

MSM Stigma and HIV Transmission in Modern China: Investigating the 4th Phase of HIV Infection

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Abbreviation List

AIDS: Acquired Immuno-Deficiency Syndrome

CDC: Center for Disease Control and Prevention

HIV: Human Immuno-Deficiency Virus

IDU: Intravenous Drug User

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer

MOH: Ministry of Health

MSM: Men who have sex with men

NGO: Non-Governmental Organizations

PLWHA: People Living with HIV/AIDS

STD: Sexually Transmitted Disease

UN: United Nations

UNAIDS: Joint United Nations Program (Programme) on HIV/AIDS

WHO: World Health Organizations

Abstract

The complex historical, political, and cultural roots of China have generated a unique place for men who have sex with men today, perpetuating a system where the MSM community is neither aggressively rejected nor openly accepted. As these political and cultural systems perpetuate a pattern of stigmatization towards China's gay male population, few men feel comfortable approaching the existing health resources to seek treatment or get tested for HIV. As a result, men who have sex with men remain largely hidden from greater Chinese society and HIV is transmitted widely to both homosexual and heterosexual partners.

Through examination of HIV policy initiatives and their inclusion of MSM, the origin of gay stigma in China through the collection and synthesis of existing literature and data, studying the historical movements within Chinese HIV policy, and observation of modern day initiatives taken to integrate MSM into HIV control policies, can we better understand the connection between gay stigma and access to HIV testing, preventative care, and anti-retroviral therapy. As research gaps are noted, the importance of stigma reduction programs specifically targeted towards China's population of men who have sex with men is critically important in the coming years to address the spread of HIV within China.

Academic Importance, Research Gap, Methodology, and Thesis Scope

Scientific and epidemiological work on HIV in China has been developing over the last 15 years; however, research specific to men who have sex with men (MSM) is relatively sparse. When beginning the research process, a simple search in Deep Blue, University of Michigan's thesis drive, for "MSM China," "HIV MSM China," or "AIDS MSM China" resulted in no related or useful results. A 2011 meta-analysis found only 91 articles reporting HIV prevalence or reduction strategies for China's homosexual population from the years 2001–2009 with 23 published in English and 68 in Chinese.¹ And while Ministry of Health reports specifically reference the MSM population of China, few if any comprehensive pieces draw HIV policy and MSM stigma together in one focused piece to address the critical relationship these two hold.

The Chinese national regulatory system continues to engage in a community policing system where neighbors watch neighbors the community as a whole holds its members accountable to laws and regulation. As such, this cultural and legal system results in government policies having a closely knit relationship with cultural shifts and public perception.

Since the legalization of gay acts in 1997 and the declassification of homosexuality as a mental disorder in 2001, cultural perceptions of LGBTQ identified Chinese individuals has begun to shift. However, all is not perfect and stigma continues to be unintentionally created by governmental policies. Though the government has acknowledged that MSM are both biologically and sociologically susceptible to the HIV epidemic, this risk-group was largely overlooked by the government in the first few decades of the HIV epidemic.²

A small number of works examine the intersection of MSM stigma and HIV transmission in China. However, overall existing reports do not critically examine gay rights policy history,

¹ Chow 2011a

² He 2011

social movements, and activism to understand how cultural shifts in LGBTQ acceptance have impacted access to HIV interventions. As this thesis is interdisciplinary—incorporating elements of history, Chinese studies, queer studies, anthropology, and public health—my initial goal was to conduct a comprehensive literature review to reveal a diverse body of different valid perspectives and opinions; making sense of them and examining how MSM, the government, the global community, and academics respond to this information differently.

My initial exploration of my core research questions started with conducting a systematic review of published research journals and newspaper articles using PubMed, Medline, GoogleScholar, and ArticlesPlus. My initial search keywords were (“HIV” OR “AIDS”) AND (“MSM” OR “homosexual” OR “gay” OR “LGBTQ”) AND “China.” I used the word search functionality of Adobe reader and HaithiTrust to process qualitative data and identify themes. As a concession to practicality, when referencing policy documents, interviews, news articles, academic blogs, and other sources in Mandarin Chinese I selectively transcribed the paragraph before and after the examined passage rather than translating the entire piece.

As I progressed through my research, my attention was directed specifically at gathering and merging the existing data on gay stigma in China with statistics and policies from China’s HIV history to examine how gay men are able to access HIV prevention and care resources. Through this process, I will identify gaps in research for further study and propose potential improvements in the HIV/AIDS care system in China for MSM.

Though work has been done examining the impact of gay, LGBTQ, and MSM stigma on populations in China, the regions of study have focused on the HIV transmission hotspots of urban areas and Yunnan province. Studies released as recently as January 2015 look to fill this research gap; however few qualitative studies exist which investigate the social, cultural, and

economic barriers HIV+ MSM face when looking to access HIV/AIDS-related services.³ From a geographical perspective, this thesis excludes studies conducted in Hong Kong, Macau, Taiwan, and other parts of the world outside of Mainland China. Each of these regions and political zones has a different scope of HIV epidemic, reporting procedures, health systems, and economic structures. Reconciling these differences would detract from the core idea of this thesis and were therefore excluded.

My research paradigm focused around the integration of both quantitative and qualitative data. For quantitative data I looked primarily at epidemiological studies and published statistics from respected not-for-profit or government agencies. My intention with quantitative data was to explain the rise of HIV overall in China while separating out the rise of HIV among MSM. When it comes to qualitative data I focused on finding soft data to augment my personal experiences in China. Online video interviews, radio broadcasts, academic blogposts, and newspapers are included to provide a historical context for HIV spread. Through displaying both sets of data, I delineate how stigma towards men who have sex with men has led to an increase in HIV transmission in China.

I have been studying Chinese language and culture the last eight years, travelling to eastern China three times. Through my first two trips in 2009 and 2010 I came to know that openly performing an LGBTQ identity in China was a difficult to handle; however, as a high school student at the time, I was not able to gather much in the way of ethnographic data. I was interested in exploring what parents, doctors, and students felt about LGBTQ identities. So, in 2013 the three months I spent in China I was fortunate to make strong friendships which introduced me to the deeply entrenched complexity behind how eastern, urban Chinese culture

³ Li 2015

approaches homosexuality, gay marriage, and acceptance. This experience allowed me to draw parallels and notice stark differences between the cultural experiences I have had in China and those in the United States.

As I progressed through my research, I realized I needed to set fourth clear and comprehensive exclusions to describe the areas of research I have the space to explore in detail in this work. Overall my goal was to tackle the HIV/AIDS epidemic in MSM by integrating details about gay acceptance rather than engage with the academic nature of queer theory, biostatistics, or close-reading analysis. The scope of this thesis do not extend to an in-depth collection and analysis of Chinese men's stories which I strongly considered by interviewing LGBTQ Chinese international students at the University of Michigan who identified as having experience with HIV. However, as I explored the process, I realized not only how small the data pool will be, but also how skewed the data would be with a primarily upper-class, academic, Chinese population on campus I found it not worth the time. I also explored the potential of travelling to China through a Fulbright Grant, however, without the support of a Chinese LGBTQ NGO, my inability to take a substantial enough amount of time off from school, and the difficulty I would experience with my language level engaging in these sensitive conversations, I saw my efforts best spent on campus. To fill this gap, I have made sure to examine articles where gay men have been given a voice.

Exclusions of this study extend to the topic of maternal and neonatal HIV/AIDS transmission which has been covered more extensively than the MSM transmission in both urban and rural areas. Additionally, studies on intravenous drug users (IDUs) have already been covered more extensively and are not critically examined in this piece.

Finally, though exploring the specifics of anti-retroviral therapy, especially in light of the fact that today in the United States with the implementation of highly-active antiretroviral therapy, HIV/AIDS is becoming a chronic disease and less an infectious disease, I cannot go into depth examining the over 37 different drugs—including Truvada’s use in both pre- and post- exposure prophylaxis—to fight the virus, their availability, and their impact on Chinese individuals. To keep the scope of my thesis small, I have decided to focus primarily on male to male relationships and stigma. Records of relationships between women are especially rare in ancient Chinese literature, outside of one notable exception 140-206 CE where palace women formed a defined husband and wife relationship called *dui shi*, literally translating to “paired eating,” potentially denoting cunnilingus.⁴ From a social justice perspective, *lalas* or lesbians in China are talked about very infrequently and HIV and homosexuality conversations continue to be male dominated as the majority of HIV risk falls to men.

As I progressed through my research, my attention was directed specifically at gathering and merging the existing data on gay stigma in China with statistics and policies from China’s HIV history to examine how gay men are able to access HIV prevention and care resources. Through this process, I will identify gaps in research for further study and propose potential improvements in the HIV/AIDS care system in China for MSM. Overall, this work focuses upon a comparison of the themes between the Chinese culture’s perspective on MSM and the subsequent influence these perceptions may have on the epidemiological statistics of HIV transmission.

With a background in social justice, I have learned to navigate the nuanced use of similarly defined terms and observe the impact which small meaning changes have in the scope

⁴ Hinsch; 174

of a research project. The terms “homosexuality and homosexual,” “men who have sex with men (MSM),” “gay,” “same gender loving,” and LGBTQ are deceptively similar, but represent different social aspects of the gay identity and carry different connotations. The terms have also changed meaning over time, in the CDC’s 1985 compilation of the Morbidity and Mortality Weekly Report’s on AIDS June 1981 to June 1985⁵ the search term “homosexual” appeared 211 times while “gay” appeared only twice. The abbreviation MSM, “sex with men,” and “men who have sex with men” did not appear at all in the 112 page book. While the term “same gender loving” arguably holds the lowest level of implicit stigma and negative connotation it proves unwieldy and does not speak effectively to my research work.

As “homosexuality” and “gay” define identity and social connotations, these terms are more common in conversations about gay stigma and policy. “Men who have sex with men (MSM)” is a term commonly employed in epidemiological work to describe physical behavior and the act of disease transmission. As this term encompasses behavior and not identity, it includes the large number of Chinese men who may not identify as gay but do engage in sex with other men. As such, this term is primarily employed in conversations about disease transmission and used to describe the results of public health research.

After consultation, I have decided to continue with modern perspectives on social justice and LGBTQ rights and primarily use the terms “gay” and “men who have sex with men (MSM)” in my work.

⁵ CDC 1985

Chapter 1: A Growing Epidemic: HIV Among MSM in China

A Global Viral Pandemic Enters the Next Stage

In almost every country with adequate data, HIV prevalence among the MSM population exceeds the level of the general population.⁶ The HIV/AIDS pandemic has been rampaging the globe since initial details of the disease, first termed Gay Related Immuno-deficiency Syndrome (GRID), were published in the U.S. Center for Disease Control's Monthly Morbidity and Mortality Report.⁷ To this day in almost every country with available figures, HIV prevalence is concentrated largely amongst the stigmatized and difficult to reach injecting drug users (IDUs), gay men, and sex worker populations.⁸

Around the world, stigma against homosexuality influences both the lives of MSM and HIV prevention efforts with the most extreme outcomes mediated through the regulation of the social environment.⁹ Today, China is no exception and concern for an emerging epidemics among MSM is on the rise.^{10, 11, 12} As of now, the MSM population of China already suffers from both high incidence and high prevalence of HIV.

The global HIV prevalence in 2001 of 28.6 million has risen to a count of 33.3 million in 2009 and¹³ in 2011 an estimated 2.5 million individuals worldwide were newly infected with HIV. In 2011 of the 34 million individuals worldwide living with HIV, 23 million resided in sub-Saharan Africa.¹⁴

⁶ Beyrer 2012

⁷ CDC 1981

⁸ Kelland 2014

⁹ Neilands 2008

¹⁰ Chow 2011a

¹¹ Zhang 2005a

¹² Chow 2010

¹³ WHO 2011

¹⁴ WHO 2013

According to most the recent United Nations data on the year 2013, 35 million people were living with HIV and 2.1 million were newly infected globally, meaning that overall the HIV/AIDS epidemic has been responsible for almost 40 million deaths worldwide since its inception.¹⁵ However, there most definitely is hope. Though levels have risen of late, the 2009 HIV count of 33.3 million is 19% lower than the count from 1999.¹⁶ The most updated WHO annual statistical report states that in the year 2012 an estimated 1.6 million people died of HIV/AIDS worldwide, with 35.3 million individuals living with HIV; a notable decrease from the pandemic's 2005 peak of 2.3 million deaths. Globally in 2012 an estimated 2.3 million people were newly infected with HIV—a 33% decrease from 2001's 3.4 million estimate.¹⁷ In June 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) released an estimate that AIDS retroviral drugs will be available to approximately 13.6 million individuals throughout the globe, a noticeable increase from the 5 million receiving treatment in 2010. The world is reaching "the beginning of the end" of the AIDS pandemic: in 2014, the number of individuals newly infected with HIV was lower than the number of HIV+ individuals approaching health systems for treatment.¹⁸

In Asia, HIV control efforts do not necessarily match the successes of the rest of the globe. As individuals living in sub-Saharan Africa account for 70% of all new infections,¹⁹ this population has received the majority of international aid. Therefore, Asian nations struggling with HIV have rarely become the focus of the global public health community. In the Western Pacific Region, of which China is included, one of the key millennium development goals to

¹⁵ Kelland 2014

¹⁶ WHO 2010

¹⁷ WHO 2014

¹⁸ Kelland 2014

¹⁹ WHO 2014

“have halted by 2015 and begun to reverse the spread of HIV/AIDS” reported insufficient progress.²⁰

HIV In China: The Current Situation

In the nation of China in particular, transmission of the HIV/AIDS epidemic has increased in severity. Since the 1980s, the HIV/AIDS epidemic has maintained a low-prevalence trend throughout the nation with higher-prevalence present in specific provinces and risk groups.²¹ The Chinese government acknowledges that outside of a human rights issue, high HIV prevalence significantly impacts the economy and as levels of the disease continue to rise, there is an urgency at which the government must act.

To best understand the unique properties of China and how successful policies from other countries can be adapted or may not apply, it is important to compare China with other country's histories and cultural differences. When China was first approaching the epidemic, HIV control policies were not very effective. In China it is said that HIV follows a transmission pathway similar to other Asian Countries²² such as Thailand, a nation with a larger percentage of funding going towards health. HIV prevalence among MSM in the low and middle-income Asian countries of Cambodia, Indonesia, and Thailand are estimated to be at 7.8%, 9.0%, and 24.6% of the population respectively.²³ While in China HIV levels have been rapidly increasing among MSM they are not yet at this point. In South Africa, HIV went through a drastic increase from 1% to 20% of the population being infected from 2000 to 2003.²⁴ This event was noticed by

²⁰ WHO 2014

²¹ MOH 2012

²² He 2011

²³ Chow 2011a

²⁴ WHO 2011

China while they were going through their epidemic: a strong case for an aggressive policy response.

HIV/AIDS regulation models and policies differ greatly from country to country. The United States' response to the HIV/AIDS epidemic has been colored with political activism, governmental delay, and eventual intervention: the HIV epidemic in the U.S. was initially most prevalent among urban, upper-class gay men over time progressing to the populations of hemophiliacs, Haitians, and heroin users in addition. Now with retro-viral treatments, HIV has become a chronic disease among the upper class in the U.S. but due to health distribution inequities, African American and Latino/a Americans are most likely to be infected with HIV the goes untreated. China finds itself in a similar situation with its urban and rural divide.

The regulatory climate of China has influenced how HIV/AIDS activism operates. In the United States, various HIV/AIDS activist groups pushed forward policy and advocated for government involvement from the inception of the epidemic. Activists in China continue to play an important role in raising awareness in the government and media of the marginalized populations suffering from HIV. In China, however, activists run into more legal trouble and serious obstacles in their work, including arbitrary detention, harassment, and intimidation. On August 24, 2002, one of China's most well-known AIDS activists, Wan Yanhai, was arrested and detained in Beijing for his release of an internal government report about the Henan AIDS crisis.²⁵ Wan Yanhai is director of the Beijing Aizhizing or love, knowledge, and action Institute, a play on the Chinese word *aizibing* for AIDS. Not soon after the Chinese government forced Yanhai to leave Beijing to avoid "potential conflict" at the June 4 Tiananmen Square anniversary,²⁶ Yanhai left China with his family for the United States.

²⁵ Kellogg 2003

²⁶ Human Rights 2011; 292

Aside from management of activism complicating Chinese governmental processes, the government must also handle the significant variation in epidemiologic data present from region to region²⁷ and city to city.²⁸ HIV prevalence in the southwest regions of China is remarkably high in comparison to other regions,²⁹ in particular the special economic zone of Shenzhen, a special economic zone in southern China.

Sexually transmitted cases have increased from 7.2% in 2002 to 43.6% in total infections by the end of 2005.³⁰ By 2005, though many HIV-infected individuals in China were drug users early on, patients infected via sexual transmission were the fastest growing group, accounting for close to 50% of new infections.³¹ The year 2007 marked the beginning of China's sexual liberalization and an increased independence and openness of the LGBT community in Shanghai and Beijing.³² Attitudes towards sex were becoming increasingly more liberal and, as a result, premarital and extramarital sex were becoming more and more common.³³ Sexuality, similar to perspectives towards drug use "is not openly discussed in Chinese society and is therefore neither easily targeted by health promotion campaigns, nor traditionally taught in schools."³⁴

Commercial sex work is illegal in China, therefore sex workers operate out of karaoke bars, hotels, or hair salons. The traditional approach to controlling HIV transmission facilitated through commercial sex workers has been strict legal restrictions and punishments to prevent risky behaviors. If a sex worker was apprehended during a raid on a suspected sex establishment,

²⁷ Chow 2011a

²⁸ He 2011

²⁹ Chow 2011a

³⁰ MOH 2006

³¹ MOH 2006

³² Rofel 2007

³³ Wu 2007

³⁴ Zhang 2004

the individual is subjected to compulsory law and morality education, testing and treatment for sexually transmitted diseases, and on occasion forced participation in productive labor. Under the Frontier Health and Quarantine Law, those knowingly infected with HIV who continue to practice prostitution are subject to severe penalties potentially including criminal detention ranging from 6 months to 2 years.³⁵ Strict policies such as these have colored how the government approaches the MSM population.

The Chinese government, in partnership with WHO, UNAIDS, and the U.S. CDC have released several reports in the last 15 years estimating the epidemic will spread further. By 2001, 850,000 people had contracted HIV in China and the HIV surveillance systems first put in place around 1995 began to improve notably.³⁶ As a result, more and more patients living with HIV/AIDS were being identified and use of treatment services began to increase. By 2001, around 69,000 of the newly identified HIV/AIDS patients were rural poor individuals, who received HIV via infected needles after selling their blood plasma to travelling for-profit blood collection agencies in the mid-1990s.³⁷

Surveillance of HIV Levels

Surveillance data indicates HIV is spreading from drug users, sex workers, and other high-risk populations to the general population. In 2005, 45.5% of injection drug users (IDUs) were sharing needles and syringes, and 11% of IDUs were engaging in high risk sexual activities, increasing their risk of becoming infected with HIV and accelerating the spread of HIV among drug users.³⁸ The level of HIV transmission via sexual transmission—the most prevalent method

³⁵ Gil 1996

³⁶ MOH 2003

³⁷ MOH 2006

³⁸ MOH 2006

of transmission as of 2012³⁹—has been increasing, particularly among the population of men who have sex with men. However, among the general population, HIV levels are also increasing. In 2013, the percentage of HIV infections from sex has more than doubled from its 2007 levels to 96.7 percent, overtaking drugs as the leading cause of infections locally.⁴⁰

Extreme predictions about HIV/AIDS spread in China were released in a June 2002 report through a partnership between the Chinese Ministry of Health and the UN. This report provided a rather grim update of the AIDS situation and needs assessment of China. Warning of a “titanic peril,” this report broke the silence about an unregulated system of illegal plasma collection centers located within impoverished populations. Using words like “dramatic explosion,” “imminent risk,” “chaotic situation,” “national disaster,” and “catastrophic AIDS epidemic,” this document warned of the worsening epidemic in China and likely influenced the attitudes of policymakers. In this report the prediction of a dramatic increase in HIV-prevalence to 10 million individuals by 2010 was made.⁴¹ Coupled with knowledge of South Africa’s drastic increase in HIV prevalence from 1% to 20% of the population from 2000 to 2003,⁴² the Chinese government was presented with a strong case for aggressive policy response.

As time progressed, the report appeared far more frightening than reality, and more recent reports have posed questions against it. A 2007 comprehensive policy analysis called the figures from this report “unsubstantiated,” arguing the data had been repeatedly misused in discussions of China’s HIV future and HIV regulation policy.⁴³ Another report stated the *Titanic Peril*

³⁹ MOH 2012

⁴⁰ Hayoun 2013

⁴¹ UNAIDS 2002

⁴² WHO 2011

⁴³ Wu 2007

report's predicted increases can be attributed to the increased number of individuals being tested and the increased reporting of HIV patients which followed.⁴⁴

Regardless of the reliability of this report, by 2001 AIDS remained a growing problem in China. Compared to the 15 years from 1985 to 2000 where the total number of reported AIDS cases reported was 880 with 496 deaths, between 2001 and 2002 these numbers were 1,742 and 716 respectively.⁴⁵ In 2002 and 2003, annual HIV infection rates increased by 122% between the two years,^{46,47} and by June 2003, there were 45,092 HIV positive and 3,532 AIDS patients reported in China.⁴⁸

In 2003, a coalition of the Chinese CDC, NCAIDS, and State Council partnered with international organizations including the World Health Organization (WHO), the Joint United Nations Program on HIV/AIDS (UNAIDS), World Bank, and the United States' CDC to develop an assessment of HIV/AIDS prevention, care, and treatment in China. These more advanced data collection strategies firmly supplemented earlier data that the AIDS epidemic began in the marginal populations of China including intravenous drug users, sex workers, poor farmers, and migrant workers. This 2003 MOH/UNAIDS joint issued report estimated China had 840,000 people living with HIV/AIDS (PLWHA) and 80,000 from this number having developed AIDS.^{49, 50, 51} This report noted dramatic increases in incidence and prevalence among the main transmission routes of IDUs and blood plasma sale with epidemic having spread to 31 provinces with a significant overall increase in reported HIV/AIDS cases. As of 2004, the government has

⁴⁴ MOH 2006

⁴⁵ MOH 2003

⁴⁶ Wu 2004

⁴⁷ MOH 2003

⁴⁸ MOH 2003

⁴⁹ MOH 2003

⁵⁰ Wu 2004

⁵¹ Wu 2007

focused on addressing the environmental barriers which keep primarily under-resourced, marginalized populations from HIV testing and treatment. Before 2004, China HIV prevalence was 2.5%⁵² and the number of people affected by HIV was estimated somewhere within the particularly wide range of 430,000 to 1.5 million, the primary causes of spread being IDUs and prostitution.⁵³

In a partnership report released January 24, 2006, due to “more representative data” and “better estimates of the most at-risk populations,” the 2003 840,000 HIV cases figure was revised down to 650,000 PLWHA with 75,000 people living with AIDS for 2005, an almost 200,000 person reduction,⁵⁴ half this number estimated to be among IDUs.⁵⁵ As this data can be used to argue a decrease in HIV infection in China it is important to address the discrepancies in these two official reports. There are three main reasons to explain this notable change in estimates. First, there was a wider range of data used in 2005 than in 2003: in 2003, there were 194 surveillance sites distributed throughout the country, mostly located in high prevalence areas where few epidemiologic investigations were completed and the lack of advanced calculations led to limited available data. By 2005, China has set up 329 surveillance sites throughout the country with more in-depth surveys performed to provide a more representative sample. Second, in 2003 the large and unwieldy measurement of the province was the geographical unit used to survey data. In 2005, the smaller and more specific prefecture level allowed for more detailed data to not only more accurately report the number of infections but also the largest areas of HIV prevalence. Third, in 2005, as the estimates on HIV in MSM focused on MSM with high-risk behaviors, the estimate of 47,000 MSM living with HIV/AIDS in China in 2005 was a number

⁵² He 2011

⁵³ Steinbrook 2004

⁵⁴ Xinhua 2008

⁵⁵ MOH 2006

almost half that of the 2003 estimate of 97,000. Overall the 2003 and 2004 initiated policies may have led to decreased HIV. What is more likely, however is that the initiated policies were better at attaining more accurate HIV estimates throughout the country. Though overestimates were present in the 2003 report, the decrease in HIV prevalence between these two reports does not necessarily suggest that policy interventions implemented by the government over this time period were particularly successful in reducing overall HIV rates.

By 2006 in Yunnan, Henan, and Xinjiang province, HIV prevalence exceeded 1% among pregnant women and those receiving premarital and clinical HIV testing: meeting the UNAIDS criteria for a generalized epidemic⁵⁶ the overall prevalence rate of adult infection was under 0.1%,⁵⁷ but even in area with low infection rates, China's population of almost 1.4 billion makes HIV/AIDS spread a considerable concern.⁵⁸ By the end of 2006, there were over 30,640 individuals living with HIV who received treatment in 800 counties in all 31 provinces.⁵⁹ Compared to the earlier numbers, estimates rose to 700,000 PLWHA with 85,000 AIDS patients by the end of 2007.⁶⁰ Overall, from 2006 to 2007, prevalence was 3.3%.⁶¹

In 2008, Wang Weizhen, deputy director of the HIV/AIDS prevention and treatment department stated in a press conference “the spread of AIDS has generally slowed down in China” but that factors rapidly facilitating transmission remain in some areas.⁶² In a report by Chinese state media, the government acknowledged that in 2008 HIV/AIDS was leading cause of death among infectious diseases, moving past tuberculosis and rabies for the first time ever. In

⁵⁶ MOH 2006

⁵⁷ MOH 2003

⁵⁸ Hong 2009

⁵⁹ Wu 2007

⁶⁰ Xinhua 2008

⁶¹ He 2011

⁶² Xinhua 2008

the first nine months of 2008 there were 44,839 new HIV infections and AIDS was responsible for the deaths of 6,897 individuals, a notable increase as less than 8,000 lives were lost before 2005.⁶³ By this time sexual transmission had been recognized as the main channel of contracting the virus, and the epidemic situation was known to differ greatly by region. As is the case with HIV data in the MSM population specifically, the true figures are likely higher due to several factors including limited rural surveillance and the internalized stigma and discrimination for PLWHA which discourages self-reporting. There were 264,302 registered cases of HIV/AIDS in September 2008, up from 183,733 in 2006; with 77,753 AIDS patients and 34,864 AIDS deaths.⁶⁴

In 2011, international organizations noted most of the globe's HIV hubs had passed their infection incidence peak, while in China the HIV epidemic continued to rapidly grow.⁶⁵ As of 2011, there were approximately 760,000 PLWHA in China.⁶⁶ By 2012, the number of individuals living with HIV/AIDS continued to rise and AIDS prevalence among different risk groups remained high; the number of AIDS patients has continued to rise markedly, with the number of all-cause deaths increasing.⁶⁷ In contrast, the World Health Organization notes China now has a higher life expectancy at birth than 7 out of 10 countries in Eastern Europe⁶⁸ and some sources articulate China's HIV epidemic may be at a level lower than that stated by international health agencies.⁶⁹ Some take this contrasting data to argue in favor of the moralistic policies enacted by the Chinese government in the early 1980s. However, China's initial response to the

⁶³ McGivering 2009

⁶⁴ Xinhua 2008

⁶⁵ Chow 2011a

⁶⁶ Chow 2011a

⁶⁷ MOH 2012

⁶⁸ WHO 2013

⁶⁹ Wu 2007

HIV epidemic did not factor in the large drug trafficking network facilitating HIV transmission across China's southern and western borders or the MSM population. This oversight and lack of surveillance in the early years led to increased transmission as between the years 1995 and 2000 with the number of annually reported HIV infections increasing around 30% each year.⁷⁰

The Fourth Phase of HIV Transmission

To concisely explain the complexities of the Chinese HIV epidemic, a phase model framework has been used to explain the outbreak's history: separating the different transmission methods and time periods into succinct explanations.

The first phase of the HIV epidemic is recognized as the period of time from the inception of the disease in June 1985 to late 1989, where HIV entered the country primarily along the east coast by visiting tourists and foreigners. The second phase began roughly five years later on December 1989 when the first outbreak of HIV was found in Yunnan province due to needle sharing heroin users. In the third phase, commonly thought as beginning in January 1995 involves the HIV outbreak which spread rapidly throughout the rural populations of China due to a series of commercial non-health system affiliated plasma donation distributors.⁷¹

Since the discovery of the epidemic in the 1980s, sexual transmission of HIV particularly that among men who have sex with men has not been the priority of focus for either epidemiological research or policy. Multiple research studies over the past 15 year have presented this risk and the government has begun to take notice. However, the connections with ancient history, policy, and media have led to high levels of sociological stigma. This stigma leads to MSM not getting testing for HIV, not seeking treatment, and the continued transmission of the virus to both homosexual and heterosexual partners. In this way, a fourth phase of the HIV

⁷⁰ Wu 2004

⁷¹ Wu 2007

epidemic has been and is continuing to take place where transmission of HIV via men who have sex with men unable to get treatment and testing remains a concern.

The official count of men who have sex with men in China is large and increasing, but this pattern may be due to several mutually exclusive explanations. As only a small number of men are willing to openly declare their sexuality, statistics and reports on the number of gay men in China varies significantly. The earliest counts of gay men in China come from research papers in 2002 which estimated the number of men who have sex with men somewhere between 2 and 8 million or 2 to 5% of the population,^{72, 73} this number continues to be cited in more recent journals as well.⁷⁴ In a 2005 article, official statistics approximated mainland China was home to 30 million homosexuals, 2.3% of China's population. However, it was not clarified as to whether the number was exclusively male homosexuals and may also include lesbians.⁷⁵ A 2006 China Daily article placed the estimate of men who have sex with men between 5 and 10 million men or 0.4 to 0.8%, 1.35% of which were thought to be HIV positive.^{76, 77} In 2010, a China Daily article compared these estimates from 2006 with a more recent sociological estimate between 36 and 48 million.⁷⁸ In 2013, the entrepreneur and developer of China's top gay networking smartphone application, Blue-ed, estimated there were 13 million gay men in China.⁷⁹

| Year | Article | Estimated Number of MSM |
|------|-------------------------------------|-------------------------|
| 2002 | <i>Zhang BC 2002 and Zhang 2002</i> | 2 to 8 million |
| 2005 | <i>China Daily 2005</i> | 30 million |
| 2006 | <i>MOH 2006</i> | 5 to 10 million men |
| 2010 | <i>Yang 2010</i> | 36 to 48 million |
| 2010 | <i>Hayoun 2013</i> | 13 million |

⁷² Zhang BC 2002

⁷³ Zhang 2002

⁷⁴ Chow 2011a

⁷⁵ China Daily 2005

⁷⁶ MOH 2006

⁷⁷ China Daily 2006

⁷⁸ Yang 2010

⁷⁹ Hayoun 2013

When clearly laying out this information, the six articles referenced follow no clear pattern, nor provide any discernable understanding of how many MSM exist in China. Outside of intentional bias and variation in survey methods, two factors likely contribute to this wide variance in counts. First, as Chinese culture has been becoming more and more open, it is likely that more and more individuals feel more comfortable in their identity and are more open to report their behaviors accurately to health agencies and government statisticians. Second, the government has implemented efforts as of 2003 which specifically target men who have sex with men and may have led to the increase in reporting from that time.

Barriers to HIV Treatment for MSM: Stigma and Socio-economics

So the question becomes, with HIV clearly a problem in China, why should programs which target society's reduction of stigma towards gay men be at the same level or prioritized over HIV reduction and public health programs. The level of stigma the general Chinese population hold both towards individuals living with HIV and men who have sex with men determines the level to which these populations engage with the HIV system currently in place in China. There have been a wide range of research studies which document the extremely worrisome negative outcomes that stigma directed against MSM can have, specifically with respect to increased concealment behaviors.⁸⁰ The concealment and stigmatization of HIV/AIDS in China has led to associated transmission activities and prevented MSM from seeking treatment. As high levels of stigma have been shown to cause a wide range of effects which lead to increased HIV transmission, looking to anti-stigma campaigns is especially important.

⁸⁰ Neilands 2008

In China today the social discrimination and traditional taboos which exist against openly discussing homosexuality make it difficult for health systems to identify MSM and for MSM to feel secure coming forward to seek treatment.⁸¹ As of today, men who have sex with men are least likely to get HIV testing among all Chinese risk-groups,⁸² masking a population where incidence is highest from both behavioral and medical interventions.

Before considering social and cultural barriers to HIV treatment presented within China, it is important to embrace the primary barrier not-associated with LGBTQ identities which exacerbates these barriers and entrenches difficulties for accessing HIV treatment: socio-economics and the distinction between the urban and rural environment. Especially when combined with a lack of insurance and high medical treatment fees, a low socio-economic status bars many MSM from accessing healthcare.⁸³ Health services in China rely heavily on user fees, where HIV health system workers frequently require additional, chargeable services of patients: most of which the large rural population infected with HIV/AIDS are unable to afford.^{84, 85, 86}

There are significant differences between urban and rural areas of China due to numerous sexual behaviors, the size of the MSM population, level of education, access to internet, and degree of societal discrimination. Urban and rural residents are separated not only socio-economically but belong to different ethnic groups, have different ways of life, and have different cultural customs. Those born and raised in cities have their rights largely protected and have little to no desire to think about the countryside. In rural China, citizens are easily mistreated and frequently encounter violence from legal authorities.⁸⁷

⁸¹ He 2011

⁸² Beyrer 2012

⁸³ Li 2015

⁸⁴ Zhang 2006

⁸⁵ Wu 2007

⁸⁶ Zhang 2006

⁸⁷ Martinsen 2005

China's lightning fast urban development followed a timeline starkly different from the rural areas. With high poverty, worsening health services, and low education it was the poorest populations in China that had the lowest levels of HIV awareness and therefore suffered most significantly from HIV. When HIV was studied among rural Chinese MSM, a common theme which developed was a pattern of forced migration to urban centers for employment where these rural MSM found themselves trapped in a cycle of stigma and marginalization: their social status remained low and had little mobility on the social ladder.⁸⁸

In 2003 the majority of individuals living with HIV/AIDS were poor, with little to no education, and living in rural areas.⁸⁹ By 2005, due to changes in economic structure, these PLWHA faced strong pressure to migrate in search of employment: experiencing marginalization in their new communities due to stigma and discrimination.⁹⁰ The simple ability to identify individuals with HIV in order for them to be treated and provided anti-retroviral drugs to prevent further transmission is one of the most crucial aspects of any HIV control campaign. Yet, though the Four Free and One Care policy made antiretroviral treatments freely available in the Chinese health system,⁹¹ the health systems which provide these drugs are often not willing to serve HIV positive patients.⁹² Currently, no law in China protect the rights of HIV patients to be eligible for medical services⁹³ and as PLWHA are afraid to visit health centers with the knowledge they will likely be turned away regardless, underreporting is a notable consequence.

With respect to health insurance, even if an openly gay man who has contracted HIV bought commercial medical insurance before becoming infected, the insurance company could terminate

⁸⁸ Rosenthal 2001

⁸⁹ Zhang 2005b

⁹⁰ Zhang 2005b

⁹¹ Wu 2007

⁹² Li 2015

⁹³ Li 2015

the policy.⁹⁴ There are existing compulsory national insurance reporting standards. However, if an AIDS patient were to truthfully report his status to his insurance company, the insurance company generally rejects him without repercussion from the government. If an AIDS patient does not report truthfully, they are termed *zhabao* or “insurance cheater”, and the insurance company—even if they are currently insuring the patient—is able to expropriate the insurance premium and coverage.⁹⁵ In fact, in a recent study in Shenzhen province, about one third of the HIV positive MSM participants surveyed did not have access to any form of medical insurance, confirming that after receiving their HIV diagnosis, these men were no longer qualified to purchase insurance from the private sector.⁹⁶ Addressing current structural and organizational barriers are equally important in promoting the use of HIV/AIDS-related services. Some reports have given in, stating it is quite unlikely that medical insurance will extend to reliably cover HIV patients in China.⁹⁷

The internet in China has been credited as helping speed the cultural shift to LGBTQ acceptance. Due to fear of discrimination, Chinese MSM often turn to information received through smartphone applications on HIV/AIDS testing and treatment centers.⁹⁸ More and more people in China have come to accept the scientific explanation about being gay not being abnormal.⁹⁹ However, as the vast majority of rural dwellers have no Internet access, these individuals rarely speak of homosexuality. When they do, it is most commonly thought of as a disease rather than an unchangeable identity.¹⁰⁰

⁹⁴ Li 2015

⁹⁵ Song 2009

⁹⁶ Li 2015

⁹⁷ Li 2015

⁹⁸ Larson 2014

⁹⁹ Larson 2014

¹⁰⁰ Gifford 2005

Poorly trained staff, unreliable technical resources, and a poorly educated, spread out, rural population represents a significant challenge to the implementation of effective HIV/AIDS reduction programs.^{101, 102} A large amount of the government funds available for HIV have been spent on construction and human resources for training centers: building the capacity of health workers to optimize their service quality, meaning laboratory and clinical infrastructure necessary to monitor treatment is not as common in rural regions.¹⁰³ Additionally, as health workers in rural areas do not have a basis of medical qualifications from which to build off from, their ability to understand the complexities of treating HIV patients are notably limited.^{104, 105} Generally, HIV/AIDS treatment workers have very high workloads and are very stressed,¹⁰⁶ and adequately trained staff capable of providing effective treatment and prevention services are quite uncommon in rural areas.¹⁰⁷ As these biases, stigmas, and negative attitudes from health workers remain commonplace, a lack of institutional support has resulted among rural healthcare providers and educators which inhibits and delays healthcare treatments to HIV MSM and other risk groups.¹⁰⁸

Though the level by which MSM are included in China's surveillance system has improved drastically over the last 12 years, critically examining the history behind the system can help inform how data on MSM can be best collected, and what options have already been explored. However, there continue to be concerns with China's existing surveillance and HIV/AIDS data collection systems: in particular with respect to poverty and health inequities which inhibit

¹⁰¹ Zhang 2005b

¹⁰² Wu 2007

¹⁰³ Zhang 2005b

¹⁰⁴ Yip 2006

¹⁰⁵ Wu 2007

¹⁰⁶ Li 2015

¹⁰⁷ Zhang 2005b

¹⁰⁸ Li 2006

healthcare access.^{109, 110} Prior to 2003, most of China's sentinel sites did not cover MSM,¹¹¹ and even as recently as 2011 many sites have yet to initiate MSM targeted surveillance.¹¹² In 2006, over 2, 300 counties across all of China's provinces made up a total of 3, 037 individual sites.¹¹³ As of 2007, there were 5,500 individual screening laboratory sites throughout China with 99 laboratories able to provide, analyze, and confirm HIV tests and surveillance had been expanded to 845 national sites to include men who have sex with men.¹¹⁴

In January 2006, the State Council of the People's Republic of China issued Regulations on AIDS Prevention and Treatment which specifically included MSM as a population vulnerable to HIV infection.¹¹⁵ This regulation for treatment directed officials and organizations at every level of governance to include MSM in HIV-prevention activities.

As of 2008, there continue to be few surveillance data on the HIV epidemic among MSM in mainland China.¹¹⁶ In 2009 there were 1,318 surveillance sites with the sentinel surveillance which expanded to 1,888 sites in 2010, though not all of these site specifically studied and recorded data on MSM.^{117, 118} As of 2011 more than 8,000 laboratories were able to provide HIV antibody screening testing, 370 laboratories able to measure CD4+ T-cell counts, and 30 were able to provide HIV viral load testing.^{119, 120}

¹⁰⁹ Li 2015

¹¹⁰ Kaufman 2005

¹¹¹ Jing 2005

¹¹² Chow 2011a

¹¹³ Wu 2007

¹¹⁴ Wu 2007

¹¹⁵ Hong 2009

¹¹⁶ Neilands 2008

¹¹⁷ Wu 2011

¹¹⁸ China CDC 2010

¹¹⁹ Jiang 2010

¹²⁰ Wu 2011

This rapid expansion throughout China of testing in infrastructure focuses not just on client-initiated testing but routine healthcare provider-initiated testing used with the intention of efficiently and effectively identifying HIV infected individuals at an early state in order to help refer them to proper treatment services. It was noticed that the client-initiated anonymous testing, specifically among the high-risk groups of IDUs, commercial sex workers, prisoners, and former plasma donors did not successfully identify most infected individuals. As a result of the more regular free physician-initiated HIV testing campaigns, the rapid rise of reported HIV cases in the last 15 years can be explained. Even with these regulations and structural changes, only about 22% of China's estimated 650,000 HIV-infected individuals at the end of 2005 have been tested and identified.¹²¹ As of 2006, with an additional 60,000 PLWHA identified, there has been a substantial increase in the number of individuals aware of their HIV status.^{122, 123}

In China, specific HIV/AIDS-related services have been in place since 2004¹²⁴ and by 2006, the government noted providing accessible testing and treatment services requires not only increased levels of financial resources but the reorganization of existing local health services infrastructure, particularly among the rural residents largely infected through illegal blood transfusions.¹²⁵ In 2007, with the growing number of individuals at risk and estimated 650,000 already living with HIV/AIDS in China, the government continued to pursue providing treatment to all individuals within the country.¹²⁶

Even with all of the positive improvements being made with disease surveillance and inclusion of MSM in policy, problems like illegal testing continue to take place throughout the

¹²¹ MOH 2006

¹²² MOH 2006

¹²³ Wu 2007

¹²⁴ Li 2015

¹²⁵ MOH 2006

¹²⁶ Wu 2007

country. As recently as early 2015 there have been reports of hospitals in China performing HIV testing on patients diagnosed with tuberculosis or a sexually transmitted infection like gonorrhea or syphilis without the consent of the patient. Potentially even worse, this HIV test is then used by the hospital or other medical treatment facility as a reason to refuse provision of medical services to the patient.¹²⁷ As a result of this, it continues to be the case that these patients are forced to visit smaller hospitals—often those with less medical expertise—for medical treatment. Therefore, in many of these cases, HIV positive individuals feel the need to lie about their seropositive status at these locations in order to ensure reception of needed treatments for other infections and ailments.¹²⁸ In Shenzhen, a city well known for its high prevalence of HIV, for example only one hospital existed in 2015 in the entire city able to provide comprehensive care for PLWHA.¹²⁹ The logical fear of being tested which follows from this pattern of hospital rejection and limited options for hospitals to treat HIV influences MSM's willingness to approach NGOs or central government health centers for testing.

Co-operative Marriage and Tackling the Transmission Bridge

As a distinctive feature of gay stigma in China, Chinese tradition places intense emphasis on lineage and filial piety. Given traditional preferences for male heirs, a disproportional pressure is placed on men to conform to long-established gender roles: marrying a woman and having a child to carry on the family line,^{130, 131, 132} Mencius, a well-known and respected Zhou Dynasty Confucian scholar once proclaimed the “most significant act against the family is to not continue the family line” and that there “are three ways of being an unfilial son: the most serious is to

¹²⁷ Li 2015

¹²⁸ Li 2015

¹²⁹ Li 2015

¹³⁰ Neilands 2008

¹³¹ Tatlow 2011

¹³² Branigan 2013

have no heir.” The term *juehu* or “a house that is severed” without a child to carry on the family line, is thought to be the most extreme tragedy for a family.^{133, 134, 135} According to these entrenched expectations, individuals tend to be defined within the context of their familial relationships and those who fall outside of this framework are subsequently devalued and stigmatized. In activities ranging from one’s job, to social life and family gatherings men in China are sociologically expected to bring a partner.¹³⁶ Therefore, being openly gay in China can harm a man’s professional life.

These expectations contribute to stigma that MSM may perceive in their environment, leading them to fear hostile treatment, rejection by family, and discrimination in employment, health care, and other basic rights, which makes them justifiably reluctant to reveal their sexual identity openly.^{137, 138}

With the One Child-Policy in place, the focus on family lineage and subsequent pressure to produce offspring has exacerbated MSM stigma.¹³⁹ Though the Chinese government announced in November 2013 a relaxation of the policy to allow families to have two children if one parent is an only child, the pressure to marry remains a very powerful societal demand few gay men can resist. As such, these expectations compel entire communities of male homosexuals to marry women and have children,^{140, 141} creating an avenue through which HIV can further spread.

¹³³ He 2009

¹³⁴ Economist 2010

¹³⁵ Davison 2011

¹³⁶ Branigan 2013

¹³⁷ Neilands 2008

¹³⁸ Gill 2002

¹³⁹ Neilands 2008

¹⁴⁰ He 2009

¹⁴¹ Chow 2011a

As gay men often find themselves entering into a heterosexual marriage in order to appease their family's interests and maintain the cultural and moral values in which they were raised, a bridge forms between the high-risk men who have sex with men and their wives.^{142, 143, 144, 145} Women feel pressure to marry at an age younger than men, with single women over the age of 27 commonly referred to as *sheng nu* or "leftovers."¹⁴⁶ What results is commonly referred to as the *tongqi* phenomenon. *Tongqi*, is the amalgamation of the Mandarin Chinese words for *gay* and *wife*: literally translated to "homo-wife.

HIV has already largely spread to the heterosexual population, but due to these co-operative marriages, examining this topic is more important than ever. It is this transmission bridge from MSM to heterosexual women is of huge concern and has contribute to the dire predictions of the government. The predicted estimates from the 2001 *Titanic Peril* report heavily factored in the possibility that HIV could spread to heterosexual population, and with the continual social movements and sexual liberation throughout China¹⁴⁷, it is becoming more and more critical to examine this transmission bridge.

While MSM continue to have homosexual partners, the also tend to have sex with heterosexual women who often find themselves exposed to a persistently high prevalence of risky sexual behaviors.¹⁴⁸ According to one study, approximately 35% of unmarried and upwards

¹⁴² Wu 2007

¹⁴³ Choi 2004

¹⁴⁴ Liu 2006

¹⁴⁵ Qian 2005

¹⁴⁶ Davison 2011

¹⁴⁷ Rofel 2007

¹⁴⁸ Wu 2014

of 80% of married MSM had had sex with women within a six month period—only 16% to 29% of the MSM surveyed consistently using condoms.^{149, 150}

There has been a cultural shift in China regarding condom use. In 2004, although condoms were widely available, they were rarely used.^{151, 152} In 2006, only 40% of surveyed MSM used condoms for anal sex,^{153, 154} and recent 2014 results indicate condoms used by individuals at their sexual debut is very low in China, revealing that still to this day youth are a high-risk group for HIV.¹⁵⁵

While some MSM can find a female homosexual partner through friends or online advertising,¹⁵⁶ most recent estimates predict that of China's estimated 20 million MSM, around 80% marry heterosexual women, creating a population of over 16 million women in these co-operative marriages.^{157, 158, 159} In 2010 it was estimated by Liu Dalin, one of the first sexologists of Mainland China that this number was as high as 90% or 25 million *tongqi*,¹⁶⁰ with an recent 2014 article restating this estimate.¹⁶¹ Comparatively in the United States, this estimate is somewhere between 15 to 20%.¹⁶²

These women are also at psychological risk, some *tongqi* sinking into severe depression because of their gay husbands' refusal or inability to have sex.¹⁶³ As many Chinese women do

¹⁴⁹ Chow 2011a

¹⁵⁰ Zhang 2008

¹⁵¹ Zhang 2004

¹⁵² Yang 2005

¹⁵³ Chow 2011a

¹⁵⁴ Zhang 2008

¹⁵⁵ Guo 2014

¹⁵⁶ Branigan 2013

¹⁵⁷ Davison 2011

¹⁵⁸ He 2009

¹⁵⁹ Yiu 2012

¹⁶⁰ Economist 2010

¹⁶¹ Ehrman 2014

¹⁶² Economist 2010

¹⁶³ Davison 2011

not have sexual experiences before marriage, and many do not understand what it means to be gay, they become disheartened that their husband is not interested in them sexually.¹⁶⁴ Though while, many of these women feel betrayed upon discovering their husband's sexuality and accept his inability to change, only a small fraction of these women eventually pursue a divorce.¹⁶⁵ These repercussions of co-operative marriage have led some activists and sociologists to suggest same-sex marriage can present a powerful tool for the Chinese government to prevent gay men from being forced to marry women, preventing countless tragedies and helping to control HIV.¹⁶⁶

Gay Marriage, Adoption Rights and Lack of LGBTQ Anti-Discrimination Policy

Even though homosexual acts are no longer explicitly a crime, research studies and media reports over the last few years reveal stigma most certainly remains commonplace. Homosexuality is highly stigmatized and men who have sex with men are under considerable pressure to conceal their sexual orientation.¹⁶⁷ Although gay men are often well tolerated in the cities, homosexuality is highly stigmatized and men who have sex with men are under considerable pressure to conceal their sexual orientation.^{168, 169} According to the 2007 Pew Research Global Attitudes Report, 69% of China opposed acceptance of homosexuality¹⁷⁰ and empirical research shows MSM patients are held more accountable for their HIV infection than heterosexuals, eliciting less sympathy from the general population.¹⁷¹ Being openly gay while

¹⁶⁴ He 2009

¹⁶⁵ Economist 2010

¹⁶⁶ Yiu 2012

¹⁶⁷ Choi 2003

¹⁶⁸ Wu 2007

¹⁶⁹ Choi 2004

¹⁷⁰ Pew 2007

¹⁷¹ Neilands 2008

working in government is thought to be a career killer¹⁷² and conservative members of China's communities continue to consider homosexuality taboo. In a lot of rural communities the belief that homosexuality is a treatable disease is still widespread.¹⁷³

The Marriage Law of the People's Republic of China explicitly defines marriage as a free choice union between one man and one woman with no other form of civil union—same sex or otherwise—recognized.¹⁷⁴ As this is the case, the Chinese government requires parents adopting children from China to be in heterosexual marriages.¹⁷⁵ At this point in time, same sex relationships are not recognized by law in China and as such, same-sex couples cannot claim the same state privileges as married heterosexuals, including the right to adopt children.¹⁷⁶ Additionally, positive portrayals of same-sex relationships are routinely censored.¹⁷⁷ In a 2008 a public opinion survey found less than 30% of the population in support of homosexual marriage, a number quite different from the 60% in support found from an internet survey around the same time which likely had more young, educated respondents from developed areas.¹⁷⁸

Though gays and lesbians have become more visible in the public in recent years, in China today there is no anti-discrimination legislation to protect the rights of gay individuals.^{179, 180} However, unlike the high-risk HIV transmission methods of prostitution and drug use, homosexuality has never been explicitly banned in China. Some sources claim no law ever existed banning homosexuality, though the vague form of hooliganism was present until 1997.¹⁸¹

¹⁷² Tatlow 2011

¹⁷³ Rinke 2013

¹⁷⁴ Marriage 1980

¹⁷⁵ GayAsiaNews 2014

¹⁷⁶ Watt 2014

¹⁷⁷ Hayoun 2013

¹⁷⁸ Simon 2009

¹⁷⁹ GayAsiaNews 2014

¹⁸⁰ Watt 2014

¹⁸¹ Liu 2006

However, still today simple actions like attempted access to Wikipedia's "LGBT" page frequently result in a "This webpage is not available" message.¹⁸²

Gay bashing and other forms of hate crimes and violence are rare in modern China, in a 2008 survey 97% of MSM answered “never” to “how often have you been hit or beaten up for being homosexual.”¹⁸³ However, authorities do not actively promote gay issues in China: taking on a poorly effective government stance of *bù zhīchí, bù fǎnduì, bù tíchàng* or the “three nos”: no approval, no disapproval, no promotion.¹⁸⁴ Frequent raids on venues used by homosexuals, the criminalization of male prostitution, and censorship of websites continues to occur: “human rights”, “movement”, and “freedom of speech” are hypersensitive terms, which prohibit the development of an LGBTQ political movement.^{185, 186} Homosexuals continue to endure harassment as well: at least 37 gay men were detained in the southern province of Guangdong July 2001, in what police called China's biggest crackdown to date on homosexuality.¹⁸⁷

There is a lot of hope when it comes to the future of same sex marriage in China. Many in the gay community firmly believe China will legalize gay marriage but acknowledge, “it’s a matter of time. Social change happens slowly.”^{188, 189}

Legalizing same-sex marriage would enable the growing population of men having sex with men with HIV/AIDS, an estimated 5% of the China’s 2012 male population, to form more stable relationships.¹⁹⁰ Gay marriage in China could make stable relations and safe sex possible to rein

¹⁸² Davison 2011

¹⁸³ Neilands 2008

¹⁸⁴ Rinke 2013

¹⁸⁵ Altman 2012

¹⁸⁶ Kong 2010

¹⁸⁷ Morning Post 2001

¹⁸⁸ Larson 2014

¹⁸⁹ Watt 2014

¹⁹⁰ Yiu 2012

in the spread of the deadly epidemic.¹⁹¹ Additionally, same-sex marriage in China can play a role in lessening woes of a continually rising population.¹⁹² Yet, some argue that because same-sex marriage is not recognized in many Western countries considered much more liberal in social issues than China, same-sex marriage is still too "ahead of time."¹⁹³

Li Yinhe, a Chinese pro-gay sociologist at the Chinese Academy of Social Sciences, sexologist at Renmin University in Beijing, and member of the Chinese People's Political Consultative Conference is well known in the Chinese gay community as one of the primary figureheads for LGBTQ equality. Feeling it is her duty to assist China's gay and lesbian population to live in a favorable living environment, Yinhe has used her reputation as a scholar to campaign for same-sex marriage, believing "it has to come sooner or later."¹⁹⁴ As a member of the Chinese People's Political Consultative Conference, China's top political advisory body, she has proposed a Chinese Same-Sex Marriage Bill as an amendment to the marriage law several times.

In 2003 she sought support at the National People's Congress for legalizing gay marriage but could not even secure the backing of 30 delegates out of 3,000 for a formal debate. In March 2006 she submitted a proposal for the third time on same-sex marriage to the annual session of the National Committee of the Chinese People's Political Consultative Conference¹⁹⁵ stating the legitimization of same-sex marriage is an effective way to help eliminate discrimination against homosexuality.¹⁹⁶ In 2012 Li Yinhe began the proposal process a fourth time, launching a new

¹⁹¹ Xinhua 2006 [March 4]

¹⁹² Yiu 2012

¹⁹³ Southern 2006

¹⁹⁴ Tatlow 2011

¹⁹⁵ Xinhua 2006 [March 4]

¹⁹⁶ Xinhua 2006 [March 4]

campaign to raise support for same sex marriage legislation, arguing Beijing's support of gay marriage can prove to the world its commitment to human rights.¹⁹⁷

In the municipality of Beijing, for a short period of time after July 1, 2013 the Exit-Entry regulations for married and unmarried same-sex partners of current residents were eligible to apply for a dependent resident status under the condition that the home country confirmed the relationship with a "cohabitation certificate."¹⁹⁸ This regulation change targeted corporate foreign expatriates and their partners.¹⁹⁹ Though the Beijing Municipality no longer grants a dependent residency status to partners in same-sex unions of any kind, this move displayed the Chinese government's willingness to explore gay marriage more in depth and the overall approach the government was taking to specifically include MSM in policies.

¹⁹⁷ Yiu 2012

¹⁹⁸ BAL 2013

¹⁹⁹ BAL 2013

Chapter 2: Origins of MSM and HIV Discrimination

Early History – 290 CE: Homoerotic Acceptance in China

As levels of HIV in China continue to rise amongst the MSM population, most of Chinese society does not reflect on the history of homosexuality. The notion of a long, rich history of being gay in China is not well known and not frequently factored into policy decisions. In the interest of providing a base knowledge on which to build from, understanding China's homosexual tradition from ancient times up until today is critical.

For most of China's history, male same sex love was a normal way of life, not merely tolerated but celebrated.²⁰⁰ In court life of ancient times up to the twentieth century emperors, eunuchs, censors, consorts, and concubines created a complex sexual scene where leaders—particularly emperors—often had sexual relations with men and boys.²⁰¹ Though some researchers find this statement controversial and argue homosexuality was always a marginalized identity,^{202, 203} most researchers acknowledge the commonplace descriptions and depictions of male same sex relationships in classic literature. The records of homosexuality from these times which remain today are seen most frequently in reports on political appointments and emolument based on sexual favors documented by ancient historian Sima Qian,²⁰⁴ with the late third century thought by some experts to be the high point in openness of Chinese male homosexuality.²⁰⁵

As ancient writers and historians reported exclusively on extraordinary events, and only the upper class was trained to read and write, ancient Chinese history focuses primarily on the emperor and his court. Therefore, as homosexuality and male same sex relationships were a daily

²⁰⁰ Branigan 2013

²⁰¹ Hinsch 1990

²⁰² Altman 2012

²⁰³ Rinke 2013

²⁰⁴ Hinsch 1990; 42

²⁰⁵ Hinsch 1990; 56

part of court life, they were not frequently recorded in historical documents. Following this logic, as neither homosexual nor heterosexual relationships were uncommon in ancient China, the documentation of only one cannot rule out the other. Another consideration is that gay men in Chinese society put off finding a wife as long as society would allow, and we may never know whether or not the cultural and societal acknowledgement of male-male attraction led to a reduction of heterosexual marriage.²⁰⁶

The earliest evidence of same-sex relationships are seen in stories documenting upward political mobility of lower class men using physical appeals and homosexuality to their advantage.²⁰⁷ One of the most well-known stories is that of Deng Tong, a man who forms an emotional bond with the emperor, reaping huge rewards as a result. “The emperor bestowed ever-increasing favor and honor upon Deng Tong... showered him with gifts until his fortunes mounted to tens of billions of cash and he had been promoted to the post of superior lord. Deng Tong, however, had no other talents than this of entertaining the emperor.²⁰⁸” This story of Deng Tong ended, as many tales of Chinese history do, in tragedy where political conflict left Deng Tong penniless upon the emperor’s death. In the case of Zhou Ren, however, the power and privilege this man came into through his favor with the emperor was passed down through his family for generations. In the case of Zhou Ren, the emperor “relished” in Zhou Ren’s talents in the euphemistically described “secret games” played in the imperial bedroom. Through sexual favor, the emperor promoted Zhou Ren and his family into the highest circles of government with countless presents and honors.²⁰⁹

²⁰⁶ Hinsch 1990; 56

²⁰⁷ Hinsch 1990; 40

²⁰⁸ Hinsch 1990; 39

²⁰⁹ Hinsch 1990; 42

It is through stories such as these that allusions and idiomatic expressions called *chengyu* originate. At times still in Chinese culture today, these expressions delicately veil the complex literary meaning behind tales of sexual intercourse. Terms such as the *airen* or lover, *ningxing* or “artful flattery,” *yuntao duanxiu* or “bitten peach,” and the *duanxiu* or “cut sleeve” are commonly used to refer to a sexual act between two men.²¹⁰ *Duanxiu*, the breaking of the sleeve, or the passion of the cut sleeve is quite possibly the most well-known literary reference for men who have sex with men. In this tale, Emperor Ai of the Han dynasty who “by nature did not care for women²¹¹” had a close and well known relationship with a man. One day when Emperor Ai awoke, his lover Dong Xian had fallen asleep on his long sleeve, and in order to not wake him Emperor Ai cut his sleeve.²¹² Around 275—290 CE this male favoritism was noted to be “as extensive as attraction to women” and during the Western Jin Dynasty these male to male sexual relationships were esteemed by officials and made resentful unmarried women jealous.²¹³

291—1644 CE: The First Signs of Homosexual Dissent

As time in China progressed, thoughts on homosexuality entered a state of flux. In the Liu Song Dynasty (420-479 CE) homosexuality was as common as heterosexuality and not classified as morally deviant in any way. However, not soon after this time period, with the widespread influence of Buddhism from India, which looked down upon all explicit sexual acts, the last note of male companions to emperors appeared in official documents. It is commonly thought that the first oppositions to men having sex with men entered China due to Christian and Islamic influences.²¹⁴ However, the clear question of where societal and cultural opposition to

²¹⁰ Hinsch 1990; 41, 42

²¹¹ Hinsch 1990; 52

²¹² Hinsch 1990; 52

²¹³ Hinsch 1990; 56

²¹⁴ Hinsch 1990; 77-78

homosexuality originated remains. At this point, historians and sinologists speculate with no conclusive answer about whether it was the Ming Dynasty, Qing Dynasty, later on during the Republic of China where this stigma began to originate.²¹⁵ However, during the late 400s when China was undergoing increased urbanization with increased levels of prostitution to follow, the first specific homosexual statute punishing young males who act as prostitutes was put into place.²¹⁶

Though it was only during the Tang Dynasty (618-907 CE) that the first openly recorded opposition to homosexuality was noted, the pejorative Chinese phrase for homosexuality, *jijian* or illicit sexuality had its first use in this dynastic period.²¹⁷ The Yuan Dynasty (1271-1368 CE) marked the beginning of an 80 year era of outsiders ruling China. As prior to conquering China, the Mongol rulers of the Yuan dynasty punished adulterers and homosexuals with the death penalty, the historical remains of the Yuan dynasty legal code lack any mention of homosexuality.²¹⁸ In the Ming Dynasty (1368-1644 CE), though literature recalls that homosexual relationships between men were both more enjoyable and more harmonious when compared to heterosexual interactions,²¹⁹ the first statute specifically banning homosexual intercourse was enacted at this point in time.²²⁰

1644 – 1949 CE: The Final Dynasty, Entrance of Stigma, The Closing Off, and Republic of China

The last dynasty, the Qing (1644-1912 CE) regained control of the nation through stricter requirements and conservatism after the Ming Dynasty ended in social chaos and disarray. Under

²¹⁵ Kang 2009; 3

²¹⁶ Hinsch 1990; 77-78

²¹⁷ Hinsch 1990; 88

²¹⁸ Hinsch 1990; 119

²¹⁹ Kang 2009; 2

²²⁰ Hinsch 1990

this dynasty, legal restrictions against male prostitution were actively enforced, although the practice remained commonplace.²²¹ As Confucianism was canonized and integrated formally into governmental policy in the Qing Dynasty, emphasis was put on strict obedience to social order. In other words, there were specific societal rules for a husband to follow and homosexuality went directly against such rules.²²² In 1740, the first anti-homosexual restrictive decree in Chinese history defined consensual, non-monetized homosexual intercourse between two adults as illegal,^{223, 224} establishing and entrenching the first notions of homophobia. However, the punishment for this act was the least strict for any recorded offense in the Qing Dynasty: 1 month in prison with 100 heavy blows.²²⁵

In the later half of the Qing dynasty (1861-1895 CE) China suffered several military defeats in the First and Second Opium Wars, seeing their land cut up and conceded to multiple foreign imperial powers. As the dynasty ended and the Republic of China began, China began to focus on internal development, leading to its closing off from the globe in the early 1900s and by 1919 the May Fourth Movement was leading to a new culture integrating nationalism and a Chinese identity with democracy and science.

From the time period from the end of the Qing Dynasty in 1912 CE to the mid to late 1940s, aside from a short anecdote about a lesbian sub-culture in Guangdong Province and a few literary pamphlets,²²⁶ little is known about views on homosexuality. With the rising influence of foreign powers from around the world in China, it can be extrapolated that homophobia was

²²¹ Dikotter 1992

²²² Shanghai 2004

²²³ Shanghai 2004

²²⁴ Hinsch 1990; 144

²²⁵ Hinsch 1990; 144

²²⁶ Tatlow 2011

imported into China along with western biomedical thought and scientific approaches to technology and disease.

1949-1982: Pre- and Post-Mao

As of 1949, the People's Republic of China saw dramatic shifts in almost all fields of social life.²²⁷ During the period termed the Great Leap Forward from 1958-1962, China's population was organized into communes under the leadership of Mao Zedong. This was a time of major societal upheaval where dissidents were imprisoned and executed. As is well known, these policies failed miserably: agricultural production fell into extreme decline while the exaggeration of output by local municipal leaders led to increased taxes and less food supply for farmers. This chain of events resulted in the starvation of rural workers, leading to over 30 million deaths²²⁸ and 45 million deaths in 4 years.²²⁹

All individuals, including homosexuals were becoming socialist subjects at this time. However, when it comes to specific information about LGBTQ identities in the Maoist period, little information is available. In the books, research papers, and interviews I have examined I have yet to come across work examining how LGBTQ identities were treated between the years of 1949 and 1970. In fact neither Jasper Becker's comprehensive history of the Maoist famine period from 1958 to 1962 and *Quotations from Chairman Mao Tse-tung*, the propaganda book distributed during the Cultural Revolution, do either the English or Chinese search terms for "gay," "MSM," "bitten peach," "cut sleeve," "hooligan," or "LGBTQ" appear.²³⁰ Ultimately, there is no cemented research as to whether or not LGBTQ identified individuals were

²²⁷ Ho 2010; 5

²²⁸ Becker 1996; 270

²²⁹ Akbar 2010

²³⁰ Becker 1996

specifically targeted due to their sexual identity. Yet, with the lack of historical records, speculation drawn from interviews abounds.

One source argues that during the Cultural Revolution, as the government saw homosexuality as a mental illness and social dishonor, homosexuals faced their worst period of persecution in Chinese history. Also during this time, some argue police regularly rounded up gays and lesbians and charged them with disturbing public order to get around the lack of an explicit legal restriction.²³¹ One researcher postulated Mao contributed to the social discourse on homosexuality being deviant, stating it was during this time period when homosexuality came to be placed under the umbrella term of “hooliganism.”²³² Another stated a “rehabilitation approach” was instituted during this time period²³³ with a third arguing the Communist Party treated homosexuality as a social evil handled by “ideological education, administrative disciplinary action, security punishment, and education through labor.”²³⁴

Although there is not much concrete and specific data behind how the Maoist period treated men who have sex with men, Mao Zedong fundamentally changed how socio-economic classes relate with one another and policies implemented during this period continue to influence gay men at the borders of society today, impacting their ability to access HIV treatment. The most notable policy change with extreme socio-economic implications leading to the urban-rural stigmatization was and still is the *hukou* system.

Somewhat similar to the United States’ system of social security numbers, the *hukou* permit system prevented same-gender families from coming into existence and gaining acceptance, entrenching difficulties for same-sex adoption. Established in the 1950s, the *hukou* system

²³¹ Shanghai 2004

²³² Altman 2012

²³³ Hong 2009

²³⁴ Gao 1995

originally served Mao's goals of population control and state economic planning: classifying citizens as urban or rural and agricultural or nonagricultural.

Upon Mao's Death in 1976, four high level heads of state were termed the Gang of Four and blamed for the Cultural Revolution, and new policies were implemented to reverse the negative impacts of Mao's leadership. The country was moving in a less conservative direction, focusing on a "Reform and Opening Up." In 1978, the "defacto" premier Deng Xiaoping came to power and under his leadership, China was leaving behind a communist command economy for an open, capitalist economy. In December 1978, Deng Xiaoping instituted the Open Door Policy which led to great economic reforms and dramatic shifts in standard of living, socio-economic identity, and social life.²³⁵ A notable result of these reforms was that Chinese citizens, particularly those privileged to live in the urban areas, found the time and capital to explore their sexual and LGBTQ identities in depth.^{236, 237}

With the commune system abolished and the government loosening its control on its citizens, the relationship between the market economy and the state was being reconfigured with economic reforms promoting rapid development along the urban centers of China's eastern coast. China needed to strengthen its rural economy but these capital reforms decentralized the public health system of administration, releasing the delivery of healthcare to the vicissitudes of market forces, and with these changes rural workers saw themselves needing to migrate from their under-resourced interior villages to the coastal cities to find work.

While this type of migration was financially advantageous, migrant workers moving out of their *hukou* mandated area were doing so unofficially and with no permit. As China began to

²³⁵ Ho 2010; 5

²³⁶ Rofel 2007

²³⁷ Ho 2010; 5

rebuild after the Communist era, it was realized that the *hukou* system was not effectively reformed or particularly successful at limiting population growth. After 1978, economic liberalization has eroded many of the restrictions originally tied to *hukou* status, such as the ability to travel and continues to contribute to the rural-urban disparity. Upon arrival in cities, migrants found themselves ensnared in a self-fulfilling system of stigma and lack of opportunity: rural farmers found themselves forced into the cities to earn a living yet were not provided the opportunity for an education. Therefore, fierce competition surrounded the available low paid and unskilled jobs; the overall status of these migrants remained marginalized and their social status remained low even after moving to the cities. Though temporary urban residency permits have been instituted to allow legal work in urban areas, *hukou* status remains tightly linked to a range of rights and privileges, particularly urban social benefits.²³⁸ Most rural migrants to Chinese cities cannot obtain equal healthcare, schooling, and other public services, and are frequently blamed for unemployment and crime.²³⁹ As time progressed, the *hukou* system has been reformed several times, most notably in the 1990s with the decentralization of *hukou* regulations and enforcement from the federal system, however the urban-rural divide remains to today.

1982-1995: Entrance of HIV and First Decade of the HIV Epidemic in China: Foreigners, IDUs and Blood Transfusions

It was in the midst of many challenges that HIV entered into China. The challenges of difficult economic reforms, a growing network of poor farmers using intravenous-drugs, the mass migration of workers into cities, a growing fear of westernization, changing sexual practices, and rising awareness of homosexuality all factored in to how the Chinese government

²³⁸ Chan 2008

²³⁹ Mizner 2011

approached early regulation of the HIV epidemic. A dispute remains today as to whether the first cases of viral transmission stemmed from sexual relations between foreign and local men along China's eastern coast or through intravenous drug users along the loosely regulated western border. Regardless, when in 1982 the HIV virus entered the Chinese mainland and the Chinese citizens began being infected in 1983, the open door policies of Deng Xiao Ping were put to the test. Additionally, as the greater Chinese population was still emerging from a conservative perspective of sexuality, upon the arrival of HIV/AIDS in China, homosexuality in China moved from a laughable, awkward topic to a dangerous western import.

Upon the entrance of HIV in China, both heterosexual and homosexual HIV patients found themselves harshly stigmatized by not only the government but the general population as a whole. Anyone HIV+ or diagnosed with AIDS was prohibited from entering or moving within China.²⁴⁰ Similarly, individuals living with HIV were deprived of their right to employment, marriage and having children.²⁴¹

The classification term *hai* literally translated to “evil” was used to denote the primary HIV risk groups in China. Commercial sex workers and drug users were sent to “reeducation centers” or “rehabilitation centers,²⁴²” while rural dwellers in general, foreign travelers, and MSM were included in this list—being worthy of country-wide reproach.

The government had a seemingly immeasurable challenge. While HIV was entering by foreigners travel into Eastern China from across the Pacific, high levels of transmission were also taking place due to intravenous drug and infected needle trafficking in the west,²⁴³ and HIV

²⁴⁰ Hong 2009

²⁴¹ Hong 2009

²⁴² Hong 2009

²⁴³ Gill 2001

continued to flow freely across China's southern and western borders.²⁴⁴ As Chinese leadership deemed HIV infection to be closely linked to these *hai* populations and their behaviors deemed guilty of immoral "hooliganism," HIV prevention efforts for these groups received little funding in general.²⁴⁵

With the growing HIV scare, gay men found themselves living in an increasingly less accepting China. Stigma towards MSM was on the rise and the charge for the crime of hooliganism remained in place at this point in time. Homosexual activities and commercial sex work were both stigmatized to such an extreme degree that a condom found on someone could be used as evidence for arrest.²⁴⁶

Even while HIV entered China during Deng Xiaoping's Open Door Policy, the Chinese government continued to apply a largely anti-western approach to epidemic control. The western world was blamed as the source of HIV and contact with foreign nations was thought to be the reason for the spread of the epidemic. In fact, the Chinese pronunciation for AIDS, *aizibing*, is a homophone also meaning "loving capitalism disease" or the disease of 'western imperialism.'²⁴⁷
²⁴⁸ The sentiment of HIV being a western virus and disease was strengthened further after an Argentine tourist became the first AIDS death in China in July 1985²⁴⁹ and the story was recorded and distributed widely.²⁵⁰

As the Chinese government worked to stop the HIV epidemic quickly in order to return to economic development, the central government focused on preventing HIV from entering the country by whatever means necessary. Additionally, China's one-party political system

²⁴⁴ Anderson 1987

²⁴⁵ Zheng 2009; 56

²⁴⁶ Hong 2009

²⁴⁷ Hong 2009

²⁴⁸ Gil 1991

²⁴⁹ Associated 1985

²⁵⁰ People 2009

functioned as a powerful impediment against effective HIV policy solutions as indirect legislation and facilitated group stigmatization was focused on more than direct control of the government. The government implemented a largely moralistic regulatory system which tied in historically entrenched Confucian ideals to discourage high-risk behaviors via strict control, isolation, mandatory testing, quarantine, and arrest. Although at this time the government paid little attention to China's primarily closeted homosexual population, the few HIV control policies that were enacted were used to generate fear to discourage promiscuity in both heterosexual and homosexual populations, creating strong social stigma.²⁵¹ Health officials took on a similar approach to the government, making use of socially conservative propaganda to promote chastity over condom use.²⁵² However, in much the same way as other countries, traditional public-health methods of containment and isolation of infectious disease cases proved ineffective^{253, 254} and the HIV virus continued to spread rapidly.²⁵⁵

As in the early years of the HIV epidemic, it was thought that most HIV cases existed among foreign visitors to China, as such in 1982 when the Chinese constitution was adopted a ban was included to keep western homosexual men from entering the borders and foreigners intending to stay 1 year or more were required to have an HIV test. Also, with ignorance of the simple biological inability of this disease to spread from the dead to the living, the Chinese Public Health Ministry announced an emergency quarantine.²⁵⁶ As this policy was only enforceable in large metropolitan airports and it was impossible to screen for homosexuality, the policy was absolutely unenforceable, with the primary result being increased stigmatization:

²⁵¹ Zheng 2009; 56-57

²⁵² Zheng 2009; 56-57

²⁵³ Wu 2004

²⁵⁴ Wu 2007

²⁵⁵ Hong 2009

²⁵⁶ Associated 1985

pushing already stigmatized MSM further underground. The stigma against AIDS and homosexuality became so great that by 1987, a commercial Chinese airline refused to carry an American diagnosed with AIDS and the United States Air Force had to fly him home.²⁵⁷ It wasn't until the 1990s that this ban was finally repealed and more sensible HIV control methods became available.²⁵⁸

Overall the first HIV containment policies enacted in the early to mid-1980s led to strong levels of stigma, particularly among MSM. As a result of these initial control strategies of stopping HIV from entering the country outright via generation of stigma among the *hai* populations, the Chinese government was beginning to receive criticism for its response to the epidemic.²⁵⁹ These early policies focused very little on stopping transmission of HIV, and due to increased stigmatization likely promoted concealment of high-risk activities which made identifying HIV reservoirs more difficult.²⁶⁰

In 1994, as the first and second phases of HIV continued to rage through the foreigner and IDU populations, the third phase of China's HIV/AIDS epidemic began. Commercial plasma donors in the east-central provinces, particularly the central province of Henan, found themselves suffering from a major outbreak of HIV.²⁶¹ A network of unregulated merchants and government workers, known as "bloodheads," set up hundreds of state-run blood donation stations, most of which relied largely on reused and contaminated equipment, to supply blood plasma to manufacturers for the manufacture of health products.

²⁵⁷ Anderson 1987

²⁵⁸ Frontier 1987

²⁵⁹ Hong 2009

²⁶⁰ Wu 2007

²⁶¹ Wu 2007

The rural poor became the primary targets of these predatory blood collection campaigns: plasma donors were paid to donate blood, the plasma was removed, and then the red blood cells were re-infused to prevent anemia. These blood plasma collection organizations working in the rural areas neither emphasized the use of sterilized needles or the use of HIV screening for transfusion blood. Needles and tubing were reused, diseases were not screened for, red blood cells were mixed prior to centrifuging and re-injecting back into the peasant blood-sellers, and many of the under-resourced plasma sellers travelled from station to station to maximize their income.²⁶² As a result, in many rural areas of China during the 1990s, potentially millions of peasant farmers were infected with HIV.²⁶³

It was only by 1995 that the government began to realize that traditional public health methods of containment and isolation proved ineffective for this infectious disease,²⁶⁴ and the scale of the HIV outbreak due to the bloodhounds became clear to Beijing. The government began shutting down of all privately run blood plasma collections in order to control the growing transmission levels and blood product management policies became more strict.²⁶⁵

The government worked to cover-up the negative press for this rural outbreak with municipal government officials taking credit for dealing with the crisis and harassment of journalists covering the story. As a result of this misinformation, entire villages died of a mysterious disease of which they not informed of their likelihood to contract.²⁶⁶ By 1996 commercial plasma donors accounted for a significant proportion of people living with HIV and AIDS.²⁶⁷

²⁶² Kellogg 2003

²⁶³ Kellogg 2003

²⁶⁴ Wu 2004

²⁶⁵ Wu 2001

²⁶⁶ Kellogg 2003

²⁶⁷ MOH 2006

In 2001 and 2002, the number of individuals infected with HIV through treatment services demanding compensation and damages began to increase as almost 70 thousand rural poor were unable to access or afford life-saving antiretroviral treatment.²⁶⁸ The government began to openly communicate about the bloodhound scandal in late 2001 with an announcement that somewhere between 30 and 50 thousand Chinese individuals engaging with illegal blood collection businesses could have been infected with HIV.²⁶⁹

It was not until 2006, however, that the government openly acknowledged their responsibility in transfusion cases. A group of 19 people living with HIV at a hospital in a northern Chinese province received a governmental payout of 20 million yuan (\$2.5 million USD) with each of the living victims receiving additional monthly payments of \$380 to cover anti-retroviral drugs.²⁷⁰

Into the 1990s homosexuality continued to be persecuted at the outskirts of society with the loosely described charge of “hooliganism” being used by enforcement officials as needed. Additionally, homosexuality was treated as a disease at this time and many of China’s gay men were subjected to electric shock therapy and other methods to alter sexual orientation.²⁷¹

Also at this time, though, a sense of individualization and a “desiring self” mentality began to develop where Chinese individuals, regardless of gender identity began to assert their sexual identities with more and more young gay men revealing their identity to their family.²⁷² In the early 1990s, a sexual survey was conducted in 28 cities and displayed the surprising result of 7.5% of college students surveyed identifying as homosexuals.²⁷³ In 1991 Mainland China saw its first sex research published by sexologist Ruan Fangfu in his book *Sex in China: Studies in*

²⁶⁸ Wu 2007

²⁶⁹ Dong 2004

²⁷⁰ Medical News 2006

²⁷¹ New York Times 1990

²⁷² Rofel 2007

²⁷³ Zheng 2001

Sexology in Chinese Culture, marking one of the first—possibly the first—time a sexologist from China openly published academic research on the topic of sexuality in the country.²⁷⁴ However, it remained clear throughout Chinese society that the LGBTQ community continued to be stigmatized and by 1994, there were no representations of gay or queer characters in significant films produced in the People’s Republic of China.²⁷⁵

By the 1990s while the government was dealing with the largely overlooked HIV reservoirs in the countryside due to intravenous drug use and blood selling, HIV was beginning to spread more and more through sexual transmission. By 1998, HIV had reached all 31 provinces of China and was in a state of exponential growth, which, by 2005, culminated in an estimated 650,000 infections.^{276, 277} The government was going through a transition as it began to openly approach the epidemic and look for sustainable policy solutions. In 1990 the Ministry of Health set up the National AIDS Committee and in 1992 the National Health Education Institute set up the first nation-wide HIV/AIDS counseling hotline.²⁷⁸

In 1994 the Chinese government took part in the International AIDS Summit and signed the Paris Declaration, promising significant progress in updating national HIV/AIDS policy and regulation.²⁷⁹ In 1995, the Chinese government began their first steps in understanding the extent of the epidemic through implementation of HIV testing and surveillance. These surveillance programs initially focused on the known high-risk *hai* populations of female sex workers and injection drug users with plans to expand the scope of these studies geographically. This provision of HIV testing was to also include prevention and care, but in the rural areas with the

²⁷⁴ Fang 1991

²⁷⁵ Berry, 2001

²⁷⁶ MOH 2003

²⁷⁷ Wu 2007

²⁷⁸ Hotline 1992

²⁷⁹ UNAIDS 2002

large number of HIV-infected blood sellers, the response was notably slower than in urban centers.²⁸⁰ Also around 1995, voluntary testing and counselling was made available in some communities, but, even where available, was rarely used likely due to socio-economic limitations, inaccessibility of services, little advocacy, and stigma associated with use of HIV testing.²⁸¹

From the beginning of the outbreak, HIV control in China has been largely influenced by Chinese media: grabbing the attention of the public and igniting the government to action. A key historical moment was 1996 when the *Southern Weekend*, a well-known and widely distributed Chinese newspaper ran a front-page spread with another two pages on HIV/AIDS in China, the first time any comprehensive exposure of the HIV/AIDS epidemic in China had been published by the Chinese press.²⁸²

The most significant event of 1997 for the LGBTQ community was the decriminalization or legalization of homosexual acts. While historical sources point to homosexuality and sodomy being illegal pre-1997^{283, 284, 285, 286, 287} other sources and reports claim homosexuality was never illegal.²⁸⁸ Regardless of the words used to represent the idea, in 1997 the Chinese criminal code was revised to eliminate the vague crime of "hooliganism", previously used as a de-facto ban on private, adult, non-commercial and consensual homosexual conduct.

²⁸⁰ Wu 2007

²⁸¹ Wu 2007

²⁸² Wu 2007

²⁸³ Pomfret 2000

²⁸⁴ Hinsch 1990

²⁸⁵ BBC 2014

²⁸⁶ Altman 2012

²⁸⁷ Ehrman 2014

²⁸⁸ Wu 2007

Though in 1997, homosexuality continued to be officially considered a perversion by the Chinese medical establishment, the state largely stopped committing homosexuals to mental institutions and administering electro-shock treatment.²⁸⁹ Changes in public perception appeared to be adjusting rather swiftly as in 1998 the media indicated the more open perspectives of the government and nation with the completion of both *The Postman*, a mainland China film featuring several gay characters in minor roles and *East Palace, West Palace* the first Chinese gay film.²⁹⁰ However in late 1999, a man was fined and a Beijing court ruled that homosexuality was "abnormal and unacceptable to the Chinese public"²⁹¹ and one Beijing family institutionalized their 31-year-old daughter for three months after she announced she was getting a divorce from her husband to date women.²⁹² Even today, several clinics throughout China promise to "cure" people by offering conversion therapy with electric shocks.²⁹³

As perceptions of gay men began to change, the government also exhibited a perspective change in its commitment to effective HIV control with the employment of workshops and international policy study tours. The ultimate goal of these mid-1990s tours was for officials to return with concrete HIV/AIDS control strategies that could be adapted for China.²⁹⁴ As China began learning from other country's experiences and public health studies, the government realized that China's best strategy would be through targeted, evidence-based interventions. To determine the best next steps, China began its first workshop in November 1997 to explore effective HIV/AIDS prevention and intervention strategies. One workshop in particular, organized by Chinese Academy of Preventive Medicine focused on interventions in the high-risk

²⁸⁹ Pomfret 2000

²⁹⁰ Berry, 2001

²⁹¹ Pomfret 2000

²⁹² Pomfret 2000

²⁹³ Watt 2014

²⁹⁴ Wu 2007

group of highly stigmatized individuals such as sex workers, IDUs, and MSM: drawing together the fields of sociology, ethics, public health, and education together with scholars, government officials, and international agency representatives including the WHO, UN, and World Bank.²⁹⁵ Many of the conversations in these meetings were controversial as scientific prevention approaches contrasted against traditional attitudes. However, in time the body came to recognize the value of prevention strategies including condom distribution and promotion, needle exchange programs and methadone treatment for drug users, the establishment of sexually transmitted disease clinics to provide testing and check-ups, and health education counselling outreach.^{296,}

²⁹⁷

Through examination of successful intervention programs including neighboring Thailand's successful sex worker condom distribution programs and Australia's needle exchange program,^{298, 299, 300} the Chinese CDC launched its first safer sex behavior promotion in commercial sex workers in Yunnan province.^{301, 302} To complement this policy, the first condom trials in sex workers were piloted in 1996 and have been officially promoted since 1998. And while, drug users and commercial sex workers remained subject to fierce crack downs in China,³⁰³ by October 1999, the government began its first needle-exchange program trials in Yunnan province.³⁰⁴ As in 1997 HIV was still strongly stigmatized and the government began making shifts in noting the importance of focusing on MSM and reducing the high levels of

²⁹⁵ Wu 2007

²⁹⁶ Wu 2007

²⁹⁷ Xinhua Migrant 2006

²⁹⁸ Anon 1996

²⁹⁹ Wu 2007

³⁰⁰ Wu 2007

³⁰¹ Hong 2009

³⁰² Wu 2007

³⁰³ Hong 2009

³⁰⁴ Wu 2007

stigma towards the community, conversations about MSM inclusion took place during these workshops, but were not the focus.

Through these changing government approaches, provision of condoms at entertainment establishments became an official AIDS Regulation and requirement and condom vending machines were installed widely across university campuses and hotels with education campaigns targeting youth and migrant workers being gradually scaled up.^{305, 306} Additionally, students with AIDS or from a family struck by AIDS were to have their tuition fees reduced by half and students orphaned by AIDS received free schooling.³⁰⁷ Some schools even made HIV/AIDS prevention education compulsory for high school, vocational school, and college students as experts believe the lessons will help students protect themselves from AIDS.³⁰⁸

By 1998 HIV infection had been reported in all 31 of China's provinces, autonomous regions, and municipalities and despite the positive policy changes, HIV was seen to be in a phase of exponential growth.³⁰⁹ Though drug users accounted for almost 70% of reported HIV infections at this time, the number of infections through heterosexual transmission had increased steadily to 7% and the government issued a 13-year HIV/AIDS control plan, with a clear target set to keep the number of HIV+ individuals below 1.5 million with funding through the central government increasing to include further HIV prevention programs in the late 90s.³¹⁰ With the help of the workshops and international policy tours and the assumption that individuals would change their behaviors with better knowledge, the basic tenet of HIV prevention came to focus upon education.³¹¹

³⁰⁵ Wu 2007

³⁰⁶ Xinhua Migrant 2006

³⁰⁷ Xinhua 2006 [Feb 26]

³⁰⁸ Xinhua 2006 [Feb 26]

³⁰⁹ MOH 2003

³¹⁰ Hong 2009

³¹¹ Hong 2009

As such, China's Ministry of Health made a goal to provide education and raise awareness about AIDS in a minimum of 60% of China's over 120 million migrant workers. As migrant workers, some of which are MSM, move frequently it is a huge challenge for the national health system to monitor and provide follow-up checkups after treatment. To address problem, events were organized at construction sites and transportation stations to inform migrant workers of the free HIV testing treatment services which were scaled up to a national level in 2003.³¹²

In November 1999 UN Secretary General Kofi Annan and his wife visited Xiao Li, one of the first persons living with HIV in Beijing. Xiao Li had personally become involved in fighting discrimination and ignorance surrounding HIV/AIDS and worked with Chinese staff and the UN on training sessions and workshops. Media attention was generated as Mrs. Annan shook Li's hand to display the virus cannot be transferred via skin to skin contact.³¹³ From 1999, the international and subsequently the national media reported on the thousands of infected plasma donors in Henan and neighboring provinces who did not have access to services.³¹⁴ As the year 2000 approached, the government began to set medium and long term policies with a focus on slowing the infection rate and reducing stigma placed on HIV patients. The Chinese Ministry of Health issued an administrative guideline to protect the rights of individuals infected with HIV.

By 2000, an internet survey revealed that around 55% of China was tolerant towards homosexuality.³¹⁵ To follow this, on March 8, 2001 to exhibit a more "tolerant and understanding attitude" toward homosexual patients, the 8,000-member Chinese Psychiatric

³¹² Xinhua Migrant 2006

³¹³ UNAIDS 2002

³¹⁴ Wu 2007

³¹⁵ Zheng 2001

Association concluded homosexuality no longer a psychiatric illness or perversion, declassifying it as a mental illness in the third edition of Chinese Standards for Classification and Diagnosis of Mental Disorders³¹⁶ replacing the 1989 edition which defines homosexuality as psychiatric disorder of sexuality.³¹⁷ This decision brought China closer to U.S. psychiatrics and the World Health Organization which declassified homosexuality as mental illness in 1993.³¹⁸ In addition the elimination of the gay identity as a perversion allowed for decreased stigmatization and increased opportunity for intervention in the largely closeted population.

In 2001, the government signified its strong commitment to fighting the epidemic with issuance of its “Plan of Action for Containment and Control of HIV/AIDS.”³¹⁹ However, in 2001, public ignorance about HIV/AIDS remained a major problem with a survey finding a staggering 20 percent of China’s people had never heard of HIV/AIDS.³²⁰ In 2003, the Chinese Ministry of Health, with support from UNAIDS and WHO, critically assessed the HIV/AIDS epidemic in China,³²¹ and out of the serious concerns this and the previous 2002 *Titanic Peril* assessments brought to light led to increasing funding and the creation of new policies focusing on increasing scale, and testing and development of existing programs.³²² By 2002, national HIV policy guidelines were developed and by 2003 China’s new national administration led by President Hu Jintao accelerated China’s commitment to evidence-based HIV prevention and treatment policies.³²³

³¹⁶ UNAIDS 2002

³¹⁷ Morning Post 2001

³¹⁸ Morning Post 2001

³¹⁹ Wu 2007

³²⁰ Chen 2002

³²¹ MOH 2006

³²² Wu 2007

³²³ Wu 2007

A large influence to potentially be credited as the impetus behind the government's aggressive action on HIV/AIDS regulatory policy in 2003 was the lessons learned from the poor control of the Severe Acute Respiratory Syndrome (SARS) epidemic which swept through China November 2002 to June 2003.³²⁴ The government's neglect to recognize the serious outbreak and epidemic scale of SARS until it was a devastating problem displayed how an infectious disease could pose substantial threats to both economic and social stability. As SARS spread outside of China, the government also experienced first-hand the impact China's disease control policy can have on international health.^{325, 326} The eventual resolution of the SARS epidemic came about due to assistance through international agencies including the WHO, United Nations, and the US Centers for Disease Control and Prevention and the relationships built during this time proved to further stimulate strong international collaboration for HIV/AIDS prevention and treatment. The SARS epidemic promoted China's Health Minister to state the Chinese government is committed to reform existing policies, increase budgets, and enforce free treatment and care measures for HIV patients as well as mobilizing all social sectors to participate in HIV/AIDS prevention and control to create a favorable environment in which all of China supports HIV/AIDS prevention and control.³²⁷ On the basis of the successes of programs in other nations, such as Brazil, a free antiretroviral therapy program was piloted in late 2002 in one of the most severely affected areas of Hennan province.^{328, 329} On the basis of the improved

³²⁴ Wu 2007

³²⁵ Wu 2007

³²⁶ Xue 2005

³²⁷ People 2005

³²⁸ Zhang 2005a

³²⁹ Wu 2007

health status and survival of the initial cohort, the program was scaled up in early 2003, mainly through the China CARES program.^{330, 331}

In 2003, large positive strides were made in increased accessibility of HIV treatments in China. The China Comprehensive AIDS Response program or China CARES was instituted to assist 127 high HIV prevalence counties: providing care and support to people living with HIV/AIDS.³³² To further improve upon this policy, the Four Free and One Care policy initiative was implemented in December 2003. With this, the high cost of HIV treatment was addressed to provide China's rural residents and the urban poor with free HIV testing, voluntary counseling, free schooling for children orphaned by AIDS, antiretroviral therapy for treatment and prevention of mother-to-child transmission, and care to people living with HIV/AIDS through the Chinese health system.^{333, 334, 335} This system had soon expanded to over 120 sites nationwide, and by 2003 was providing treatment for more than 80 thousand AIDS patients.³³⁶

In 2003, due in part to the commitment and determination of President Hu Jintao, the pace of implementation of innovative strategies for HIV detection, prevention, and care, accelerated, and³³⁷ the State Council AIDS Working Committee was formed to develop a comprehensive policy framework.³³⁸

A defining feature of the central government's approach to HIV in 2003 was the anti-AIDS discrimination campaigns which revealed the administration's increased openness towards

³³⁰ Zhang 2005a

³³¹ Wu 2007

³³² Wu 2011

³³³ Koralage 2004

³³⁴ Wu 2007

³³⁵ Watts 2003

³³⁶ MOH 2003

³³⁷ Wu 2007

³³⁸ MOH 2003

HIV/AIDS issues and particularly the role social discrimination plays in the spread of the disease. To publicly address the major barrier stigma presents of discouraging people from practicing safer sex behaviors^{339, 340} and prove that HIV cannot be transmitted through casual contact, senior political figures have made public statements along with more actively incorporating the private sector and NGO organizations into policy. An example of this came about on World AIDS Day in December 2003, when Chinese Premier Wen Jiabao publicly shook hands with several AIDS patients in a Beijing Hospital,³⁴¹ becoming the first premier of China to do so.^{342, 343}

In 2004, the Chinese government had increased its HIV control contribution from 100 million yuan (\$15 million USD) in 2001³⁴⁴ to 810 million yuan (\$100 million USD).³⁴⁵ Also by this time, China was making impressive progress in the development and implementation of effective HIV intervention strategies. The State Council AIDS Working Committee was established and the vice minister of this committee collaborated effectively with high-level central government officials to monitor and evaluate existing HIV/AIDS policies, forming the comprehensive policy framework Notice on Strengthening HIV/AIDS Prevention and Control, and implementing new policies with a focus of reaching across political and social sectors.^{346, 347,}

³⁴⁸ In 2004, Vice Premier Wu Yi openly advocated behavioral interventions in high-risk populations at a national working meeting on HIV/AIDS, marking an unprecedented step

³³⁹ Wu 2007

³⁴⁰ Yang 2004

³⁴¹ Watts 2003

³⁴² Wu 2007

³⁴³ Watts 2003

³⁴⁴ Wu 2007

³⁴⁵ Wen 2010

³⁴⁶ MOH 2003

³⁴⁷ Wu 2007

³⁴⁸ Wu 2011

forward in the fight against the disease. Mirroring the success of the 2003 visits, President Hu Jintao and other senior government leaders publicly visited patients living with HIV/AIDS both in November 2004 and February 2005 during the Chinese New Year to call for elimination of bias against HIV positive individuals.³⁴⁹

As a result of these campaigns and increasing focus on elimination of general stigma towards the HIV+ population of China, the Law on the Prevention and Treatment of Infectious Disease was reworked in 2004 to include language which protected the identity and disease status of HIV positive patients, recommending disciplinary action for health practitioners or institutions that violated these laws.^{350, 351} These reformed regulations made it illegal to discriminate against people living with HIV/AIDS and their families in terms of their rights to schooling, employment, health services, and participation in community activities. Although there had been language in previous regulations to protect the rights of people living with HIV/AIDS, these new laws give such individuals and their families a stronger basis from which to defend their rights.

Though a part of earlier conversations, it was finally in 2003 that MSM were officially included in HIV/AIDS policy considerations.³⁵² The first discussions of same-sex marriage in China through the proposal of the marriage law amendment by Professor Li Yinhe marked the first time a gay rights bill was discussed as policy before the national Chinese government. Acceptance was growing, but even by 2004, homosexual topics continued to be termed by state administration as going against the healthy way of life in China. December 2005, a group led by an outspoken Chinese filmmaker tried, unsuccessfully, to organize a first national gay and

³⁴⁹ China Daily 2004 Hu

³⁵⁰ Wu 2007

³⁵¹ MOH 2006

³⁵² Altman 2012

lesbian festival in the Art District of Beijing. However, the celebration was soon called to halt by police as all prospective venues were shut down due to fire code violations or licensing problems.³⁵³ Continuing this pattern of bureaucratic badgering in 2006, students at Guangzhou's Sun Yat-sen University formed what is thought to be the first Chinese LGBTQ student group, however after the organization was reported upon in the media the students were told their status was suspended when they tried to re-register the club, as of 2010 these students were still waiting.³⁵⁴

High proportions of HIV-positive MSM are internal migrants who face difficulties in obtaining a livelihood as well as structural problems, such as residency restriction, when receiving ART and related services. An integrated health-service system is needed to take care of the multiple health needs of HIV-positive MSM in China.³⁵⁵ The testing and counselling program initially established in 2003, was expanded to provider-initiated testing and counselling in 2005 to encourage routine HIV testing of high-risk groups.^{356, 357}

³⁵³ Rauhala 2010

³⁵⁴ Rauhala 2010

³⁵⁵ Li 2015

³⁵⁶ Wu 2011

³⁵⁷ Mao 2010

Chapter 3: Modern Day Policies and the Current State of HIV+ MSM

Recent Policy Initiatives

The development of coherent HIV policy which effectively integrates China's men who have sex with men has been the result of a long and unsystematic political and cultural process involving initial errors, increasing levels of training for government workers and health system employees, epidemiological studies, and communication with the international community and lobbyists. Finally in March 2006, after more than twenty years from the first HIV infection, both the first legislation directly aimed to control HIV/AIDS and the Five-Year Action Plan to Control HIV/AIDS of 2006–2010 were announced, each taking a critical step in effective care and prevention of HIV/AIDS.³⁵⁸ However, the main element which was missing from the government's approach to HIV at this time and continues through to today is ethnographic cultural research which looks to understand whether the treatments being provided effective to the cultural needs of the populations that fell on the outskirts of society.

In 2007, China entered a transition stage where it began to base its public health approaches on scientific evidence: making impressive progress developing and implementing strategies for effective HIV intervention strategies. The government began engaging in more controversial risk reduction methods among both IDUs and MSM: methadone maintenance and needle exchange treatment programs were becoming more common while the government began to more clearly target men who have sex with men.³⁵⁹ As of 2007, growing knowledge about MSM to heterosexual spread and studies indicating low levels of HIV knowledge, perceived risk, and testing, and high rates of sexually transmitted diseases prompted the Ministry of Health to

³⁵⁸ Wu 2007

³⁵⁹ Wu 2007

extensively include men who have sex with men in the high-risk groups and to call for the development of novel interventions to target them.^{360, 361, 362, 363}

In 2008 a study conducted by Li Yinhe revisited the Chinese public's attitudes towards MSM with results which painted a mixed picture of public attitudes towards gays and lesbians.³⁶⁴ The survey found high levels of distaste towards MSM, showing that 70% of Chinese thought homosexuality was either "a little" or "completely" wrong,³⁶⁵ 40% of people found gay-themed movies and television shows should not be shown, 75% would tolerate their gay family member but hope they would change, and only 7.5% stated they knew someone who identified as homosexual. However, in contrast, when asked lighter questions about respect over 60% stated they would be friends with a homosexual, 91% said members of the LGBTQ population ought to have equal employment rights, and over 80% thought heterosexuals and homosexuals were equal individuals.^{366, 367}

The year 2009 was huge for the LGBTQ community. China launched its first large-scale MSM HIV prevention efforts outside of existing programs in Yunnan and Sichuan³⁶⁸ with the China-Gates Cooperative HIV Prevention Program targeting MSM in 14 major cities.³⁶⁹ While well-known HIV activist Gao YaoJie appeared in front of the central congressional body this year, major shifts in public perception of gay men were taking place throughout China as well. In June 2009, the first Shanghai Pride Parade and Festival and seven day LGBTQ film festival went

³⁶⁰ Wu 2007

³⁶¹ Choi 2006

³⁶² Jiang 2006

³⁶³ Wong 2006

³⁶⁴ Simon 2009

³⁶⁵ Davison 2011

³⁶⁶ Simon 2009

³⁶⁷ Simon 2009

³⁶⁸ Chow 2011a

³⁶⁹ Chow 2011a

through bureaucratic gymnastics to be permitted to take place.³⁷⁰ Planners of the festival had to agree not to embarrass the government and cancel some of the events that may involve too many people with publicity of the festival limited only to English media,³⁷¹ but to the surprise of many, the event garnered positive from China Daily, a state-run newspaper, which called the “a good showcase of the country's social progress.”³⁷² The police did shut down a play and two film screenings, but the organizers rescheduled the events.^{373, 374} By this time, over 30% of the Beijing population supported same-sex marriage.³⁷⁵ Also in 2009, in Guangzhou, police cracked down on popular gay hangout places and in response around 100 individuals publicly protested—a “milestone” in the history of LGBTQ rights in China according to Human Rights Watch.³⁷⁶ Additionally, the China Daily published a story and photograph of a symbolic wedding between two gay men with several similar positive reports on other marriages to follow.³⁷⁷ As of 2009, there are still no legal protections against LGBTQ discrimination in China and few openly gay role models exist in China.³⁷⁸

NGO and Private Sector Expectations and Involvement

When critically examining government involvement in destigmatizing homosexuality and looking to how to best fund programs, the government looked outside its own abilities to partner with non-profits and for-profits. In the case of sexually transmitted diseases, as they are not connected to political or public perceptions as exclusively, non-governmental organizations

³⁷⁰ Human Rights 2011; 291

³⁷¹ Rauhala 2010

³⁷² Rauhala 2010

³⁷³ Rauhala 2010

³⁷⁴ Human Rights 2011; 291

³⁷⁵ Branigan 2009

³⁷⁶ Human Rights 2011; 291

³⁷⁷ Harris 2014

³⁷⁸ Branigan 2009

(NGOs) operate effectively with stigmatized populations. In fact up until 2003, China's HIV/AIDS programs were mainly supported by international donors.^{379, 380} Various bilateral, multilateral and private partnerships, especially the Global Fund to Fight AIDS Tuberculosis and Malaria have had a major impact on the direction and success of the China's HIV/AIDS response.³⁸¹

Many NGOs are well known to people and have advantages in HIV/AIDS intervention and prevention control.³⁸² As the central Chinese government focused on the critical importance of working with stigmatized populations, it also realized individuals stigmatized due to association with homosexuality were reluctant to talk to government workers and receive treatment from public centers. Therefore, as of 2005 the government had still only initiated a few interventions for MSM. Rather than take on full responsibility themselves, the responsibility of such programming was shifted to NGOs and advocacy groups best able to engage with the community and HIV/AIDS prevention.^{383, 384} By 2006, China was seeing large growth in the role of NGOs in HIV/AIDS prevention and control work, especially with volunteer groups dedicated to AIDS prevention among MSM in Beijing, Shanghai, Guangzhou and Chongqing.³⁸⁵ As of 2006, China started implementing the Guidelines for HIV/AIDS Prevention and Control, displaying the determination of the government to fight the problem,³⁸⁶ as the government officially began promoting domestic NGOs to support the reach of HIV/AIDS prevention services to the more

³⁷⁹ Wu 2007

³⁸⁰ Wu 2011

³⁸¹ Wu 2011

³⁸² Xinhua 2006 [Mar 23]

³⁸³ Zhang 2005a

³⁸⁴ People 2005

³⁸⁵ Xinhua 2006 [Mar 23]

³⁸⁶ Xinhua 2006 [Mar 23]

difficult to reach populations.³⁸⁷ Since 2007 the presence of international NGOs has been increasing.³⁸⁸

In an interest to mobilize all sectors to approach HIV, China looks to engaging organizations outside the non-profit sector, also encouraging the private sector to undertake HIV prevention and education activities.³⁸⁹ The government has received some assistance from private foundations including the William J. Clinton Foundation and the Bill & Melinda Gates Foundation.³⁹⁰ Aside from this, funding and marketing efforts for HIV prevention have received support from the Merck Co. Foundation, a US pharmaceutical company, designing an HIV program including healthcare professional training and condom distribution for targeted high-risk groups.³⁹¹ However, overall most Chinese business and corporations remain silent on HIV/AIDS, seeing it as “the government’s problem, not their own.”³⁹²

Traditional Chinese Medicine

One of the key aspects of the Chinese medical system making it quite distinct from other countries is the use of traditional Chinese medicine. Chinese medical herbs and treatments such as acupuncture and cupping continue to be commonly used by patients in a complementary medicine fashion. In the Chinese health system, traditional herbal medicine is defined as “products derived from plants or parts of plants used for the treatment of HIV/AIDS³⁹³” and are always a viable option, especially for individuals with social and economic barriers to existing health systems. As many MSM, particularly those from the rural regions, have difficulty accessing formal HIV care systems, there is a high possibility that traditional Chinese medicine

³⁸⁷ Xinhua 2006 [Mar 23]

³⁸⁸ Wu 2007

³⁸⁹ Wu 2007

³⁹⁰ Wu 2011

³⁹¹ Wu 2011

³⁹² People 2005

³⁹³ Liu 2005

is frequently used. Though there is no research on the use of traditional Chinese medicines for HIV by MSM at the moment, this topic is important to investigate.

When treating HIV/AIDS with traditional Chinese medicines, a large number of treatments are relatively commonplace throughout the nation. Some individuals view these drugs as a potential HIV/AIDS cure while others use these treatments to alleviate symptoms, reduce viral load, and increase their CD4+ cell count.³⁹⁴ However, there is no evidence that traditional Chinese medicine has any significant effect on a patient's HIV status.³⁹⁵

There are a few clinical studies which have shown herbal medicines, two compounds in particular, which may have the potential to alleviate symptoms, reduce viral load, or increase CD4+ cell counts for PLWHA. The first, is a compound of Chinese herbs commonly referred to as IGM-1 which displayed a significantly better effect than placebo in improvement of health-related quality of life, although this compound did not impact overall symptom severity or CD4+ cell count.³⁹⁶ Second, another combined herbal treatment, SH, when combined with anti-retrovirals was shown to have an increased antiviral impact compared against anti-retrovirals alone.³⁹⁷

In the clear majority, however, are herbal and traditional medical treatments which either have no impact or cause harm. Oral curcumin was proven ineffective in reducing viral load or increasing CD4+ cell counts; capsaicin, the chemical in peppers which provides the spicy sensation, was proven ineffective at relieving pain associated with HIV-related peripheral neuropathy; a commonly used herbal formulation of 35 Chinese herbs did not affect CD4 cell

³⁹⁴ Liu 2005

³⁹⁵ Liu 2007

³⁹⁶ Burack 1996

³⁹⁷ Sangkitporn 2004

counts, viral load, AIDS events, symptoms, psychosocial measure, or quality of life; and qiankunning appeared to have no discernible antiviral impact or impact HIV-1 RNA levels.³⁹⁸

The presence and wide use of traditional medicine in China creates a scenario unique to this nation, a topic definitely worth investigating in detail in the future.

Social Media and Modern Day Initiatives

When examining HIV transmission globally, one of the most important facilitators of male to male transmission in the last five years has been geo-location smartphone applications. These applications have been used, primarily by men in the United States and Europe to find both romantic and sexual male partners. In the United States the most successful and well known of these applications is Grindr, with 10 million men downloading it across the world since its March 2009 inception.³⁹⁹ As of now, Grindr remains the most well-known application within the global gay community. In China, however, Grindr has not enjoyed the same level of popularity and by 2014 only 5 million Chinese men had downloaded the application.⁴⁰⁰ Jack'd a Belgian organization known in China as *jie ke di*, translating to “a place where a sex worker finds his or her John⁴⁰¹” has enjoyed slightly more success; however, without great Android capabilities for Jack'd and the low usage level of Grindr, a large market gap was presented.⁴⁰²

Blued, launched in August 2012, three years after Grindr's inception, filled this gap by targeting Chinese users. In a little over a year, Blued came to have 2 million Chinese users⁴⁰³ and as of November 3, 2014 reported 15 million users, marking an increase of 13 million in less than

³⁹⁸ Liu 2005

³⁹⁹ Reynolds 2014

⁴⁰⁰ Ehrman 2014

⁴⁰¹ Hayoun 2013

⁴⁰² Hayoun 2013

⁴⁰³ Hayoun 2013

a year.⁴⁰⁴ In December 2013, a little over a year after Blued's launch, the application was most popular in China's second-tier cities but has since grown, becoming commonplace among gay men in Beijing, Shanghai and Guangzhou—China's three largest cities.⁴⁰⁵ Blued employs a GPS model similar to that of Grindr and Jack'd: providing a clear opportunity for gay men to find each other through features such as assistance with locating nearest users, provision of a profile picture, and inclusion of appearance statistics like weight, height, age, preferred sexual positions, and blood type romantic compatibility.^{406, 407} Blued operates entirely in Chinese script and works effectively with China's internet protections and surveillance restrictions. In addition, the application has a timeline feature similar to other successful social media sites, where users can organize group activities and post status updates and photos to express one's personality.^{408, 409}

Founder of Blued, Ma Boli, pseudonym Geng Le⁴¹⁰ stated in a recent interview Blued and other smartphone applications present a "spiritual shelter for millions of homosexuals in China,⁴¹¹ though lack of access to the internet in rural areas is a powerful factor behind how being gay is particularly difficult in the countryside.⁴¹² Geng Le noted himself in a recent broadcast that "in small cities in China, homosexuals suffer unspeakable discrimination."⁴¹³

In China the gay social scene is becoming more and more integrated with social media and the power of the Internet. As Chinese individuals are not very open about their sexual identities, the ability to turn to a smartphone—a private device—for communication with the gay

⁴⁰⁴ Larson 2014

⁴⁰⁵ Hayoun 2014

⁴⁰⁶ Hayoun 2014

⁴⁰⁷ Larson 2014

⁴⁰⁸ Hayoun 2013

⁴⁰⁹ Larson 2014

⁴¹⁰ Watt 2014

⁴¹¹ Le 2014 1:54

⁴¹² Gifford 2005

⁴¹³ Le 2014 4:47

community offers both convenience and safety.⁴¹⁴ Blued and other applications provide this privacy in a very unique fashion, allowing individuals worried about being “outed” in their sexual identity to stay anonymous simply by not posting a picture or using their real name on their profile.⁴¹⁵

Blued is one strong case representing how the power of the growing Chinese economy can cause significant cultural shifts in acceptance and advocacy among the LGBTQ community.⁴¹⁶ In 2014, a large venture capital firm invested \$30 million in the online community of Blued, noting the promising future outlook of the venture both financially and socially with “five percent of the total population being LGBT.⁴¹⁷” Blued administrators argue this financial investment symbolizes a cultural shift in Chinese opinions and that the commercial success of Blued can play a key role in helping “more people to see the value of the gay internet, as well as the diversity and progress of Chinese society.⁴¹⁸”

As Blued far outpaces any heterosexual dating application in China, there are plans to take Blued public in an IPO, at which point “the social significance” of Blued “will be far greater than the capital value” as it becomes known to both China and the international community that an openly LGBTQ organization can prosper in the capital market.⁴¹⁹ If and when Blued begins to trade stock on the public market, it will be the first application openly founded and run by a gay man, beating Grindr, Jack’d, Hornet, among others. Ultimately, Geng Le and Blued strive to create an accepting LGBTQ community, even if at times it can only exist online. In fact Blued is

⁴¹⁴ Reynolds 2014

⁴¹⁵ Watt 2014

⁴¹⁶ Le 2014; 6:44

⁴¹⁷ Watt 2014

⁴¹⁸ Ehrman 2014

⁴¹⁹ Ehrman 2014

being used to broadcast LGBT information and call on users to boycott homophobic celebrities.⁴²⁰

Grindr, Jack'd, and other internet meet-up applications for gay men are perceived by some as fueling the HIV/AIDS epidemic. The greater Chinese public has expressed similar worries about Blued's efforts to destigmatize male to male romantic and sexual interactions, stating the application may "exacerbate the country's already-high prevalence of HIV among MSM."⁴²¹ Before applications like Blued, "people did it in bathrooms," engaging in anonymous, condom-free sexual intercourse in parks and restrooms late at night.⁴²² Blued has taken many steps to address this concern which speaks to the changing perception of the LGBTQ community in China and how HIV policy is becoming more integrated into social media. Recently the Chinese government has exhibited its changing approach to HIV control in the MSM community with regards to how it engages with Blued.

Along with facilitating stronger relationships among men in the gay community, Blued has become a positive force in fighting China's HIV/AIDS epidemic. Blued administrators argue that if HIV/AIDS is an issue in China, it is due to unprotected sex and misinformation—not smartphone applications.⁴²³ In fact, both Blued developers and users argue that finding STD-free partners and long-term relationships is far easier with smartphone applications.⁴²⁴ Overall, applications like Blued make sex a safer engagement for MSM, providing increased opportunities for HIV center access and encouragement for safe sex practices.⁴²⁵ Blued presents opportunities and features educating its users on how to properly use a condom and prevent HIV

⁴²⁰ Le 2014; 6:52

⁴²¹ Hayoun 2013

⁴²² Hayoun 2013

⁴²³ Hayoun 2013

⁴²⁴ Hayoun 2013

⁴²⁵ Hayoun 2013

contraction as well as helping those already infected gain access to free anti-retrovirals, find a spiritual center, and prevent transmission: promoting “more diversity, equality, and love in Chinese society.”⁴²⁶

Today homosexuality remains largely taboo in China, though large changes have been made. As of 2011, LGBTQ acceptance levels were on the rise and most major Chinese cities like Beijing, Shanghai, and Shenzhen are home to gay bars, parties, and support groups.⁴²⁷ With an increase in Chinese organizations specifically devoted to LGBT advocacy issues, the gay support sites and bars once only found in large cities are becoming more common in smaller cities like Xi'an, Dalian, and Kunming.⁴²⁸ Though stigma and disorganized regulation due to miscommunication between the central government and the smaller municipal governments have led to continued harassment of gay individuals: in April 2011, Shanghai police raided a gay bar, detaining more than 60 individuals overnight.⁴²⁹

However, as homosexuality becomes more and more openly accepted in Chinese society, the number of gay websites and newsletters have increased and social networking has significantly expanded across the country. In 2011 both an LGBTQ Beijing film festival and Shanghai gay pride event were held privately “guerrilla-style” to avoid cancellation by authorities.⁴³⁰ In March 2011, one in four Chinese stated in an online survey they could accept some form of legalized gay union or marriage.⁴³¹

In 2013, when prime minister of Iceland, Jóhanna Sigurðardóttir and her wife Jónína Leósdóttir visited China, Jónína was recognized as the Prime Minister’s wife at official functions

⁴²⁶ Le 2014; 6:44 - 7:21

⁴²⁷ Tatlow 2011

⁴²⁸ Watt 2014

⁴²⁹ New York Times 2011

⁴³⁰ Tatlow 2011

⁴³¹ Tatlow 2011

though China's central television network omitted all references to Sigardurdottir's wife in a manner which notably contrasted the coverage of spouses of other visiting foreign leaders.⁴³² In 2008 the gay website Danlan.org with no erotic content at all would be regularly shut down and "get convicted of a crime plucked out of thin air," heterosexual erotic sites would receive a minor fine.⁴³³ By 2013, however, these shutdowns did not occur, and individuals reported feeling more comfortable with running gay-themed websites.⁴³⁴

Over time the Chinese government has come to realize the vast difficulty of reaching the spread out, stigmatized, and hesitant LGBTQ community and that compared to the wide reach of Blued and its online component Blue City, "none of [the governments'] public awareness websites can receive such attention. This is a very important channel to be able to spread information about AIDS prevention among the LGBT community."⁴³⁵ Blued has proven extremely useful at reaching the most marginalized MSM individuals a government public health marketing campaign cannot reach. Blued distributes safe sex messages to its users from health authorities regarding HIV testing and treatment locations.⁴³⁶ In fact, in 2012, Premier Li Keqiang visited Blued headquarters stating, "you are doing a great job, we know there are still many kinds of discrimination in this society, which is why we need to work together to eliminate inequality."⁴³⁷ This visit represented both an important milestone in the Chinese LGBTQ Movement as well as in the Chinese government's approach to HIV transmission among MSM.

⁴³² Li 2013

⁴³³ Le 2014; 5:07

⁴³⁴ Hayoun 2013

⁴³⁵ Watt 2014

⁴³⁶ Watt 2014

⁴³⁷ Le 2014; 7:43 - 8:17

As of 2011 HIV prevalence is still not studied or reported in 6 out of China's 31 provinces.⁴³⁸ Though, HIV reforms do continue to this day as current President Xi Jinping and his cabinet continue to promote prevention, research, and control of HIV/AIDS.⁴³⁹ In 2013, the State Council established the AIDS Working Committee consisting of 25 departments and 11 provinces, autonomous regions, and municipalities^{440, 441} to approach the consistent growth of the HIV epidemic among Chinese MSM. Though scale-up of effective MSM targeted public health strategies, community health education, and prevention has led to spectacular progress, it is not enough.⁴⁴²

⁴³⁸ Chow 2011a

⁴³⁹ MOH 2012

⁴⁴⁰ MOH 2012

⁴⁴¹ MOH 2012

⁴⁴² Chow 2011a

Conclusion

Throughout the development of the three phases of HIV transmission in China through infected foreigners, intravenous drug use, and unregulated blood plasma sales men who have sex with men have transmitted HIV from one to another.

Restrictive policies in the early years and more recent lack of support by the government have led to a notably slow upward trend of MSM and LGBTQ acceptance in China. As this trickling progress is correlated to how HIV spreads and is transmitted throughout the nation, political, historical, and cultural aspects of life in China generate stigma towards MSM which leads them to be afraid of being tested for HIV and to not seek treatment.

With the family structure being such a critical cultural tenant of Chinese society, the belief that same-sex couples cannot form a reliable family leads to a lack of support for homosexuality. As such, encouragement by the government for gay couples to form stable, safe marriages is not possible and the main problem of ignorance—not hostility—towards the LGBTQ and MSM populations of China cannot be resolved. Based on this supporting data and current evidence, one can anticipate a continued rise in HIV/AIDS among MSM population until stigma is completely eliminated.

There is need for more research on China's MSM population in many areas. In particular, more accurate MSM specific HIV surveillance in the rural regions must be conducted and the Four Free and One Care policy, now in place over 10 years, should be reviewed, particularly with respect to how it addresses treatment and accessibility issues faced by MSM and migrant HIV patients. While great positive strides have been made over the last ten years, overall the transmission of HIV will continue to rise unless government programs specifically address the

stigmatization of society and work to reverse negative perceptions of gay men throughout Chinese society.

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