat AIDS—unity among Governments, the private sector and civil society” (UN 2007).

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⁴⁷ Authors' own translation.

ANNEX 1 : Comments on the data published by the media

Many articles tend to be published on the same subject by the same newspapers, but only few of them provide enough data to have a general idea of the epidemic situation. What I find more problematic though, is how the data provided by the media is sometimes misleading, especially in the titles. Titles are important, because they are often the only information that reaches people who do not have any interest in HIV/AIDS.

Here, we will take Xinhuanet as an example. The title of an article published on Xinhuanet on November 21st, 2007 was “上海今年77人感染艾滋病毒 逾七成为高学历者” (77 people were infected by HIV in Shanghai this year—More than 70 percent have high educational background). This title can imply that there were only 77 cases in the city of Shanghai in 2007. Yet, in the article we realize that these cases are *not* for Shanghai city, but *only* for the Shanghai Public Health Clinical Centre. This fact is not emphasized in the text, but it is clear that the source of this data is the Shanghai Public Health Clinical Centre. A few days after this article, on November 30th, different statistics were published for Shanghai, this time by the Shanghai Health Bureau: 2895 cumulative cases and 582 new 2007 cases as of November 20th. Yet, this time, Xinhuanet did not mention the number of cases. Instead, the title of the article was “上海艾滋病报告感染人数下降” (The reported number of AIDS infected people in Shanghai falls). In both articles, the title can have a negative impact on the “risk perception” of the reader. A year before, Xinhuanet published 2 articles on the same day with titles leading to different conclusions. In the first one, we could read how sex was the main transmission means while, in the second one, we could read that drugs were the main infection channel (which was the correct information at that time): 上海市今年新增艾滋病病人46例—以性传播为主 and 上海艾滋病感染者 621 例—传播途径多为吸毒 (Xinhuanet 2006a &b). This can be confusing. As well, in the case of readers who only read the first article or the first article’s title, they might have stayed with the wrong conclusion.

Finally, sometimes, there are contradictions in the texts as well. For example, I realized after reading several articles on HIV/AIDS in Shanghai in 2005 that the same data on the transmission means was used by some authors to describe the epidemic in the total population of Shanghai while it was used by others to describe only the local resident population. Since the articles associating this data with the urban population were much more detailed and

complete, the author opted for this interpretation. Yet, more attention should be put on the accuracy of the information transmitted by the media on HIV/AIDS issues.

ANNEX 2: Primary data

2.1 Informants

Government: Shanghai Centre for Disease Control and Prevention
Y, an official from the CDC, prepared and sent me an unpublished report as a response to my questions. The report provided statistics and information on the HIV/AIDS epidemic, STD infection rates, certain challenges and the government's strategy.

Scholar

Z is a scholar and expert on HIV/AIDS issues. I interviewed him/her in his/her office in Shanghai (semi-structured interview). The interview was tape-recorded and an interpreter was used. S/he gave me an overview of the situation of HIV/AIDS in Shanghai and China, the geographical differences and the differences within Shanghai. As well, we discussed issues such as the actors involved in prevention, the current challenges from a prevention perspective, the lack of sexual education at school, the lack of impact of the new regulations on the day-to-day lives of HIV/AIDS carriers, and the difficulty for the police to collaborate in HIV/AIDS prevention.

Physician at an STD hospital

W is a physician working at an STD hospital. I called him/her in 2007 for an informal phone interview. The interview was short and unstructured, as it was unplanned. S/he explained to me that this hospital receives 150 to 200 patients every day and that an NGO working on HIV/AIDS prevention is permanently located inside the hospital. The patients come from very different backgrounds, but there are a lot of sex workers among them.

Representative from a private company

In 2007, I interviewed by phone a representative of a private company involved in all sorts of multi-sectoral initiatives as part of its corporate social responsibility program (semi-structured interview).

Representative from a condom company

In 2006, I had an informal chat by phone with a representative of a condom company that has been involved in a multi-sectoral project in the past and that was currently selling condoms at a low price to migrants and sex workers.

Organizations A and B

See section 4.1.1 for information on these organizations. I organized a focus group with organizations A and B. I also met them in different meetings. Organization B has particularly interesting flyers. They put casual information on the front page and STD/HIV-related information in the inside pages. This way, people are not embarrassed to take the flyer, and still get the information.

Student association A

See section 4.1.1. and the section on “peer education” of annex 2.2.

Student association B

Student association B is an international student organization that does not focus only on HIV/AIDS issues. Nevertheless, when I was in Shanghai, one of their important projects was related to HIV/AIDS prevention. They organized a conference on the topic and offered opportunities to do volunteer work in HIV/AIDS prevention abroad.

Student association C

Student association C is closer to the university and governmental apparatus. They organize HIV/AIDS prevention campaigns on campus and have a BBS. I spoke to the director on the phone and looked at their BBS.

Student association D

Student association D is private. I only had an informal talk with some of its members. They have activities each week on gender, sex and other issues: discussions, movies, etc.

Other informants

I also had more informal talks with different scholars, students, non-profit organization members, a gay activist and other representatives from the private sector.

2.2 Events

On-campus workshop on homosexuality

There was a presentation on how to create a gay-friendly campus made by a foreign student and another presentation by a Chinese gay activist. This was followed by a discussion on a variety of issues related to homosexuality.

On-campus conference on civil society

There were presentations by members of NGOs and a professor from the sociology department. This was followed by a discussion.

On-campus lecture on the situation of HIV/AIDS in Central China

A medical practitioner had been invited by one of the student associations to make a presentation and raise awareness on the situation of HIV/AIDS in Central China.

On-campus event on HIV/AIDS

A multinational company talked about its work with orphans in Yunnan and a Shanghainese NGO presented its work in Central China. Meanwhile, student association B presented its HIV/AIDS internship program. The musical *Love under the Sun* was also presented. There was a short discussion session and an organization distributed condoms towards the end of the event.

Private gathering of non-profit and student organizations

The organization of this event was a very interesting initiative by a Westerner in Shanghai who wanted to increase the networking between local organizations so that they could all make use of their respective strengths in their projects. After presentations by a UNAIDS official, a representative of a private company and a leader of a non-profit organization, all the participating organizations introduced their work and this was followed by a heated discussion on the issues relevant to them. Certain organizations learned about each other for the first time at this event, but the contacts continued afterwards.

Public conference on HIV/AIDS

A UNAIDS official made a presentation on how the businesses could get involved in HIV/AIDS prevention. As well, two Shanghainese non-profit organizations presented their work on HIV/AIDS in Central China.

Academic symposium

I attended a two-day international academic symposium on “Urbanization, Gender, and Public Health” where many topics were related to HIV/AIDS in China.

Peer education session

I had the opportunity to attend part of one of student association A’s peer education sessions while in Shanghai. There was a brain storming, which was followed by a debate in front of the class on one-night stands. Then, there were two role plays to practice the “right to say no”. The peer educators took one male and one female among the participants. They turned off the light to create an atmosphere. In one of the role plays, the male had to convince the female to have sex with him, and she had to refuse. In the other, it was the other way around. These role plays were hilarious as the students came up with very original ideas and arguments. Everybody was laughing and had fun. At the same time, it was a great exercise of negotiation skills. After that, the peer educators made a presentation on how to put a condom on a banana. Then, two of the participants were asked to come in front of the class. One had to read aloud the instructions on the condom box and the other had to execute them by putting correctly the condom on the banana. The fact that one had to read the instructions aloud meant that if the participant had not known how to put it, he would not have had to suffer that humiliation. As well, since we could all listen to the instructions, the information was useful for all of the participants. The peer education session concluded on a talk where it was stressed by the peer educators that abortion and morning after pills were not good for the woman’s body, and where the participants were encouraged to name other contraception means that they knew. It was a very open atmosphere, where students could talk openly about subjects which are still taboo in China.

2.3 Artistic works

The following were read or watched by this author: the novels *People’s Republic of Desire*, *Shanghai Baby*, *Candy* and *Beijing Doll*, the paper edition of Mu Zimei’s blog, *Mu Zimei: Journal sexuel d’une jeune Chinoise sur le net*, the autobiography *Foreign Babes in Beijing*, the movie *Lanyu* (a homosexual love story based on the internet novel *Beijing Story*), the documentary *The Blood of Yingzhou District* and the musical *Love under the Sun*.

2.4 Media

I tried to listen to a late-night radio program which dealt with sexual issues after it was recommended to me by a student. I also listened to 2 AIDS-related news items on the radio while taking a taxi back home on World AIDS Day 2006, and read many AIDS-related news items on the Chinese online newspapers. On World AIDS Day, I also recorded HIV/AIDS-related programs on CCTV1, CCTV4, CCTV9, Gansu TV, Shanghai Education TV, XZTV (Tibet TV), Guangdong Satellite TV and South-Eastern Satellite TV. The examples already mentioned in section 4.1.3 and the documentary broadcasted by XZTV were the ones that I found the most impressive. XZTV presented the documentary *Julia Story*, where a student explains how she got infected while having premarital sex with her boyfriend and the fierce discrimination she faced afterwards. Even though I doubt that XZTV has the same audience rate as CCTV1, this documentary could be a very useful prevention tool in Shanghai, especially among the youth.

2.5 Condoms

As a result of the collaboration between CDC, the family planning authorities and private companies, condom vending machines have been installed in many areas of Shanghai. The concentration of condom vending machine was particularly high in the neighbourhood around Fudan University, where I was living. The link between the use of condoms and HIV/AIDS is clear on most of the boxes and vending machines, although not on all of them. As well, many have started to use the term 安全套 (security sheath) instead of 避孕套 (avoid pregnancy sheath), or to combine both expressions, to refer to condoms. This is positive as the older term, 避孕套, only connotes the contraceptive usefulness of condoms and not their efficiency in preventing sexually transmitted diseases. Ailunsi condoms⁴⁸ were the most common in the vending machines of my neighbourhood. They not only use the word 安全套 (safety sheath), but also state clearly the relationship between HIV/AIDS and the use of condoms on their condom boxes: “prevent AIDS, STDs, please use a condom”. Some also put some words and slogans on their packages that can appeal more to people than a reference to disease: 我爱你 (I love you), 让爱在安全中释放 (let love release itself in safety), 安全的才是快乐的 (only when safe can it be happy), 安全的性是快乐的性 (“safe sex is happy sex”, but translated in English on the box as “safer sex is hot sex!”).

⁴⁸ See condom boxes with red AIDS ribbons on page 49.

 <p>金西 e condoms 润滑型橡胶避孕套</p>	 <p>CALANSI 一只装 预防艾滋病、性病， 请使用安全套</p>	 <p>预防艾滋病、性病 请您正确使用安全套 CALANSI 让爱无所不在 www.alunsi.com 北京艾伦斯保健康品有限公司 联系地址：北京市朝阳区高碑店乡高碑村金源时代 商务中心2号楼B座2-6A 联系电话：010-68602828 邮编：100089 生产地址：北京市平谷区峪口乡花村工业小区</p>
 <p>高印 GOBON 爱无忧 橡胶避孕套 1只装 光面</p>	 <p>男子汉 STRONG MAN 一只装 预防艾滋病、性病 请您正确使用安全套 北京艾伦斯保健康品有限公司 联系地址：北京市朝阳区高碑店乡高碑村金源时代 商务中心2号楼B座2-6A 联系电话：010-68602828 邮编：100089 生产地址：北京市平谷区峪口乡花村工业小区</p>	 <p>男子汉 STRONG MAN 预防艾滋病、性病 请您正确使用安全套 www.alunsi.com 北京艾伦斯保健康品有限公司 联系电话：010-68604560 88954415-298 联系地址：北京宣武路劲松东里 邮编：100095 生产地址：北京市平谷区峪口乡花村工业小区</p>
 <p>3 PCS Glossy ultra thin 第6感 SIXSEX PREMIUM CONDOM 天然胶乳橡胶避孕套 超薄平肩型 避孕套</p>	 <p>climaX 健馬 优质进口安全套 LUBRICATED LATEX CONDOM 168 QUALITY YOU CAN TRUST</p>	 <p>安全的性是快乐的性! Safer sex is hot sex! 安全套 自有一套 2008</p>
 <p>durex 天然胶乳橡胶避孕套 安全套 together 激情装 3 regular, extra lubricated condoms 加倍润滑 杜蕾斯</p>	 <p>durex 天然胶乳橡胶避孕套 安全套 excita ribbed 螺纹装 3 ribbed condoms for greater pleasure 更强烈的快感 杜蕾斯</p>	 <p>Shenle 申乐 橡胶避孕套 Condom Fruity Flavor 安全套才更快乐的 This night is better</p>

The two most common vending machines in the neighbourhood



On these two vending machines, the term used is 安全套 (safety sheath). As well, we can read 遏制艾滋病履行承诺, which is the Chinese translation of the World AIDS Campaign slogan “Stop AIDS, Keep the Promise”. On the one on the right, we can also read 让爱无所不在, which would be something like “let love be omnipresent”. This is also positive as it associates “love” with the use of condoms. In the vending machine on the left, we could choose between different types of condoms (1, 2 or 3 yuan) while the one on the right only sold 1-yuan condoms.

Vending machine on the Fudan University Red Cross building



Here, the term 安全套(safety sheath) is also written on the machine, but only避孕套 (contraception sheath) was written on the one-yuan condom box that came out of it (see first box on page 49). On this machine, there was no direct reference to HIV/AIDS. Instead, we could read 不该做的时候不要做，要做的话请用它 (When you should not do it, don't do it. If you have to do it, please use it) and 为了您的幸福健康，请使用安全套 (For the sake of your happy health, please use a safety sheath, i.e. condom).

Comments

As mentioned in this thesis, access to condoms is not a problem. I personally had never seen as many condom vending machines as in the Fudan area. Yet, I only saw one person in the whole year buying some. This is obviously not a reliable measure of the use of these machines, but it is clear from what my informants told me that access to condoms is not enough. The taboo and embarrassment surrounding sex act as a strong barrier against the purchase of condoms. As well, the fact that the intrauterine device has been the preferred contraception means in Shanghai instead of condoms (see Che & Cleland 2003:51) also makes the use of condoms less “natural” during the intercourse.

ANNEX 3: Details on the experiment

Each of us was given a tube with a liquid inside which, we were told, was fresh water. In one of the tubes, there was another substance, but this information was not given to us. We had to use a straw and exchange a bit of our fluid with 3 different persons. Afterwards, all our tubes were tested, and almost half of us had got “infected”. The infected fluid had turned fuchsia. This experiment was recommended to make people understand the HIV/AIDS phenomenon and the need to protect themselves. All the liquids looked the same, and we did not know who had “it” and who did not.