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AIDS Networks, Social Organisations and Medical Pluralism in China: Southern China and the Mainland Southeast Asia Links*

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Among the 38 million people estimated to be infected with HIV/AIDS in the world today, 7.4 million live in Asia and 1.1 million were contaminated in 2003, many more than any other previous year (The Joint United Nations Programme on HIV/AIDS, 2004). AIDS is a development problem, not merely a health problem—although indubitably a serious health problem—which actually has greater implications for economic development than other diseases and in that sense a core development issue. There are, of course, other diseases that infect people in developing countries but AIDS has to be singled out because it is fatal and because it affects prime-aged adults (Ainsworth 2000: 11-12). AIDS strikes most heavily young adults—the most productive age group, who are the mainstay of economic force, the parents of the next generation and the breadwinners for the elderly. In this paper, the HIV/AIDS epidemic is considered as a development issue on a regional scale (Southern China and Mainland

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Southeast Asia).

International aid and development programmes cannot ignore social and cultural constraints such as local beliefs and practices related to health and illness and the kinship system which regulates gendered power relations by assigning traditional gender roles to have a chance to succeed. These constraints, rooted in a broader conception of life and society, are a relevant topic in anthropological research and the results can be used in designing appropriate and efficacious AIDS projects. At this point it is essential to stress that by focusing on the social and cultural aspects of a health issue, our aim is not to play down the impact of political or economic factors but rather to identify other relevant factors through adopting an anthropological approach, which appears to be complementary and necessary to the elaboration and implementation of efficient development programmes.

Fieldwork aimed at investigating the socio-cultural aspects of the HIV/AIDS epidemic and was conducted in several phases—in 1997 in PR China (Kunming, Yunnan) and in Taiwan (Taipei) for six months, in 1999 in PR China (Guangxi, Shanghai) for two months, and again in 2004 in Vietnam (Hanoi) for one month. Governmental organisations responsible for communicable disease control, official and non-official international organisations, official and “less official” local organisations, were approached for information about AIDS prevention and care. In addition to building research links with them, I was involved in preventive activities and I visited health-care facilities appointed for AIDS care and screening. I collected printed matter (posters, brochures, leaflets, and the like), videotapes for STDs-HIV/AIDS¹ prevention and education, sex education textbooks and videotapes targeting teenagers and other groups of the population, documents on reproductive health designed for sexual and health education of women.

Responses to the epidemic involve both international and local organisations. Although a national response is still a developmental process,

¹ STDs: Sexually Transmitted Diseases.

the Chinese response is indeed a significant example of collaboration between international organisations and local counterparts. Programmes in the field are implemented by Chinese organisations and staff. In Yunnan, the AIDS campaign has been taken to serve as a model to be followed by other provinces, in particular those in the south—Guangxi, Guangdong, Hainan, Fujian. However, the most appropriate campaign in the Chinese context was that implemented in Hong Kong (methadone maintenance for “Injecting Drug Users” IDUs since 1970s; very low sero-prevalence rate; efficient AIDS prevention through condom promotion, hotlines, information). Following a brief introduction on the current AIDS situation in China, three different lines of study will be discussed in this paper. The first line introduces the responses to the epidemic, and some specific aspects of Chinese social organisations. These latter play a major role in the building up and the launching of AIDS projects in co-operation with other organisations both international and national, governmental and non-governmental. The second line focuses on the study of the medical system and the role of Traditional Chinese Medicine in AIDS prevention and care. The third underlines South China links with Mainland Southeast Asia in the context of the HIV/AIDS epidemic. Both regions share epidemic patterns and a number of additional factors facilitating the spread of HIV. The vulnerability of ethnic groups, most of them living in the highlands, is highlighted. These non-ethnic Chinese people constitute a not negligible part of the so-called “floating population” *liudong renkou* (migrant workers) in China.

During the 1990s, Yunnan province with a population of 40 million was the epidemic epicentre: this south-western province bordering Burma, the foremost producer of opium in the world, is severely affected by drug abuse and trafficking. Prior to 1997, 70 per cent of the official number of people infected with HIV had been detected in Yunnan. Now, the rate has been reduced to 50 per cent as the epidemic has spread from the border to inland and coastal southern and northwest Xinjiang provinces following first drug-trafficking routes and more recently children-and women-trafficking routes. Showing the same patterns as in Thailand, Viêt Nam, and Burma

(called now Myanmar), HIV infection spread in South China first through drug injection then through heterosexual contact. The commercial sex trade is booming along two routes: one going towards the fast economic developing coastal regions (Guangxi, Hainan, Guangdong, Fujian) and Hong Kong; the other reaching Thailand from Yunnan via Burma.

Migration as a risk factor for the spread of HIV/AIDS in Asia was played down for a long time, a fact hindered the efficacy of AIDS projects. Since the mid-1990s, the Chinese health authorities, international governmental organisations, foreign and local NGO-type organisations involved in AIDS activities, fortunately have begun to re-evaluate the impact of mobility. Recent studies have contributed to the task of documenting the scale and patterns of migrations, a mass-movement putting about 10 per cent of the Chinese population on the move.²

All three transmission channels for HIV/AIDS--sexual contact, fluids mingling with blood, and mother-to-baby, have been registered in the country. The major modes of transmission are as follows: sharing needles among IDUs, unsafe heterosexual intercourse, unsafe blood transfusions in certain areas, and unsafe homosexual activities in some places.

In 2003, according to a China CDC (Communicable Disease Control) survey supported by World Health Organization (WHO), The Joint United Nations Programme on HIV/AIDS (UNAIDS) and US CDC (Centers for Disease Control and Prevention), 840,000 people are living with HIV/AIDS in China, and among them, 80,000 are AIDS patients (United Nation Theme Group on HIV/AIDS in China and China Ministry of Health 2003: 1) Although the adult prevalence rate is less than 0.1%, the state acknowledges HIV prevalence rates among rural blood sellers ranging from 4 to 40% across

² Total population (United Nations Population Division estimate in 1999): 1 266 838 000; migrant population: 100 million (official estimates in 1997) to 120 million (non-official estimates). According to a paper presented at the "International Symposium on Rural Labor Force Migrations", Beijing, June 25-27, 1996, official figures vary greatly from 30 to 120 million depending on the definitions of a migrant worker chosen by the different official bodies and experts. This fact questions the reliability of the figures, cf. Béja (1996).

the seven central provinces where selling blood was a consistent source of income for poor farmers and their relatives (China Ministry of Health 2003: 13). The population of those provinces totalising 420 million people, these percentages suggest higher national infection rates than previously admitted (Human Rights Watch 2003: 3). As local authorities have played down the epidemic impact on society and HIV prevalence rates to protect growth and investment in local economies, the reliability of all figures can be questioned.

During the 1990s, local authorities were complicit in the spread of HIV to an unknown extent (from hundreds of thousands to millions) among villagers through an unsanitary but highly profitable blood collection industry (Human Rights Watch 2003: 3). Blood collection centres were either run by local health departments or illegally by mafia's "blood headers". According to official estimates, 260 000 children may be orphaned by HIV/AIDS in 2010; unofficial sources estimate that one million children are or will be orphaned in Henan province alone as a result of the blood scandal (Li 2003, quoted by Human Rights Watch 2003: 5).

I. Responses to the Epidemic: A Focus on AIDS Networks and Social Organisations in China³

The first official prevailing response was an attitude of denial: in 1987, a public health minister in China argued that the spread of HIV in his country was unlikely since homosexuality and casual sexual relations were illegal and widely considered immoral (Beijing Review 1987: 7). This example illustrated two commonly held misconceptions: first, that AIDS was a problem for specific marginalised groups, such as homosexuals, IDUs, and sex workers; and second, that levels of HIV risk behaviour in Asian populations were extremely low. In fact, in Asian countries which show higher prevalence rates, the identifying of "risk groups" has been counter-productive leading to a public health disaster. The concept of "risk group" was greatly promoted by the media in the early stages of the

³ A part of this section was revised from Micollier (2003b).

epidemic, and had been gladly embraced by many as a way of denying their own risk. The hidden nature of the epidemic, the outcome of the low numbers of early AIDS cases and the social invisibility of the sorts of behaviour that spread it, made it difficult to convince policy makers to act.

Fighting this inaction, the global Programme on AIDS promoted by the WHO contributed to the preparation of a detailed National AIDS Prevention and Control Plan for almost every Asian country, and encouraged many individuals, government agencies, and non-governmental organisations all over Asia to take practical action. In China, the current approach adopted by public health officials working with police in AIDS programmes may still be counter-productive, since the very groups that must be reached, namely homosexual men, drug users, and sex workers, avoid contact with the formal system. The spread of HIV/AIDS is fastest where sex work is extensive; where condom use is uncommon; and where commercial sex plays a major role in sexual cultures at large in a society. Increasing condom use, improving screening and treatment of other STDs are inescapable measures which will just have to be taken. Public, private and voluntary co-operation is essential if these efforts are to be successful.

UNAIDS has had an office in China since early 1996. WHO, United Nations Development Programme (UNDP), and the United Nations Children's Fund (UNICEF) in particular have collaborated with the China programme on a number of initiatives including surveillance, advocacy, and training. Although UNAIDS supports and strengthens national co-ordination in China, the Chinese authorities are responsible for the overall co-ordination of AIDS activities at all levels and also for organising external assistance, including that from the United Nation (UN) and UNAIDS. The Ministry of Health is the designated focal point for co-ordinating a multi-sectoral response and is the national co-ordinating counterpart to UNAIDS. A multi-sectoral co-ordinating group, drawn from high-ranking representatives from ministries and sectors, has been created and meets regularly under the leadership of the State Council. The Ministries of Health, Foreign Affairs, Foreign Trade, Railways and Public

Security, the National Education Commission, the All China Women's Federation and many more are represented in this co-ordinating group (www.unchina.org/un aids).

Local organisations include “governmental organisations” GO, “government organised non-governmental organisations” GONGOs,⁴ and other types of “non-governmental organisations” NGOs. The organisations involved in the national response have been listed by UNAIDS (Fox and Sun 1996) in conjunction with the Chinese Ministry of Health (1997). They can be divided into four categories: Chinese Governmental organisations, Chinese NGOs (most of them are GONGOs), multilateral and bilateral donors, and international NGOs.

Multilateral donors are international organisations such as the EU and UN agencies. EC (European Commission) programmes are designed to improve control programme management, laboratory diagnosis of STD/AIDS, clinical management of STD/AIDS patients, epidemiological surveillance, and the counselling skills of physicians working with STDs patients and HIV- positive people. Since 1996, UNAIDS has focused on advocacy, the mobilisation of new partners, and encouraging co-ordination of existing activity. Since 1993, UNDP has supported multi-sectoral approaches to HIV/AIDS control and prevention. United Nations Educational, Scientific and Cultural Organization (UNESCO) started a programme in 1997 in association with Beijing Medical University which is framed to improve AIDS education in teacher training colleges. In the early 1990s, WHO intervention had consisted mainly of surveillance, but since 1996 it has extended its role to supporting STDs care and offering improved services to commercial sex workers.

Three types of social organisations are involved in AIDS activities:

1. International NGOs such as the Ford Foundation, the Save the Children Fund, AusAIDS, and the French doctors organisations (Médecins du Monde, Médecins Sans Frontières). I will not go into any detail about

⁴ This concept is borrowed from White, Howell and Shang (1996).

their methods of working or activities as the focus in this paper concerns Chinese organisations.

2. GONGOs are operating at three administrative levels—local, regional, and national. Their specificity is basically that they are organised under the aegis of GOs which act as “umbrella organisations” for them, having of themselves no juridical status. Indeed, in creating NGOs separated from but dependent on governmental bodies, nobody can accuse the government of incorrect ideology. The Chinese Association of Social Workers’ Jinglun Family Centre, a GONGO whose activities were funded by the Ford Foundation has conducted sex education in middle and high schools as well as colleges in six provinces, complemented by training designed for teachers and parents in partnership with local education authorities and women’s federation branches.

3. Academic-type NGOs are particularly active in AIDS activities. In Chinese, they are labelled “secondary organisations” (*erji danwei*) and are often the fruit of individual initiatives. Significant examples include the China AIDS Network, the Beijing Preventive Medical Association, and the Institute for Research into Sexuality and Gender, People’s University, Beijing. The China AIDS Network is an academic grouping which grew out of the Beijing Union Medical College. Social and behavioural research such as studying the behaviour of trucks drivers and sex work at roadside hotels in southern China (Hainan), or the social and economic impact in Ruili, Yunnan, near the Burmese border, a well-known cross-roads for drug trafficking, have been carried out by teams and members of the network. The Institute for Research into Sexuality and Gender, headed by the sociologist Pan Suiming, People’s University, Beijing, has conducted surveys of sexual practices and attitudes among high-risk groups and among the population at large. A Programme on Bio-ethics, Chinese Academy of Social Sciences funded by the Ford Foundation, promoted discussion about the ethical aspects of AIDS-related issues, with a view to influencing government policy. Prof. Qiu Renzong, philosopher and co-ordinator of the programme, has argued strongly against authoritarian responses: “If we

cannot safeguard individual rights, there will be no guarantee of protecting public health”, since stigmatising or limiting the rights of HIV-positive people or people in high risk groups will merely drive the disease underground, making it inaccessible to attempts to take preventive measures.

This is an appropriate juncture to give a brief survey of the activities of local organisations and their links to governmental bodies, the nature, legal status, as well as methods of working of social organisations in China.⁵ A study conducted in 1996-1997 on 60 NGO-like urban-based groups involved in social development showed that structural ties of social organisations with government do not preclude operational autonomy; in the opposite, they may serve as a benevolent umbrella which may challenge government practice (Raab 1997): “Many of the groups examined seem to own their existence mainly to their capacity to access those margins of society government bodies cannot reach easily. Some 200,000 social organisations were registered with Civil Affairs bureaux at all state administrative levels in early 1996, but only a few dozens – many of which not registered as social organisations, have been involved in NGO-style activism. The number of groups opening up non-bureaucratic spaces for experimentation and devising ways of bridging gaps between the state and society has been increasing since the early 1990s. As the nation-wide freeze imposed in 1996 on new social organisation registrations illustrates, government officials perceive this development as a potential threat”.

Social organisations can be classified into five, occasionally overlapping, categories:

1. Inward-looking clubs and salons
2. Service-oriented groups (GONGOs)

Government-organised charity channelled through GONGOs could be included here when it goes beyond fund-raising for governments services, for example youth volunteers carrying out regular visits to disadvantaged

⁵ For an in-depth and theoretical analysis of social organisations in China, see Saich (2000).

elderly people. A different kind of service is performed by urban-based rural development groups, which have received plenty of attention thanks to international support for poverty alleviation in China. They can bypass administrative divisions by co-operating directly with county or township governments while frequently maintaining links with higher-level policy makers. Other non-governmental public service entities have been established by academics who combine service provision with action research, and often use their findings for policy advocacy.

3. Research centres

4. Networks and fora (GONGOs)

Chinese networks typically link state employees and, to a certain extent, the work units from which individual members originate, and non-NGOs or people's organisations. They are well-placed to circulate information to a wide variety of organisations and train junior members. Those domains which benefit from relatively easy access to foreign or corporate funding now appear to be criss-crossed by networks, for example on AIDS prevention or environmental protection. Networks can be an efficient means to build consensus on specific issues for policy advocacy, but do not represent mass movements.

5. Institutions which have public-awareness raising or advocacy as their main vocation, drawing on work with the media. Although the methods employed contrast with the more confrontational approaches adopted by NGOs in other countries, they can be highly efficient in reaching their objectives.

Chinese social organisations present their relationship with government as a collaborative one. Groups involved in public advocacy stress their primary commitment to public awareness raising as opposed to lobbying the government. Support from international donors eager to fund NGO initiatives has flowed to many of these groups, for example those involved in disaster relief (under Civil Affairs), AIDS prevention (Public Health) and, provision of social services (Civil Affairs, Public Health, Education administrations). Increasing financial autonomy seems to have

been accompanied by a certain degree of operational emancipation. Despite what has been accomplished, close ties with the “mother” administration are not slackened: GONGO staff stay on the government payroll, their personal files are left with their government administration, and they attend the same political meetings as their governments colleagues. Fora have been made into new “sensitive” thematic areas opened up by the economic transition, such as migrant labour or urban unemployment, where it would be difficult or awkward for the government to launch “pilot projects”. For example, commercial sex is the criminalized target of frequent government crackdown actions, but an AIDS prevention association may well convince local authorities to tolerate quietly condom promotion activities among women which a government agent would have to denounce as prostitutes.

In the context of China, the issue of whether there is such a thing as “civil society” in the country has provoked a heated debate, within the country before 1989 and among scholars outside both before and since that time⁶: “Early optimism—one might say, euphoria—over the imminent blossoming of civil society in China at the end of the 1980s has largely dissipated. Rarely do we see references to “the resurgence of civil society” or “a nascent civil society” in the People’s Republic. Our analyses these days reflect a healthy scepticism, a wariness about applying such a thoroughly Western-based concept to such a thoroughly non-Western landscape. Reaction to this dilemma has been generally of three sorts: to alter the concept to fit the landscape; to look for changes in the landscape to fit the concept; or to drop the concept entirely” (Chamberlain 1998: 69).

Brook (1997: 22) selected the concept of “auto-organization” to describe the historical (modern) form of social organisation in China: “Chinese have recurrently formed communities not under the direction of the state nor bound to such state functions as revenue extraction”; traditional organisations are based on factors such as place of origin, occupation, fellowship, and common cause (Brook 1997: 31). He explains: “Rather than

⁶ For a summary of the discussion among scholars both inside and outside China, see Chamberlain (1998) and Ding (1998).

polarizing society from the state, auto-organization patches ruptures between the two, anticipating breakdowns and rebuilding fallen bridges. It compensates for the recurring failures of the state, which are inevitable even under the most perfect of Confucian or communist constitutions” (Brook, 1997: 44). Auto-organisation consequently has a structural compensatory function. This concept can be heuristically used to describe the current situation: indeed, the activities of contemporary social organisations have been vital in filling the gaps in areas where the Chinese state is no longer able or willing to cope with the social needs and demands with which it is confronted, or to deal with some of the negative consequences of the reform process. “Social groups” (*shehui tuanti* or *shetuan*), a term which encompasses everything from professional associations to consumer watchdogs and educational charities, play an increasingly important role in social life. As the State continues to dismantle the social safety net that used to protect the urban residents, social groups have been called upon to plug the resultant gaps. The Party-State views social groups as a “transmission belt” for its policies rather than as autonomous social actors that can monitor government and ensure that disadvantaged groups are not ignored. No Chinese organisation may technically operate without being formally registered. Such registration requires prior approval from a “sponsoring unit” that must be a government or CCP department, or a subsidiary unit specifically delegated by such a department to play this role. In effect, any Chinese NGO must be connected to, and therefore potentially controlled by, an official body.

The 1997 “Human Rights in China Report” (Human Rights in China 1997: 25) shed some interesting light on the debate on civil society, since it shows that although China’s current regulatory structure does not allow for the existence of any truly independent NGO, certain social groups are carving out autonomous space for themselves, and that through their growing interaction with international NGOs the authorities are gaining experience of working with independent organisations.

According to the MoCA (Ministry of Civil Affairs), the distribution of

social groups by type was as follows: at national, provincial level and below, 38 per cent was scholarly, about 20 per cent trade related, between 25 and 29 per cent specialist or expert and 10 per cent federations or umbrella organisations (no type is given for the remaining 7 per cent of the groups). In 1996, China had around one thousand foundations, including seventy nation-wide institutions of this type. In other words, research-oriented organisations make up large proportions of social groups about two-thirds (38+29 per cent), with most of the scholarly and specialist category very likely falling into this broad category under the MoCA's classification system (China Ministry of Civil Affairs 1996: 5-6). More and more official bodies are setting up attached NGOs, which have been called "less-governmental organisations" by some observers. Such government-organised NGOs (GONGOs) may develop a degree of autonomy or may act as a proxy for the government. Governments agencies, universities, and other entities have also set up research institutions, academic associations, and foundations to channel money into specific areas of academic research. Such initiatives vary greatly in their degree of autonomy and level of social involvement. But certain academic and research initiatives, mainly informal groupings, are committed to an activist approach to the problems they study, particularly in such areas as AIDS, women's rights, poverty, and rural development. An example of more formal network is the Yunnan Provincial HIV/AIDS Network, a project of the Yunnan Province Society for the Promotion of Co-operation with International Non-Governmental Organizations. The network publishes a newsletter and creates other opportunities for information sharing. Among the most independent are some small organisations that conduct research and service provisions aimed at women. Organisations that focus on women's concerns were able to take advantage of the unique space opened up by the fact that Beijing hosted the 1995 *Fourth World Conference on Women*.⁷

⁷ The *Directory of Chinese Women's NGOs* gives an idea about the diversity, social work and publications of Chinese Women's NGOs.

Counselling, telephone hot-lines, and provision of advice of various kinds (and varying quality) have been a focus of a number of independent organisations, with target groups including youth and migrants, as well as women. Some relatively autonomous initiatives linked to AIDS education and often associated with health departments and academic institutions, have also become a focus for the gay male community in a few large cities. While such groups lead to a much more marginal existence than the women's organisations, they are at least able to operate, although several have been closed down after very short periods of formal existence. After such a clampdown, their initiators and/or organisers may find themselves effectively black-listed, unable to find formal employment owing to their association with this controversial topic.

Foreign NGOs are expected to apply for approval from various departments of central and local governments in order to undertake their activities, and obviously, the Chinese organisations and individuals they work with will be subject to the normal constraints.

II. Medical Pluralism and Traditional Chinese Medicine in a Time of AIDS

Anthropology as a body of knowledge bridging gaps between cultures can help in the process of networking and collaborating between local organisations and foreign ones; the adjustment of global projects to local cultural context cannot be achieved without taking into account qualitative data collected using an anthropological methodology. Popular, traditional, and modern (linked to the introduction of Western medicine) practices and representations of health and illness have to be investigated before launching health projects, particularly AIDS projects, as the HIV/AIDS epidemic is a sensitive issue. Understanding the components and the methods of working of medical pluralism, is therefore compulsory.

A constraint during fieldwork was linked to basic deontological and ethical choices: I did not ask for help from official channels by going to the public security bureau *gong'an ju* (police). The disadvantage of this was that

I did not interview persons who were currently being held in detention centres for drug abuse or commercial sex activities. However, I did have the opportunity to interview informants who had at one time or another been detained in these centres. In China, as in most countries, activities such as drug use and sex work are forbidden by law⁸. The “Decision of the Standing Committee of the National People’s Congress on Prohibition of Narcotics Drugs, 1990” and the “Decision of the standing Committee of the National People’s Congress on Forbidding Prostitution, 1991”, stipulate that drug use, trafficking, and prostitution, are illegal. The responsibility for seeing the provision is carried out lies with the Public Security. Drug users who are unwilling to undergo voluntary detoxification are forcibly transferred to rehabilitation centres when they are arrested by the police and are subjected to law-enforced detoxification and rehabilitation. Prostitutes are not registered and are not subject to medical check-ups except when arrested. Numerous re-education centres operate in the country for arrested sex workers and their clients (Fox 1997: 6-7). Sex workers are labelled “women in crisis” in the leaflets and brochures of the official AIDS campaign through targeting high risk groups as “women in crisis” or drug users: the official view is that they should be re-educated and are never considered victims of a whole system, an attitude which can lead to a change in the law, as the Dutch model shows. Indeed, Holland may be the only country where sex workers have the same rights as other workers, are unionised, and whose activity was recently fully legalized (2000).

Relevant implications for AIDS prevention drawn from an anthropological understanding are related to the position of Traditional Chinese Medicine (TCM) in the medical system.⁹ Traditional preventive

⁸ On the social significance of commercial sex work in China, see Micollier (2003a: 3-22); on the organisation of the ‘underground’ sex industry, see Pan (1999).

⁹ Traditional Chinese Medicine (*zhongyi*) as distinct from modern Western medicine (*xiyi*) and popular medicine (*minjian yiliao*); *zhongyi* is integrated into the state medical institution in the P. R. China and is rooted in a scholarly study of medicine historically recorded in classical books. On the “medical system”, a basic heuristic concept of medical anthropology, cf. Kleinman (1980).

behaviour depends heavily on a whole set of representations of health and illness, life and death. Consequently, it should be studied as a social construction (Fainzang 1992). The fact that ideas of prevention and behaviour are culturally bound needs to be soundly assessed in order to build up strategies of prevention. As Dozon (1992) explains, “la prévention ‘moderne’ ne mériterait guère ce qualificatif sans l’épidémiologie qui, par ses raisons propres, justifie sa mise en pratique sous formes d’actes et de stratégies sanitaires”. The ineluctable first step in order to introduce “modern” epidemiological-type preventive ideas and subsequently to induce behavioural change is to make traditional ways known to bridge two systems of belief and behaviour. Such knowledge will indisputably help to understand why a given method is not appropriate for inculcating a behavioural change, and while closing that door will certainly indicate other ways to convey health education messages. Only qualitative data obtained through in-depth ethnographic description, “thick description” (Geertz 1973: 3-30), and its effective processing can bring out such detailed information. Documenting these matters demands time and funding, but reliable results stem from long-term research, even though in times of an epidemic, urgent action is needed.

Until very recently (2003), the Chinese government had officially recognised that China could not afford AIDS biomedical treatments such as AZT and recent anti-viral combination therapies, and sensibly encouraged the pursuit of research for treatment using TCM.¹⁰ TCM research on AIDS treatment is well documented (Li 1992; Li, Xu and Luo 1996; Li, Li and Wang 1996; Luo and Fan 1996). The China Academy of TCM has already built up substantial experience in treating people with HIV/AIDS using their traditional therapies, although not in China. Since 1987, it has worked in conjunction with the government of Tanzania on a large treatment scheme (Guan, Wu, Lu and Xu 1996; Lu, Gu, Wang and Xu 1996; Beyrer 1998: 112-115;¹¹ Lu 1998).

¹⁰ International Conference on AIDS, Beijing, China, 1995.

¹¹ Commentaries on the International Symposium on AIDS, Beijing, China, 1995.

Inevitably the path of such research does not run smoothly and one negative effect of this policy is the common idea that certain medication from the Chinese pharmacopoeia (*zhongyao*)(most common TCM therapy in terms of prescriptions), can prevent AIDS and STDs by killing HIV, as well as other viruses and pathogenic agents responsible for STDs. Such indications are found on some popular oils, unguents, and sprays available in pharmacies or in sex shops—labelled in Kunming “Health Preservation Products Shop”, “Sexual Health Products Shop” (*xing jiankang dian*).

While conducting field research in Kunming, I was able to observe that these products are readily available and commonly bought by both men and women. I visited one of these shops regularly and over time spent several hours chatting to the shopkeepers and to some clients as well in order to collect data (observed facts and discourses). Such shops are blossoming all over China. In Beijing, the “Adam and Eve Sex Health Shop” has been operating with the support of the Beijing Family Commission and the Beijing People’s Hospital (Asiaweek 1995). In fact, most of these shops enjoy official support. Using *zhongyao* to prevent a whole range of diseases is part of traditional Chinese preventive behaviour: this pattern of behaviour is consistent with the whole set of representations about health, illness, body, life, and environment. The first line of preventive behaviour is rooted in a traditional scheme of prevention rather than in a ‘modern’ epidemiological approach (Dozon 1992).

Most people still have great faith in the idea that STDs and AIDS can be cured by traditional and popular medicines. In most regions of China, the basic medical system exhibits the following characteristics:

- Western biomedicine and Traditional Chinese Medicine are both practised in the institutional framework. Local medicine is sometimes also integrated into the medical institution.

- Traditional medicine, using herbal medicine and/or linked to religious practices, and popular medicine which includes family medicine, are practised outside the institutional framework.

Such a configuration suggests a whole range of interactions between

local medical traditions and institutionalised or non-institutionalised therapeutic resorts. Therapeutic plurality is a dynamic concept, which includes all the methods available in a socio-cultural context, taking into account the practices and representations of health and illness of all the actors involved in the process of therapy. The components and methods of the working of the local medical system both have to be considered if an appropriate AIDS campaign is to be built up. The relevance of such information shows how anthropological understanding can help in bridging the gaps between cultures: foreign and local organisations could work together to optimise the elaboration and implementation of a development project, especially in the field of health education. AIDS as an STD is related to the intimate parts of ourselves, the body, life, sexuality so much so that knowing the practices and beliefs of local populations in attempts to tackle AIDS prevention is highly recommended.

In the Han context, the nosological biomedical category AIDS is more easily acknowledged than the STDs category. Indeed, STDs are included in the broad TCM category “women diseases” (*fubing*) and the medical department for gynaecology (*fuke*):¹² *fuke* was one of the thirteen medical specialisations of the Ming (1368-1644) dynasty and one of the nine specialisations of the Qing dynasty (1644-1911). Although the TCM *fuke* medical specialisation does not exactly coincide with Western biomedical obstetrics and gynaecology, the two largely overlap. Such an example may explain why TCM could be integrated into a modern medical institutional framework without much difficulty in spite of an obvious epistemological gap and an incompatibility of conceptual systems. At present, these questions are generating a wealth of debate in academic circles, at least in the case of the Chinese and Indian healthcare systems (Leslie 1976; Leslie,

¹² References in famous TCM books about gynaecology dating back to the Song (960-1279) and Ming (1368-1644) dynasties: *Fuke zhengzhi zhun sheng* (Standards for diagnosis and treatment of women’s diseases), written by Wang Kentang (1602); *Furen Daquan Liang fang* (The complete effective prescriptions for women), the most comprehensive work on gynaecology and obstetrics in the thirteenth century compiled by Chen Ziming (1237).

Young 1992; Sivin 1987). So far AIDS has not yet become part of a broader TCM category as it has happened in other cultures in Asia and Africa. AIDS is a new category “per se” unlike cancers for instance, which had been included in the broader TCM category tumour (*liu*) (Lu 1990: 48-101).

We may suggest that in cultures other than that of the Han, some highlands populations of Yunnan, which are severely affected by the epidemic, have already implicated the AIDS disease into their own nosological classification, relying on the local healing traditions part of a complex medical system, as I have previously underlined. Interesting though it is, this topic has not yet been documented as far as I know. I will give an example borrowed from a fieldwork research conducted among the Wa people, an Austro-Asiatic population of Yunnan living on both sides of the Sino-Burmese border. Even in remote villages, the local medical system was based upon three medical traditions--the Dai, the Han Chinese, and the modern Western traditions. Among the Wa, three sub-ethnic groups can be distinguished: the Wa from the lowlands share the Buddhist Theravada tradition with the Dai, a result of historical acculturation and colonisation. Highlanders became either Christians under the influence of the French and British colonial rules, or they preserved their own religious core of beliefs and practices almost free of syncretism. In the 1950s, the revolutionaries began to reach these peripheral border parts of the country. Among other cultural changes, the Maoist mythology was introduced into their own oral tradition.¹³ I have described these aspects to emphasize how complex the ethno-cultural setting is in Yunnan, by far the most ethnically diverse province of China and the one most affected by the AIDS epidemic. Such a relevant factor as the in-depth understanding of the setting, is not enough—indeed it is never even taken into account by “developers”, policy makers and operators at the international, national and provincial level. Wrapped in their own cocoon, the Han Chinese do not recognize any similarity to Southeast Asia in their territories. However, in order to cope

¹³ Recorded in *Wazu shehui lishi diaocha* (1983: 158-209).

efficiently with urgent issues such as AIDS, they can no longer ignore this reality. The contribution of anthropologists is to document these matters for the elaboration of more “appropriate” AIDS projects.

III. Cultural continuities: South China and Mainland Southeast Asia

In a comparative perspective, I will build a bridge with neighbouring Southeast Asian countries using my research focused on South China. Northern Southeast Asia (Thailand, Cambodia, the Lao PDR, Burma, and Viêt Nam) and South China (Yunnan) are facing such common socio-economic problems as unequal development marred by pockets of poverty, similar gender-related patterns such as the commodification of women and a structural gender inequality, ethnic aspects such as ethnic diversity with a certain number of minorities living in the highlands and the ethnic majority in the lowlands, and the presence of ethnic Chinese diasporas in Southeast Asia.

They share the main factors facilitating the spread of HIV such as the sharing of needles among IDUs and the practice of unsafe sex among sex workers and their clients, and among the population at large. They show similar epidemic patterns (Brown, Xenos 1994) and phases (first phase: IDUS, second phase: sexual transmission mainly heterosexual through sex industry), and the same additional conditions such as a booming sex industry, the mobility of the populations including the border-crossings of ethnic groups, heavy truck traffic along these drug and commercial sex routes, and the exploding increase of the epidemic risk in the region.¹⁴

In 1995, a report on the Yi minority in Sichuan province showed that 35 per cent of intravenous drug users there were HIV-positive. Such cases were reported in Xinjiang, Guangxi and some other areas (Zhu 1998.06.26). Ethnic minorities are severely affected by the epidemic; although they represent

¹⁴ Cf. “Migration and HIV/AIDS in Southeast Asian Countries”, Proceedings of The First Northern Southeast Asian Subregional Exchange on Migrant Populations and HIV/AIDS, Dec. 8-12, 1996, Chiangmai, Thailand. See also Micollier (1998).

only 8 per cent of the Chinese population, HIV infections among ethnic minorities account for 36.3 per cent of the total in China (China Daily 1998.07.02). Ethnic groups live in the provinces where most of the PWH have been detected: Yunnan, Xinjiang, Sichuan, and Guangxi. The provinces of Guangdong and Hainan, which are real magnets for migrant workers, drawing millions of workers each year show the fastest increasing rates of STDs prevalence. The migrant population in Guangdong, which is the most important concentration in China, is estimated at 10 million. Ethnic minorities constitute a part of migrant population because they are poorer¹⁵ and ineluctably more vulnerable to becoming involved in all sorts of trafficking, drugs, and commercial sex, or being trafficked themselves but to what extent is impossible to calculate.

Highlanders living in Southwest China and northern Southeast Asia show cultural and linguistic affinities and although recognized as vulnerable, the minority people are not particularly targeted by specific AIDS projects and health policies in the region. For the majority people and the governments concerned, these groups are not particularly interesting and when any interest is taken in them, it is mainly to discriminate against them. In his interesting book which has generated a healthy debate, Beyrer (1998) gives overwhelming comparative evidence of this social issue which is largely ignored, because it is a sensitive issue to the lowlands majorities. In the case of China, Harrell (1995: 3) is convincing enough in his attempt to show that ethnic Han Chinese have been implementing “civilising projects” based upon Confucian and socialist ideologies, just as Christians and Muslim populations have done in other cultures with projects based on their religious rules and values.

Project design should take into account the social and cultural aspects: the terms “ethnic minorities”, “minority women”, “ethnic groups”, “tribal

¹⁵ Although a study on migrant workers shows that migrants are not the poorest people nor the less educated (cf. International Symposium on Rural Labor Force Migrations, June 25-27, 1996, Beijing, China; cf. Béja 1996), they do constitute a highly heterogeneous population difficult to reach for health prevention., cf. Liu and Wen (1996).

people', "tribes" often refer to a broad homogenous category, a dividing line being drawn between majority/minority, centre/periphery. The fact that one group has a very different culture from another one, should be acknowledged with all its implications. In China, five broad ethno-linguistic categories (Sino-Tibetan, Tibeto-Burmese, Altaic, Austro-Asiatic and Indo-European) are distinguished. In Yunnan, twenty-five officially recognized ethnic groups live in the province alongside ethnic Han Chinese. The Europeans are supposed to fit into one category, the Indo-European branch, although some historians question this assertion on the grounds that it is as a culturally-constructed myth serving nationalistic goals (Demoule 1998).

The linguistic connection between the Northern Thais and the Dai people of Xishuang Banna, and the cultural and historical links which years of political isolation have not yet destroyed are assuming a new importance as Yunnan is increasingly being drawn into the development plans of the Southeast Asian region. Yunnan, Tibet, Burma, Laos, Thailand, Cambodia, and Vietnam are geographically connected by the Mekong River: this link dates back to the era of the Silk Road which followed the Mekong through Yunnan, the Shan states, and across Laos into Thailand. Chinese labourers now use the Mekong to reach Laos in search of work opportunities. Forty per cent of the world's heroin is brought into Yunnan from Burma and Laos. The route links the Burma road with the China road, crossing the Mekong on the Burma-China border near Kachin state. Prior to 1997, 80 per cent of HIV infections in China had been found along this route.

Most HIV infections have been detected among young rural men—heroin addicts of the Kachin (Jingpo), Wa, and Dai ethnic minorities. Further south, in Xishuang Banna, the HIV cases are highest among ethnic Dai girls who have returned from sex work in Thailand. The fact that these girls speak a dialect close to northern Thai, coupled with their poverty and lack of education, has made this part of Yunnan a trafficking centre for the sex industry. Taken together, these links suggest that the one major HIV outbreak seen so far in China is very much a part of the wider Southeast

Asian epidemic. The countries of the Mekong region now acknowledge the river and its surrounding countryside as a development zone. Recently, China's relations with the three countries bordering Yunnan (Viêt Nam, Laos, Burma), and with Thailand, have improved. Yunnan is now considered to be a member of the "Greater Mekong Region". The province has become the centre of a growing overland trade route, and has been a beneficiary of regional foreign investment projects, in particular from Thailand (Armijo-Hussein and Beesey 1996: 7-8). Plans include linking with roads northern Thailand, the Shan states of Burma, western Laos, and Yunnan in a "golden triangle" area of development.

Turning to the matter of gender-related issues, China has a long history of sale and trade in women. In addition to sex workers, there were always minor wives, concubines, servants, the debt-bonds, slaves linking sex, power, and wealth. Nowadays, cross-border trade includes women and girls as another product.

This whole range of similarities shows that there is a need for trans-national regional co-operation to draw up official policies and achieve an effective co-ordination between local and international, official and NGOs actions. One example was the Northern South-East Asia Conference on Migration and AIDS December 1996 initiated by the EMPOWER NGO, based in Bangkok. A major stunning block is that Yunnan province in China is sometimes not included in northern Southeast Asia because Han China is reluctant to recognize Yunnan as part of Southeast Asia.

In Yunnan, minority populations account for about half of all reported HIV infections. The main reasons, which could also be found in all Mainland Southeast Asian countries, are as follows: historically drug use has been quite widespread among some populations; the main routes for drug trafficking pass through the minority areas; low levels of education and lack of health education programmes aimed at different ethnic groups; unbalanced development exacerbated by poverty, poor access to land and other resources. Reaching the highlanders has not been a priority of most governments even though the latter's understanding of health and illness

diverges greatly from that of the majority population (Beyrer 1998: 155-162).

Some projects proved an example of international, transnational and local networking and collaboration. Among them, two are five-country sub-regional projects including the countries from the Mekong region—South China (Yunnan), Laos, Burma, Viêt Nam, Cambodia—and Thailand.

1. The “Greater Mekong Sub-Regional STDs-HIV/AIDS Network” (AusAID regional Mekong project) co-ordinated in Bangkok, was launched by the Australian Red Cross in 1995. AusAID gives support to regional trans-border projects. Co-operation is under way between organizations involved in projects already implemented or in the pipeline in Yunnan, Laos, Burma, Viêt Nam, and Cambodia (Armijo-Hussein, Beesey 1996: 5-6). HIV/AIDS prevention and control activities are carried out in Yunnan and Guangxi through the Mekong sub-region HIV/AIDS Small Grants Facility. Workshops are organized in each country co-operating with the programme by turn, the same institutional model being used in each country; the programme includes exchanges of people and materials, and networking for sustainability.

2. The five-year “Regional Mekong Project” was launched by UNICEF in March 1997 including activities in Hainan, Guangxi, and Yunnan provinces. On the field, it was implemented by the health and education authorities, the Women’s Federation, and the China Association of Science and Technology. The UN organisation supports advocacy activities, promotes multi-sectoral co-operation, community-based “Information, Education, Care” (IEC) interventions, and peer education for youth. A complementary National HIV/AIDS project targets the same areas and shares similar goals. The Yunnan provincial project is implemented through the Yunnan Provincial AIDS office, and the national project through the Ministry of Health in Beijing. These projects are designed to develop networking at national and provincial levels and to produce capacities to provide education for high risk behaviour groups and promote awareness/knowledge among the general population

(www.unchina.org/un aids).

For instance, awareness raising among senior officials at provincial and county levels is undertaken through workshops and study tours, for example, visits arranged to provincial counterparts in northern Thailand. This is backed by work at the national level in China to improve the national policy and legal framework for STDs/AIDS prevention, control and care. As a contribution to institutional capacity building, provincial multi-sectoral working groups are being established, and senior provincial HIV/AIDS/STDs planners from Hainan, Guangxi, and Yunnan are being sent on placements to counterparts institutions in northern Thailand. In Yunnan, in the first instance, a working group of teachers has prepared teacher- training modules. Study tours to Thailand, Burma, and Hong Kong have been arranged. In order to reach out-of-school youth, UNICEF has provided financial and technical support to projects implemented in Yunnan by the Yunnan Red Cross/Australian Red Cross and by the SCF, and formed a working group to design training for township-level educators, equipped with appropriate materials. Study tours have provided the opportunity to observe the situation of out-of-school youngsters in Thailand. The budget for the Regional Mekong Project is one million US\$ (50 per cent provided by the Dutch national UNICEF, 50 per cent by the Dutch government), and that for the China programme project is half a million (Fox and Sun 1996: 17).

In Yunnan, AIDS prevention has been promoted in schools, which has required co-operation from the "Yunnan Reproductive Health Research Association" and the provision of the settings where actions and research could be conducted--in the National Normal University of Kunming and in two selected high schools. These actions were initiated as early as 1992 and a "Peer Education Program" was implemented by the SCF international NGO at the end of 1990. The programme emphasized a number of psycho-social and psychological aspects. To launch this programme, effective collaboration with high school teachers was compulsory. These teachers were trained volunteers. The SCF collaborated with the Education Bureau, Ministry of Education at the provincial level.

IV. Concluding Remarks

The control of the HIV/AIDS epidemic is a challenging societal and behavioural issue: its implications raise many social questions, which is the reason that the social and human sciences are being marshalled to address it. Collaboration between the health and the social sciences is urgently needed to build up coherent and efficient AIDS responses. This paper has shown that development programmes can no longer ignore social and cultural constraints once they have been documented, and have to improve their design and implementation, paying heed to them once they have been identified.

Targeting the minority ethnic groups identified as vulnerable populations accounting for 91 million people in China should become a priority for local governments and organisations. Patterns of migration which in China alone involve at least 100 million people, have to be carefully traced. Sexual cultures in transition (increase in pre-marital, casual, and commercial sex) and sexuality at large have to be studied in relation to gender and health-related issues. Being illegal and considered immoral by the government and population at large, drug use and commercial sex remain underground activities. Targeting IDUs, sex workers, sexual or ethno-cultural minorities, migrant workers, and other groups in the population (women or young people) for health education and STDs-AIDS prevention has never been an easy task anywhere but it is even a more difficult one in China and in most Southeast Asian countries. Indeed, a number of local social, cultural and political factors still needs to be identified from both emic and etic perspectives and to be approached with an anthropological understanding, and, once they have been beamed on, they must be well documented in order to build up more “appropriate” AIDS projects.

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