

Human Insecurity in Twenty-First Century China: The Vulnerability of Women to HIV/AIDS.*

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This paper uses the formidable global source of human insecurity HIV/AIDS, to argue that gender perspectives should become an integral part of mainstream human security discourse. The proposition of the paper is that while discussions on human security have attempted to encompass threats to humanity as a whole, interpretations of such threats have primarily been male-oriented and have largely failed to recognise the exceptional threats faced by women. In recognising that women face unique threats to their security, it is necessary that these additional threats become incorporated into mainstream discussions of human security, rather than being relegated to a sub category or a footnote. The unique vulnerability to HIV/AIDS transmission of women in the People's Republic of China (PRC), is examined in the context of this proposition, and evidence is offered to support the argument that a gendered analysis of human insecurity is certainly relevant and necessary in mainstream human security discourse.

Defining Human Security

Since the 1990s, the discourse on security has profoundly changed. Rather than a more traditional, narrow interpretation of security, primarily focusing on nation-states instead of people, a human dimension, known as *human security*, has been added. This is largely the result of a growing awareness that, for many people around the world, the concept of security is not based on issues pertaining to the nation-state but on feelings of insecurity which arise

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from daily life– such as disease, hunger, crime, social conflict, environmental hazards, unemployment and political persecution. (United Nations Development Program 1995, p. 229)¹

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

- It is a universal concern,
- Its components are interdependent,
- It is best achieved through prevention rather than intervention, and
- It is people-centred. (United Nations Development Program 1995, p. 229)

It should be noted that because the United Nations Development Program (UNDP) definition considers human security to be ‘a comprehensive and integrated matrix of needs and rights’, (Burke 2001, p.216) this definition challenges restricted notions of human security that limit the discussion of human security to ‘subjects and territories recognised by sovereign states, or that retain a hierarchy of state interests over human interests in times of perceived crisis’. (Burke 2001, p.216) Hence, while it is recognised that different interpretations of human security exist,² for the purposes of this paper the UNDP definition of human security is favoured in the context of the more gendered approach mentioned above.

HIV/AIDS, Gender and Human Security

While discussions of human security have attempted to encompass threats to humanity as a whole, interpretations of such threats have primarily been male-oriented and have largely failed to recognise the exceptional threats faced by women.³ Given that most analytical discussions of human security do *relate* to women, it is imperative that a sharper focus be placed on the additional and/or particular threats women face in terms of their security; threats that might become blurred in general discourse. These include economic, educational and employment disparities, gender discrimination, substandard healthcare, restricted access to healthcare facilities, reproductive rights, the traffic of women and male violence.

In its definition of human security, the UNDP reinforced the argument that women worldwide face additional threats to their security. The UNDP outlined that women are not only denied equal access to food, but their status is made more insecure by the high incidence of maternal mortality in the South⁴ and the range of threats to personal security suffered by women in the North, the South, and the East such as sexual harassment, physical and sexual violence and human rights violations. The report also states that poor education and limited employment opportunities, as well as the continued practice of abusive traditional rites such as female genital mutilation all contribute to the insecure status of women worldwide. (United Nations Development Program 1995, p 232-234)

In his address at the United Nations University in 2001 titled *AIDS and Human Security*, Peter Piot (2001), the Executive Director of UNAIDS, stated that HIV/AIDS is not only a global epidemic and development issue, but also a threat to human security. Furthermore, he identified the fact that HIV/AIDS affects almost all areas of human security. It impacts on economic, food, health, personal, community and political security. He also highlighted the fact that Asia has become the new battleground in the 'war' against AIDS, and that 'actions taken today in Asia will determine the global shape of the epidemic in a decade's time'. (Piot 2001)

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

In his article *The 'nameless fever': The HIV/AIDS pandemic and China's women*, Neil Renwick (2002) also identified the need to examine the HIV/AIDS pandemic from a gendered perspective. He argued that particularly in developing countries women are increasingly vulnerable to HIV/AIDS and that, fundamentally, HIV/AIDS is an issue of human rights.

Renwick contended that gender-specific factors, such as the Confucian patriarchal values by which Chinese society has traditionally been constructed and the contribution of the 'hypermasculine' Chinese state to the discrimination and marginalisation of women, has caused Chinese women to be more vulnerable to HIV/AIDS than their male counterparts. In addition, he argues that the epidemiological response to HIV/AIDS in China has been weakened by this social patriarchy.

Clearly, there is a growing realisation that women and men have different vulnerabilities in terms of HIV transmission. It is also evident that HIV/AIDS is considered to be a major source of human insecurity. The fact that the above authors believe that gendered approaches must be taken to adequately address the HIV/AIDS pandemic reinforces the proposition that gender must become an integral part of human security discourse. China also provides evidence to support this argument. This paper will now examine the unique vulnerabilities of Chinese women, as opposed to their male counterparts, beginning with a brief overview of China's HIV/AIDS epidemic.

China's HIV/AIDS Epidemic

In June 2002, the United Nations Theme Group on HIV/AIDS in China (UNTG) released a report that claimed the PRC was 'on the brink of explosive HIV/AIDS epidemics.' (United Nations Theme Group China 2002, p. 4) The report also claimed that education and treatment campaigns would be made difficult not only by the sheer size of the PRC and its population, but also due to poverty, lack of knowledge and poor access to condoms, as well as the regional variations in transmission modes. (Ang 2002) While the report recognized that the Chinese government had made 'significant progress' in recent years in the development of HIV/AIDS laws, policies and regulations, it criticized the government for what it saw as an 'insufficient' response to the rapid growth of HIV/AIDS infected persons in the PRC. (United Nations Theme Group China 2002, p. 5)

By the end of 2002, the Chinese Ministry of Health estimated that the number of people infected with HIV/AIDS in China had reached 1 million. (UNAIDS 2004) While this figure may seem low in comparison to China's population of 1.3 billion, it should be noted that the potential for rapid growth is extreme. (Yuan et al 2003, p. 3) Since 1998, the annual growth rate of reported HIV cases has been approximately 30%. Therefore, China is currently experiencing one of the most rapidly expanding epidemics of HIV/AIDS in the world. In addition, the UNDP predicts that if an adequate response to the epidemic is not implemented

swiftly, then the number of people living with HIV/AIDS (PLWHA) in China will reach 10 million by 2010. (UNAIDS 2004)

In China, HIV/AIDS is spreading to new groups of the population, with reported HIV/AIDS infections rising by more than 67 percent in the first half of 2001, and serious localised HIV/AIDS epidemics being observed in several provinces. Xinjiang and Yunnan have both experienced HIV/AIDS epidemics resulting from high rates of needle sharing amongst injecting drug users. In addition, blood selling to centres practising unsafe blood-donation procedures has led to an epidemic in Henan, and it is believed that a similar situation has arisen in both Anhui and Shanxi provinces. (UNAIDS 2002, p. 29)

What is of most concern, however, are reports showing a significant increase of HIV/AIDS infection through sexual intercourse between 1997 and 2000, suggesting that unprotected sex with non-monogamous partners has increased. (UNAIDS 2002, p. 29) In fact, evidence suggests that heterosexual sex might become a main mode of transmission in the future. (UNAIDS 2002, p. 21) If the transmission of HIV through heterosexual sex continues, the vulnerability of women to HIV transmission will only increase, because worldwide, women 'lack the power to determine where, when and how sex takes place'. (UNAIDS, cited in Renwick 2002, p. 377) In addition, women in developing countries, such as China, are at a particularly high risk because generally, women in these countries face greater inequality and lack of opportunities than women in developed countries. Furthermore, it has been recognised by Norr, Tlou & Norr that:

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

Therefore, in order for a country to implement an effective HIV/AIDS response, issues such as gender needs to become an integral part of HIV/AIDS policy. This is not the case in China. In fact, in a series of interviewees conducted during the field research component of this study,⁵ it was found that national and even international organisations, responsible for HIV/AIDS prevention and treatment, were not paying particular attention to gender in their proposed responses to HIV/AIDS. One interviewee,⁶ who worked for an international non-government organisation responsible for HIV/AIDS prevention and treatment, stated that 'gender does not play any role [in its HIV/AIDS policies], and it is not part of mainstream discussions.' (Interviewee C 2003) Another interviewee, who worked for an overseas aid

agency, did not believe a gendered response to be a major component of China's HIV/AIDS response because 'gender issues are generally addressed by the All China Women's Federation (ACWF), or the Regional Women's Commission'. (Interviewee A 2003) Therefore, in order to implement an effective gendered response to HIV/AIDS in China, an education program on the differences in male and female vulnerability to HIV, would need to be undertaken, not only among the general population but also among those responsible for proposing and implementing HIV/AIDS prevention and treatment campaigns.

It was believed by two interviewees that education campaigns aimed at the general population could be a valuable way to disperse HIV/AIDS information. Interviewees C (2003) and F (2003) stated that efforts like the SARS mass education campaigns would be a major step in changing people's beliefs about HIV/AIDS, increasing their knowledge both about the virus and its major modes of transmission, and about how they could better protect themselves. Since the cessation of SARS, the Chinese government has turned its attention to HIV/AIDS, and education campaigns on HIV/AIDS have begun. Furthermore, unlike previous efforts, top leaders in government are becoming involved, and it appears that HIV/AIDS prevention and treatment efforts may be stepped up. (Thompson 2004) However, the gender issues that contribute to HIV/AIDS vulnerability do not appear to be an integral component of these campaigns, so their overall effectiveness is doubtful. In addition, such campaigns also need to be supported with active steps at a government level to reverse the continuing unequal social, political and economic structures that disempower Chinese women.

The necessity of the empowerment of women through government policies as part of an overall HIV/AIDS response is obvious when one takes into consideration that while HIV/AIDS prevention policies have traditionally focused on reducing identified 'risky' behaviours such as intravenous drug use (IDU) and prostitution, it is now being realised that one of the main risks associated with the rapid spread of HIV/AIDS, is the socioeconomic structures that prevent people from avoiding exposure. (Irwin, Millen & Fallows 2003, p. 20) For example in countries where adequate welfare, educational or employment opportunities do not exist for women, the women in such countries may be driven, by their circumstances, to turn to the sex industry to support themselves and their family. Therefore, messages about minimising sexual partners, although correlated to a degree with reducing one's HIV/AIDS risk, would not be effective. Thus, only targeting 'risky' behaviour in HIV/AIDS prevention campaigns would be ineffective. Instead, it would be more effective to target the socioeconomic structures, such as inadequate welfare policies and the disempowerment of women that limit a woman's ability to avoid the virus, (Irwin, Millen & Fallows 2003, p. 20)

in addition to providing them with comprehensive and accurate information on HIV/AIDS and prevention measures.

This argument is supported by another quote from an interviewee, who believed that gender was an important issue in HIV/AIDS prevention and treatment, even though it was not yet recognised in China's HIV/AIDS response and policies. On the issue of what makes women in China vulnerable to HIV/AIDS transmission she said:

Women are vulnerable... for a number of reasons. These include the status of women - political, economic and social status of women. Also, the educational level of women is lower than their male counterparts, and unemployment rates are a great deal higher. This has a lot to do with remaining views on the role of women, which follow closely with the traditional stereotypes of women as wives, devoted to house and raising children. They are still seen in this caregiver role. Women are also restricted in their access to information, so this also makes them vulnerable because they don't know what HIV/AIDS is or how to prevent it. (Interviewee C 2003)

The HIV/AIDS prevention policies in China continue to put women at risk by stressing partner reduction over condom use as an effective way to avoid HIV transmission. The 'one partner' or 'faithfulness' prevention messages, which teaches both men and women to protect themselves against HIV/AIDS transmission by limiting the number of partners they have has been described by UNAIDS as lulling people into a 'false sense of security'. (United Nations Theme Group China 2002, p. 44) Surveys that have been conducted in China among traditional 'low risk groups' such as married women who do not engage in any of the traditionally recognised 'risky practices' conducive for HIV transmission, have found that most people believe that limiting the numbers of partners they have to one is much better protection against HIV/AIDS transmission than using condoms. (United Nations Theme Group China 2002, p. 44)

For many women in the developing world who contracted HIV/AIDS through heterosexual intercourse, the source of their transmission was their husband. While statistics on this are not yet available from China, surveys conducted in Africa reveal that 60-80% of HIV positive women who contracted HIV from sexual intercourse, reported that their only sexual partner was their husband. Another study, which was conducted in India, another region where HIV/AIDS is growing at an alarming rate, reveals that 91% of HIV positive women surveyed, who had contracted HIV from sexual intercourse, also reported that their only sexual partner

was their husband. (UNAIDS 2000, p. 22) These findings support the results of an earlier study conducted in 1989 that also found the majority of HIV positive women who had contracted HIV through heterosexual intercourse, had also contracted HIV/AIDS from their only sexual partner, their husband. The researchers in this instance concluded that often 'condom use was more effective in preventing HIV infection than was limiting the number of partners'. (Berger 1993, p. 62) Therefore, campaigns that only focus on reducing 'risky practices' or limiting the number of partners one has, are out of step with reality. Campaigns also need to focus on the empowerment of women, providing easily accessible sexual and reproductive health information for both men and women, making condoms available and accessible to all sexually active persons and changing negative gender stereotypes and biases attributed to both men and women.

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

When one considers the above information, as well as the increasing number of men in China who are willing to pay for sex, and the mostly male migrant population or 'floating population', it is irresponsible and foolish for Chinese authorities to launch campaigns that 'make women believe that they are protected as long as they have only one sexual partner'. (United Nations Theme Group China 2002, p. 44)

It is also apparent that knowledge about HIV transmission remains extremely low in China. While at first glance the results of a survey conducted in 2002 looked promising, with 93% of the urban population and 83% of small town residents stating that they had heard of HIV/AIDS, a closer examination revealed that only one quarter of the urban population and one third of the small town residents surveyed actually knew of the three major modes of HIV

transmission. Furthermore, only 31% of city dwellers and 23% of small town dwellers knew that sexual transmission of HIV could be prevented by using condoms. (Carter 2002) The study also found that in rural areas, the figures are much lower, with only 3.8% of people correctly identifying transmission routes of HIV/AIDS and how to protect themselves. Furthermore, many women in China lack basic knowledge about sexual and reproductive health, let alone information about sexually transmitted infections (STIs) and HIV/AIDS, so their ability to protect themselves is denied because of their lack of knowledge on such issues. (United Nations Theme Group China 2002, p. 57)

The recent HIV/AIDS epidemic in Henan, which was linked to blood selling, has forced many in China, who might previously believed themselves to be at a 'low risk' of contracting HIV/AIDS, to re-think possible paths of infection, as well as the 'types' of people who contract HIV/AIDS. This is what one interviewee had to say about these issues:

It has been recognised that women are becoming infected, and in addition these women are not 'bad' women engaging in prostitution or IDU, but they are 'innocent' women infected by blood selling from their husbands. (Interviewee C 2003)

The transmission of HIV through blood selling is relatively unique to China and has caused many of China's rural poor to become HIV positive. Both men and women have contracted HIV through blood selling. Although cultural views that men earn the household income, as well as the fact that men are generally more mobile than women in rural China and blood donors were often required to travel to sell their blood, meant that the majority of those who became HIV positive due to blood selling were men, many women have since become HIV positive due to their sexual partners. (Jolly & Ying 2002, p. 3)

Due to the fact that China's current HIV/AIDS surveillance system is primarily focused on 'high risk' groups such as IDU and prostitutes, and because there are currently limited sites that offer the general public voluntary, confidential testing services for HIV/AIDS, the virus continues to be thought of by the general population and government leaders as being largely restricted to the marginalised 'high risk' groups. This has meant that the already failing health system is not preparing itself for the predicted explosion of HIV/AIDS among the so-called 'low risk groups' in the general population. (Thompson 2003) Already, in rural China, 60% of women are now showing symptoms of having STIs (Interviewee C 2003) and have been found to have untreated reproductive tract infections (RTIs), both of which increase their susceptibility to HIV through sexual transmission. (Jolly & Ying 2002, p. 2) The figures on

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

The migration of rural men to the cities for work was identified by one interviewee as compounding the situation of women's vulnerability to HIV/AIDS transmission. The interviewee stated that although many of these men are married, they leave their wives behind and often engage in 'risky practices' in the cities, such as IDU, procuring prostitutes, or they form relationships with other women and are unfaithful to their spouse. Generally, the men will return to their homes once a year, during which they engage in sexual activity with their spouse, without using condoms. The interviewee further stated that even if the woman may suspect her spouse of having engaged in 'risky practices' while away, the woman may be unable to insist that her spouse use a condom due to unequal gender-based power relations within the marriage, or may be unwilling to do so for fear of upsetting her time with her spouse. Furthermore, as previously mentioned, such a request may also cause her spouse to question her behaviour while he's been away. (Interviewee C 2003)

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

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

migrant women have also become the victims of sexual harassment and sexual violence, which also increases their vulnerability to HIV/AIDS transmission.

Another factor contributing to women's vulnerability to HIV/AIDS transmission in China is outlined by Yayori Matsui (Cited in Renwick 2002) who reported that some Chinese men believe that engaging in sex with virgins and young girls has a 'rejuvenating power' that will prolong their life, and that men with STIs, including HIV, have adopted the practice as a means of 'sexual cleansing', believing that the act will 'cleanse' them of their infection. This is a chilling echo of the eastern and southern African myth that sex with young virgins could cure men of HIV/AIDS, which led to a rise in the transmission of HIV/AIDS among young girls. (UNAIDS 2000, p.23) If this practice continues and becomes more widespread it will certainly hasten the spread of HIV/AIDS among China's general population. Furthermore, it is an example of a cultural myth that poses a unique threat to women's security.

Conclusion

HIV/AIDS has emerged as a global source of human insecurity and due to discrimination borne of economic, political, cultural and social factors, women worldwide face a significant risk of contracting HIV/AIDS. (Norr, Tlou & Norr 1993, p. 263) Furthermore, the effects of HIV/AIDS on individuals, families and communities has had a greater impact on women than their male counterparts, because evidence shows that it is repeatedly women who, in addition to their income-earning labour and household and childcare commitments, are laden with the added burden of coping with the economic responsibilities associated with HIV/AIDS treatments and caring for family and community members who fall ill with HIV/AIDS. It is clear that women face enhanced vulnerability to both transmission of HIV/AIDS, and the impact of the virus. Therefore, when proposing effective responses to the HIV/AIDS pandemic, a gendered response to HIV/AIDS is necessary, and is in fact instrumental in formulating effective HIV/AIDS education, prevention and treatment campaigns and policies in China. Furthermore, the necessity of a gendered response to HIV/AIDS, and the fact that HIV/AIDS is recognised as a major source of human insecurity globally, clearly demonstrates that gendered discourse is necessary in mainstream human security discourse. It has long been evident that women do face unique threats to their security. Therefore, any discussion of human security must take these unique threats into account.

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Notes

¹ Also refer to Thomas, C 2000, *Global Governance, Development and Human Security. The Challenge of Poverty and Inequality*, Pluto Press, London, Newman, E & Richmond O 2001, *The United Nations and Human Security*, Palgrave, Hampshire, and MacLean, G 2000, 'Instituting and Projecting Human Security: A Canadian Perspective', *Australian Journal of International Affairs*, Vol.54, No.3, pp. 269-276.

² Some interpretations of human security do not support the development-oriented or human safety based approaches to human security put forth by the UNDP. Instead, these interpretations generally restrict their definition to military or intentional threats (such as misuse of authority by governments) to the security of humans. Cited in Wesley, Michael 1999, 'Human security in development and crisis: How to capture human security in regional institutional arrangements', *The Asia-Australia Papers*, No.2, September, pp. 24-34.

³ However, this oversight is not restricted to discussions of human security. It is argued by Pettman that women have long been invisible in the theorizing and teaching of International Relations and that it has long been believed that women were active in or affected by world politics in the same ways as men. Pettman states that the experiences of women are systematically different from men's, and that social relations are gendered. Whilst women's gender is not experienced alone, nor is it experienced in isolation from other social identities (class and race, for example), women experience these social identities in gendered forms. It is argued by Pettman that while representations of social relations such as global politics appear to be gender-neutral, they in fact universalise the experiences and knowledge of (elite) men. Thus, gender is both a relevant and timely category for analysis in global politics, including human security, to redress the previous exclusion or oversight of women. Cited in Pettman, Jan Jindy 2001, 'Gender Issues' in J Baylis & S Smith (eds), *The Globalization of World Politics: An introduction to international relations*, 2nd ed, Oxford University Press, New York, pp. 582-597.

⁴ In this context South refers to the 'Third World' or developing world. Later references to the North and the East refer to the 'First World' or developed world and the former or current state-socialist countries respectively.

⁵ The fieldwork component of this study was between August to September 2003.

⁶ I'd like to note here that although all of the interviewees spoken to during fieldwork worked in government or non-government organisations that were responsible for HIV/AIDS prevention and treatment, none of the interviewees wanted to be identified. This was largely due to the continued sensitivity of HIV/AIDS in China, particularly when discussing the issue with international researchers or reporters. Thus, the interviews were conducted upon agreement that the interviewee's details would be kept confidential. It is for this reason that neither the interviewees, nor the organisations they worked for have been identified in this work.

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