

# **Social Construction of Gender and Sexuality in Online HIV/AIDS Discourses in China: A Feminist Critical Discourse Analysis**

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## **Abstract**

*HIV/AIDS represents a growing health threat to women worldwide. In China, the proportion of female HIV cases has been going up due to increasing sexual infection. Women's vulnerability to HIV/AIDS can be largely attributed to gender inequalities, especially for women in developing countries like China. Discourse is one of the ways gender inequalities have been constructed subtly and cognitively. A feminist discourse analysis is necessary to uncover the gender ideologies hidden in HIV/AIDS discourses. Given the widespread reach of the Internet and its huge potential influence on the construction of gender and sexuality, an analysis of online HIV/AIDS discourses is necessary. This paper applies a conceptual framework informed by the role of power in shaping the social construction of gender and sexuality. It is employed to evaluate the discourses in the news reports of an online journal about HIV/AIDS and women in China. The discourses are categorized into themes and are labeled as stereotypical, neutral, sensitive or transformational after discourse analysis according to the framework. The findings suggest that these discourses may provide little help to empower women in their combat with HIV/AIDS. The government should create a democratic environment that is discursively inclusive and depression free.*

**Keywords:** Social Construction, HIV/AIDS, Gender, Sexuality, Internet, Critical Discourse Analysis, China, Feminism

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## Introduction

HIV/AIDS represents a growing and significant health threat to women. According to the United Nations (UNAIDS/WHO, 2004), women now make up nearly half of all people living with HIV worldwide. In China, the number of HIV cases was roughly estimated to be 840,000 in 2003 and the total prevalence rate is 0.07%. According to UN's worst-case forecast based on an infection rate increase of 30% per year (Watts, 2003), by 2010, the number would climb to 10 million (Watts, 2004). The proportion of female HIV cases has been going up from 15.3% in 1998 to 39.0% in 2004 (State Council AIDS Working Committee Office, 2004). The ratio of infected men to women has fallen from 9:1 in the early 1990s to 3:1 in 2001 (China AIDS Survey, 2003), and the figure now is closer to 2:1. In some areas, the number of women infected is almost equal to that of men (BBC News World Edition, 11 July, 2005). Furthermore, the ratio of males to females born has risen from 117.4:100 in 1995 to 120:100 in 1997 while the natural ratio worldwide each year is only about 105:100. If taken those data into consideration, women are even more disproportionately infected by HIV/AIDS in China.

Biological differences in anatomy between males and females --- the membrane of the vagina is more permeable (Padian, Shiboski, Glass and Vittin off, 1997), and HIV is more concentrated in semen (Segal, 1993), are only part of the explanations for women's vulnerability to HIV/AIDS, what are often overlooked are gender inequalities in socio-economic status, and cultural ideology around sexual practices such as abstinence, monogamy and condom use (Winter, 2005; Ojikutu and Stone, 2005), so that women all over the world "find themselves at special risk of HIV infection because they lack the power to determine where, when and how sex takes place" (UNAIDS, 2001). Women in developing countries are particularly under a significant and growing threat of being infected. In China, thanks to the revolution in politics, culture and law, the status of women has been improved greatly in post-1949 China in terms of lifespan, literacy, educational enrollment level or GDP per capita income. However, gender inequalities still extensively exist under the enduring influence of the construction of gendered identities reflected in Confucian patriarchal values. Women in China are still disproportionately experiencing poverty, social injustice, marginalization as well as structural violence (Renwick, 2002).

Discourse, defined by Foucault (1982) as "the interplay of the rules that make possible the appearance of objects during a given period of time" (p.33), is one of the major ways gender inequality has been socially constructed (Cukier and Bauer, 2004). HIV/AIDS as a "Disease of Society" (Gatter, 1995) is typically constructed by a set of social, economic and political discourses (Cullen, 1998), in which media play a vital role (Gerbner, 1977; Lippmann, 1992). Therefore, it is necessary to reveal how the ideologies underlying gender inequalities are constructed and to what degree women are empowered in HIV/AIDS discourses in media. It is not something that can be uncovered by simply looking quantitatively at the usage of key words and phrases as in content analysis. In contemporary times, power is exercised less coercively and overtly but more cognitively and subtly; no longer by means of physical force but the manipulation of text and talk. As a result, the socially constructed nature of the dominant discourses are usually obscured and thereby accepted by recipients as "common sense" or "fact" (Fairclough, 1995). It is especially the case to examine this topic in China given the notorious and widely criticized media control by Chinese central government regarding such politically sensitive issues as HIV/AIDS (Yu, 2005). That is why a critical discourse analysis (CDA) is necessary here to expose the underlying power structures of discourses (Fairclough, 1995). Since gender intersects with other social identities such as sexuality, ethnicity, social status, etc, a

feminist CDA is more appropriate for this paper in order to take the differences within women into account when it comes to HIV/AIDS prevention in China.

A feminist CDA has been applied in those TV programs (Myrick, 1999; Raheim, 1996) and printed materials (Charlesworth, 2003) that are oriented towards HIV/AIDS prevention intervention, although the methodologies used are often not specified as CDA or feminist CDA. There is a lack of similar empirical studies on the HIV/AIDS discourses online. However, it is worth the effort due to three reasons. Firstly, the Internet has been reaching to more and more ordinary people at an amazing speed and the difference in the percentages of male and female users is being shorted. In China, the number of Internet users by the end of 2004 is 94 million with an annual growth of 18.2% (Internet World Stats, 2005). From 1998 to 2004, the percentage of male users decreased from 92.8% to 59.3% and that of female users increased correspondingly from 7.2% to 40.7% (CNNIC, 2004). Secondly, it is argued that the Internet content is reproducing the existing ideologies and power relations in offline content (Harrison and Zappen, 2003). In other words, “we need to treat Internet media as continuous with and embedded in other social spaces, that they happen within mundane social structures and relations that they may transform but that they cannot escape into a self-enclosed cyberian apartness”. (Miller and Slater, 2000: Let’s Not Start From There section, para. 5). Thirdly, the Internet is different from printed media in many ways: there is a lack of control at the stage of production; the markers of authors are less clear or completely unidentified, *etc* (Eysenbach, *et al*, 1998). Therefore, the potentially huge influence of the HIV/AIDS discourses online in terms of the construction of gender and sexuality can not be underestimated. Although still preliminary, the ultimate purpose of this research is, like other critical studies, to bring the social problem of gender inequalities into public attention in HIV/AIDS prevention and empower the disadvantaged group of women to alleviate the rising risk they are faced with.

In this paper, we firstly introduce Rao Gupta (2000)’s categories of HIV/AIDS discourses in terms of social construction of gender and sexuality based on empowerment. We then apply them as a conceptual framework to evaluate the discourses in an online journal by using the feminist CDA to analyze some news samples selected from there regarding HIV/AIDS and China.

### **Conceptual Framework**

Rao Gupta (2000) has explored the determining role of power in gender and sexuality. Gender concerns expectations and norms of appropriate male and female behaviors, characteristics, and roles shared within a society. It is a social and cultural construct that differentiates women from men and defines the ways they interact with each other. Distinct from gender yet intimately linked to it, sexuality is the social construction of a biological drive, including whom to have sex with, in what ways, why, under what circumstances, and with what outcomes. Sexuality is influenced by rules, both explicit and implicit, imposed by the social definition of gender, age, economic status, ethnicity, *etc* (Dixon Mueller, 1993; Zeidenstein and Moore, 1996).

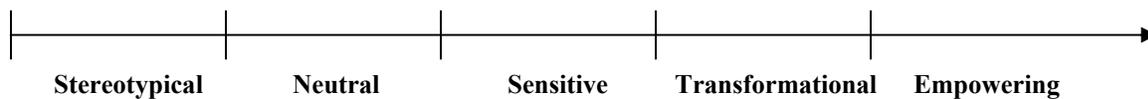
What is fundamental to both sexuality and gender is power. The unequal power balance in gender relations that favors men translates into an unequal power balance in heterosexual interactions. Male pleasure supersedes female pleasure, and men have greater control than women over when, where, and how sex takes place (Gavey, McPhillips and Doherty, 2001). Therefore, gender and sexuality must be understood as constructed by a complex interplay of social, cultural, and economic forces that determine the distribution of power. As far as

HIV/AIDS is concerned, the imbalanced power between women and men in gender relations curtails women’s sexual autonomy and expands male sexual freedom, thereby increasing both genders’ risk and vulnerability to the epidemic (Heise and Elias, 1995; Weiss and Rao Gupta, 1998).

Based on this theory of gender and sexuality, Gupta categorized HIV/AIDS programs in terms of the degree to which historical power dynamics in gender and sexuality were maintained. The categories depicted in table 1 and figure 1 range from the most damaging to the most benefiting ones.

**Table 1: Categories of Social Construction of Gender and Sexuality (Rao Gupta, 2000)**

<b>CATEGORY</b>	<b>DESCRIPTION</b>
<b>Stereotypical</b>	The damaging stereotypes of men are reinforced as “predator, violent, irresponsible” and women as “powerless victims or repositories of infection”.
<b>Neutral</b>	The target is the general population instead of either gender or sex. Despite no harm done and “better than nothing”, the different needs of women and men are ignored. Very often the basis is research that only has been tested on men, or works better for men.
<b>Sensitive</b>	The different needs and constraints of individuals based on their gender and sexuality are recognized and responded to. One example is to provide female condoms. Thus women’s access to protection, treatment or care can be improved, but little is done to change the old paradigm of imbalanced gender power
<b>Transformational</b>	The aim is to transform gender relations to make them equitable. The major focus is on the redefinition of gender roles at the personal, relationship, community and societal levels.
<b>Empowering</b>	The central idea is to “seek to empower women or free women and men from the impact of destructive gender and sexual norms”. Women are encouraged to take necessary actions at personal as well as community levels to participate in decision-making. One misunderstanding that needs to be corrected is that empowering women isn’t equal to disempowering men. The fact is more power to women would eventually lead to more power to both, since empowering women improves households, communities and entire nations.



**Figure 1: Continuum of Social Construction of Gender and Sexuality**

The reason for choosing Gupta’s categorization as our framework is that it looks at gender issues from the perspective of power and thus fits well with the feminist CDA. Although it is largely based on HIV/AIDS prevention programs, we expect that online HIV/AIDS discourses may follow similar patterns of power construction, and that the categories above could be applied to empirically analyze how these power relations are reproduced in online HIV/AIDS discourses in China.

### Application of Conceptual Framework

In this exploratory study, we use the conceptual framework to analyze some sample news articles regarding HIV/AIDS and China collected from the website of *The Lancet* ([www.thelancet.com](http://www.thelancet.com)), the online version of a medical newspaper. The reason for choosing this particular source is two fold. First, in searching for samples on the Internet, we found that among the limited amount of articles in English on this topic, most of the news reports were from this website. Second, although there were also a few scholarly papers or government documents on this topic, news may reach a wider population and thus have more potential influences.

There were 11 search results which had both “HIV” and “China” in the titles. Apart from two articles which were only accessible upon payment, nine samples were analyzed. The discourses selected from them are either direct quotes from Chinese officials or discursive facts in China instead of comments or interpretations by the reporters, so what we analyze are discourses constructed in China rather than the West.

There are four themes emerging from these discourses: Condom Use, Sex Work, Motherhood and Heterosexuality. Table 2 are the summaries of the citations of the news articles where the discourses are from, and the themes as well as categories to which the discourses belong. The subsequent sections are the detailed content and analysis of these discourses organized by themes. The parenthesized number at the end of each discourse corresponds to the number in front of each citation in the table.

**Table 2: Summary of Discourse Analysis**

NEWS ARTICLE	THEME	CATEGORY
1. China Contemplates Criminalisation of HIV Transmission, <i>The Lancet</i> 2000; 356: 1666, by Khabir Ahmad <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673605703822/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673605703822/fulltext</a>	Condom Use	Neutral
2. China Responds to Increasing HIV/AIDS Burden and Holds Landmark Meeting <i>The Lancet</i> 2001; 358: 1792, by Marilyn Beach <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673601068568/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673601068568/fulltext</a>	Condom Use	Neutral
	Sex Work	Stereotypical
3. China’ Shift in HIV/AIDS Policy Marks Turnaround on Health. <i>The Lancet</i> 2004: 363: 1370-1371. by Jonathan Watts <a href="http://www.thelancet.com/journals/lancet/article/PIIS014067360416087X/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS014067360416087X/fulltext</a>	Condom Use	Neutral
4. Spread of HIV and AIDS in China. <i>The Lancet</i> 2000; 356: 1856, by Abu Saleh M Abdulah <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673605733237/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673605733237/fulltext</a>	Heterosexuality	Sensitive & Transformational
5. Hong Kong Experts Help Tackle Mainland China’s Growing HIV/AIDS Problem. <i>The Lancet</i> 2002; 360: 1950. by Mary Ann Benitez <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673602119453/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673602119453/fulltext</a>	Sex Work	Stereotypical

6. Emerging HIV-1 Epidemic in China in Men Who Have Sex with Men. The Lancet 2003; 361: 2125-2126. by Kyung-Hee Choi et al. <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673603136902/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673603136902/fulltext</a>	Sex Work	Stereotypical
	Sex Work	Stereotypical
	Motherhood	Stereotypical
7. China Faces up to HIV/AIDS Epidemic. The Lancet 2003; 362: 1983. by Jonathan Watts. <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140673603150854/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140673603150854/fulltext</a>	Motherhood	Stereotypical

► Condom Use

- “ ‘But we should find a way to strive to use TV to promote condom use because it is an internationally recognized way to control HIV transmission’, adds Zheng XiWen of Beijing’s National Centre for AIDS Prevention and Control” (1)
- “Some experts considered that future plans could improve the marketing of condoms, install condom-dispensing machines, and teach proper condom usage” (2)
- “This follows... greater efforts to promote the use of condoms and improve their quality” (3)

Like those on most of the western websites, these discourses strongly advocate condom use in HIV/AIDS prevention. Since no explicit expressions about gender appear in these discourses, they fall into the “Neutral” category according to the framework. However, being “Neutral” in the categories does not mean this discourse is benign. Treating gender as neutral is potentially harmful because it ignores the unique risks faced by women.

The assumption underlying those discourses is that as long as people are aware of the importance of condoms in the prevention of HIV/AIDS and also as long as condoms are easily available, they would and could use them willingly and assertively. However, this assumption applies only for men. It is untenable for the majority of women in China and also some other countries where traditional power imbalance between genders is deeply rooted and sexual intercourse has such mixed cultural significance as an expression of monogamy, commitment, masculine power and continuation of family heritage. On one hand, they often do not dare to ask for condom use, if their partners refuse to use, for fear of ruining the relationship or of physical abuse, which is very probable if they do so. On the other hand, they often have to have sex without condom, even if they know their partners are already infected, under the social pressure that women’s self-worth and social support come exclusively from becoming mothers especially mothers of sons (China Daily, February 1, 2002). Admittedly, many educated women in cities are no longer subservient to men to a certain degree, but for the vast majority of women in China who mostly live in rural areas, their ability to assert condom use is very much constrained.

In short, if women’s desire to be faithful and committed lovers as well as to be safe and sound overrides the desire to be assertive, and if the social values gained through childbearing is weighed more heavily by women than contracting HIV/AIDS, then the mere wide availability of condoms and the awareness to use them on only women’s side mean nothing at all in terms of HIV/AIDS prevention. Even if it is female condoms or the highly anticipated microbicides that we are talking about, women can still not be as truly empowered as predicted since the very nature of gender relationships remains substantially unchanged (Bentley et al, 2004). As a result, since condom use can not be separated from the power relationship between genders, the discourses above, which only deal with condom use per se, are literally reinforcing gender

inequality by rendering gender inequalities invisible and by unnoticeably establishing men as the norm.

▶ Sex Work

- “They (participants at the meeting) also asked for...more education programmes for sex workers” (2)
- “...sexual transmission might become the predominant mode of HIV-1 transmission, as the virus spreads from drug users and sex workers into the general population” (6)
- “China’s national HIV/AIDS sentinel surveillance is restricted to five at-risk groups: drug users, female sex workers, truck drivers, pregnant women, and patients with sexually transmitted diseases (STDs)” (6)
- “He (Homer Tso, Chairman of the Hong Kong government’s advisory Council on AIDS) warned that if HIV went through the heterosexual route (in mainland), it was only a matter of time before HIV became a real problem in Hong Kong, especially if men travel to the mainland for sex” (5)

What these discourses have in common is their emphasis on the necessity of targeting female sex workers in the HIV/AIDS prevention. They belong to the “Stereotypical” category in the framework since they are strengthening the image of female sex workers as a source of infection while ignoring the means by which those women get infected in the first place, that is, mostly through unprotected sexual intercourses with infected male patrons who get the disease somewhere else (Drug use can be another means of infection too, but we do not address it here since the Intravenous Drug Users have not yet been much mingled with sex workers (The American Embassy in China, 2000)). It is especially the case if considering the fact that women are 8-17 times more likely to be infected with HIV by men than the other way around (Charlesworth, 2003). Again, a lack of condom use directly leads to this problem. Since female sex workers have little control over their commercial sex encounters, the rate of condom use among them is generally very low mostly due to fear of losing clients (Qu et al., 2002; Rogers et al., 2002).

Besides by rendering the role of male clients invisible in the transmission of HIV/AIDS, gender inequalities are also constructed here in these discourses by “othering” female sex workers, in other words, by focusing too much on targeting such particular populations as female sex workers. That is potentially harmful. To label AIDS as a gay disease in the earlier years of epidemic has unwittingly prevented women as well as other at-risk groups seeing themselves vulnerable to contracting it. Therefore, recent years witness a sharp rise in the number of infected women. Likewise, to reinforce the stereotypes of female sex workers as sources of the disease would also end up with similar negative result. Female sex workers tend to be more suspicious and even hostile towards government-sponsored and public AIDS prevention programs. As a result, they would be even more alienated by the society and even more vulnerable to sexual and physical abuses by clients due to exacerbated power imbalance in their sex encounters (Kaufman and Jing, 2002; Wang, 2000).

▶ Motherhood

- “..the health minister Gao Qiang ... promised to expand the policy of ‘four frees’: free testing, free antiretroviral drugs, free care for HIV-infected mothers, and free education for AIDS orphans” (7)

- “China’s national HIV/AIDS sentinel surveillance is restricted to five at-risk groups: drug users, female sex workers, truck drivers, pregnant women, and patients with sexually transmitted diseases (STDs) “ (6)

The motherhood discourses also construct gender inequalities by reinforcing “Stereotypes” of women. One is the stereotype of active transmitters who, as mothers, transmit the disease to their unborn children. What is misleading here is to have singled them out as the solely responsible part. These discourses tend to leave the impression that those mothers or mothers-to-be are irresponsible or selfish because they still get pregnant and give birth running the risk of getting the innocent children infected. This stereotype disguises the fact that in most cases mothers get the disease from infected fathers who thus should at least also be represented in the discourses (Charlesworth, 2003). According to Wei Jian'an, an official with China's Aids Prevention and Treatment office, among most of the recent infections in women through sex behaviors, some of them are prostitutes, while others are just “ordinary housewives or career women, infected by their husbands” (BBC News World Edition, 11 July, 2005)

Another stereotype of women constructed here is “flowerpots”, a specialized type of caregivers, which means that men provide the essential “seeds” or sperms that bring the children to life while women simply supply the accessory “pot” or womb where the children grow (Rothman, 1989). In this way women as human beings are reduced to the organs of wombs and the lives of their children (Charlesworth, 2003). The sharp contrast in HIV/AIDS discourses between consistent emphasis on mothers or mothers-to-be and the largely overlook of women in general suggests that women’s lives are only of value if their children’s lives are involved. Women are warned not to get pregnant and give birth only because they would put their children at risk, not because of the fact that pregnancy would suppress women’s immune system and make them sicker even faster. Women can get free care only for the identity as mothers, not for the identity as women.

▶ Heterosexuality

- “There is a need for specific programmes for men to raise awareness of the risk from commercial sex and a high number of sex partners, and to encourage openness on talking about sex matters and increase responsibility towards the family. Programmes for women should focus on how to reduce their vulnerability to risks arising from their partners’ promiscuity and social inequalities and generally to increase their perceptions of risk” (4)

This discourse presents characteristics of both the “Sensitive” and “Transformational” categories. It is sensitive to the different needs and constraints of both genders, which is a good initial step towards more revolutionary changes in gender ideology. It is also transformational in that it specifically points out men’s role and responsibility in HIV/AIDS prevention, and calls for women to be aware of the social inequalities, which makes this discourse the relatively most radical piece we have discussed in this paper. Gender relationships constructed in this way is much healthier than previous discourse. However, it is still a step away from being “empowering” since it stays at the level of awareness instead of concrete revolutionary actions oriented towards elevating women’s social status, either on the part of women themselves or on the part of the policy-makers. It is only addressing individual practices with little regard to broader institutional change.

## **Discussion**

After using Rao Gupta (2000)'s theoretical framework as a lens to dissect how gender and sexuality are socially constructed in online HIV/AIDS discourses in China, we found that the discourses are not homogenous in category. Only one discourse vaguely implies ideas that are sensitive and transformational, with the others potential harmful to the prevention efforts either by "neutrally" ignoring imbalanced gender relationships or by strengthening the already deeply ingrained stereotypes. Even sensitivity and transformation are not sufficient. HIV/AIDS is fundamentally an issue of human rights. More important than the right to the provision of medical service is the right to the provision of social justice (Renwick, 2002). What should be constructed in the discourses are empowering women and encouraging them to take active steps collaboratively to free themselves from the entrenched power inequalities dictated by the ideology of patriarchy which has lasted for thousands of years. What should be reflected in the discourses is the government's willingness and resolution to create a democratic environment that is discursively inclusive and depression free (Renwick, 2002). Promoting condom use and paying more attention to female sex workers and mothers are not unnecessary, but they are not enough to be really effective messages. Gender differences and power relationships have to be taken into account.

This current study is exploratory in nature and thus is limited in sample selection and data analysis. However, this work provides a foundation for additional studies which further probe feminist concerns in HIV/AIDS discourse communities. Future studies could, for instance, expand from the analysis of separate pieces of discourses to the evaluation of HIV/AIDS websites as integrations of discourses which not only include words and sentences but also photos, graphs, sounds and the general layout. Comparisons could also be made between websites in different languages or sponsored by organizations of different interests. Furthermore, the perspective could be narrowed down from feminism in general to specific groups of women according to ethnicity, sexual orientation and so on.

## **Conclusion**

HIV/AIDS is a complex and pressing issue in China and the world. It is not just an issue of health, but also an issue of gender and power relationship. The contribution of this paper is three fold. Firstly, we introduce Gupta (2000)'s theoretical framework for unpacking online discursive practices to demonstrate how HIV/AIDS gains its social meanings at the intersection of discourses about gender and sexuality. Secondly, we critically analyze the HIV/AIDS discourses online from a feminist viewpoint which opens up new lines of scholarly inquiry and critique. Thirdly, and most importantly, such kind of research in practice is promising in raising public consciousness about feminist issues and informing more equitable and empowering health policies in HIV/AIDS prevention.

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