

**A STUDY TO EXPLORE THE FACTORS INFLUENCING A
FEMALE STUDENT'S ABILITY TO ADOPT SAFE
SEXUAL PRACTICE AT A UNIVERSITY IN SOUTHERN
CHINA**

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**A minithesis submitted in partial fulfilment of the requirements for the
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Keywords

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ABSTRACT

There are estimated to be 840,000 people living with HIV in China (1) of whom 65% are estimated to be in the 16-29 year age group. Since the end of the Cultural Revolution and the opening of China to Western influence, traditional cultural norms have rapidly eroded and China is described as being in the middle of a sexual revolution (2). People are increasingly engaging in behaviours exposing them to the risk of contracting HIV which is spreading from the traditionally high risk populations to the general population via the heterosexual route (3). Comprehensive prevention strategies are necessary to prevent further spread (4). There is evidence that the observed increase in sexual activity is not accompanied by adequate knowledge of HIV transmission. 79% of 18-25 year olds know that HIV/AIDS can be transmitted by sexual intercourse, but a mere 30% know that correct and consistent condom use can protect against HIV transmission (5).

This exploratory study investigated the factors that influence safe sexual practices amongst female Chinese university students, enabling or preventing them from taking responsibility for their reproductive health. The literature search revealed this to be a largely unexplored area. The study was undertaken amongst third year male and female students, recruited from the Department of Comparative Literature and Media Studies at the Zhongshan University in Guangzhou, China. Data was predominantly collected using two male and two female focus group discussions. Three key informant interviews supported and contextualised the findings. The study revealed that the factors influencing female students' ability to adopt safe sexual practices are complex.

The recognised shortcomings of sex education in China (6) are compounded by the taboo of sex and the pressure placed on students for the achievement of good grades.

The university environment exerts a powerful influence. The ease with which mutually beneficial same sex friendships develop in the dormitory can be contrasted with the difficulties faced by couples attempting to conduct relationships. The restrictive university environment has the effect of driving relationships underground.

Gender roles are deeply entrenched. The need to conform to the ideal pure, naïve, and non-inquiring female stereotype affects a female student's ability to source sexual health information, negotiate safe sex, and to adopt safe sexual practices. Two distinct male stereotypes emerged: the traditional more gender equal male, and the liberal male who believes in an earlier age of sexual initiation and condones multiple sexual partners.

All students are aware of HIV but have misconceptions about the specifics of HIV transmission, believing that HIV can be transmitted by kissing, from unclean baths and from doctors. Some students were of the belief that poor personal hygiene is an indicator of possible HIV positive status. Students were confused by condom quality issues. As they had received no formal condom training students relied on reading the package instructions or working it out for themselves.

This small exploratory study resulted in the production of rich and surprising findings. These are incorporated into recommendations for future research and a comprehensive sex education programme at the university. Abstinence and mutual monogamy should be emphasised. Gender stereotypes that influence behaviour and choice of sex education materials should be acknowledged. Negotiation skills training should be incorporated together with condom and contraceptive advice. A sexual health page on the student website and a training programme for students to become peer-to-peer sex educators should be introduced.

Declaration

I declare that *a study to explore the factors influencing a female students ability to adopt safe sexual practice at a university in Southern China* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full Name..... Date.....

Signed.....



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Chapter 1

Introduction

1.1 BACKGROUND

There are estimated to be 840,000 people living with HIV in China (1) of whom 65% are estimated to be in the 16-29 year age group. Since the Cultural Revolution traditional cultural norms have rapidly eroded. China has been described as being in the middle of a sexual revolution (2), with people increasingly engaging in behaviours exposing them to the risk of contracting HIV via the heterosexual route. HIV is spreading from the traditionally high risk populations to the general population via the heterosexual route (3); comprehensive prevention strategies are necessary to prevent further spread (4).

There is evidence that the observed increase in sexual activity is not accompanied by adequate knowledge of HIV transmission. A large survey conducted by the Futures Group, of residents in several Chinese towns and cities, revealed that general knowledge of HIV/AIDS is high within the population, but specific knowledge on how HIV is and is not spread is less common. 16% of people surveyed were unsure if HIV could be transmitted by sharing a meal with an infected person (5). In the aged 18-25 cohort, 79% know that HIV/AIDS can be transmitted by sexual intercourse but only a mere 30% know that correct and consistent condom use can protect against HIV transmission (5).

China has been criticized internationally for not admitting the true situation of HIV (7). However there are indicators reflecting a change in the Government's policy and practice. Severe Acute Respiratory Syndrome (SARS) did the HIV cause a favour, by showing the importance of national leadership and a strong public health system in fighting an epidemic. The intense international and internal pressure increased openness and interest in public health services and health related issues. Recently there has been: widespread coverage of the issue of HIV across all the media, the introduction of a policy of free antiretrovirals, the dedication of funds for HIV prevention, the introduction of non-discrimination policies(8), and an increase in the registration and prominence of NGO's. This openness and commitment has made it possible for this study to be undertaken.

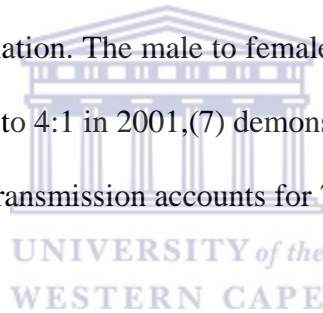


The Womens Federation in China is a non governmental organization representing women throughout China, to empower, advocate, train and offer legal advice. The researcher was invited by the Women's Federation of Guangdong, in her capacity as a medical practitioner, to be on an inter-sectoral panel to develop a sex education program for Chinese students at a Women's Technical College. To develop such a program, an in depth understanding of the factors that influence students to adopt safe sexual practices, is necessary.

This exploratory qualitative study aims to investigate the factors that influence safe sexual practices in female Chinese university students, allowing or preventing them from taking responsibility for their reproductive health.

1.2. RATIONALE

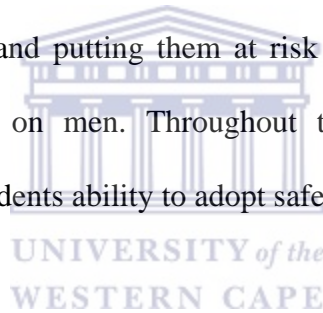
China has conditions conducive to rapid and widespread transmission of HIV infection: high rates of STI, low condom uptake, and transient and mobile working populations. High risk groups in China, such as sex workers (10% of cases), intravenous drug users (60% of cases), and blood plasma donors have been identified (7, 9). Gaining experience from countries with older epidemics, such as those in Cambodia and Thailand, where there is now significant HIV spread from people with high-risk behaviour to their sexual partners, there is a high possibility of HIV spreading from the traditionally classified high risk groups to the general population. The male to female ratio of HIV infection in China has decreased from 9:1 in 1990 to 4:1 in 2001,(7) demonstrating evidence of heterosexual spread in China. Heterosexual transmission accounts for 7% of new infections (8).



There are other, less well documented factors, that potentially increase exposure of the Chinese to risky sexual practices in China's fast changing environment. Traditional social and cultural norms are eroding. There is a greater openness in society, increased freedom of the press, widespread access to the electronic media, and for many groups, including the youth, there is an increasing desire to experience other cultures, and question traditional values. This greater openness and exposure to possibly contradictory messages has yet to be supported by the education system or public health campaigns. Sexual activity generally begins at an earlier age than in the past, but young people have inadequate information about safe sex and contraception (6). 70% of students in Shanghai believe that HIV can be transmitted through both kissing and public toilets, and a mere

86% of male, and 48% of female respondents knew that condoms could prevent HIV transmission. Abortions are common among teenagers (6). Great taboo surrounds the subject of sex (6).

WHO and UNICEF, define youth as people between the age of 15 and 24, and they represent 29% of Asia's population (10). It is important to understand and involve youth in programmes pertaining to youth sexuality, so as to prevent the unwanted effects of unprotected sexual intercourse, such as STI/HIV/AIDS, unwanted pregnancy, disrupted education, social isolation and loss of income potential. Gender has major implications for the reproductive health needs and status of the youth, making it difficult for many women to negotiate safe sex, and putting them at risk of exploitation and abuse (10). China places a higher value on men. Throughout the study evidence for gender imbalances that could affect students ability to adopt safe sex practices will be sought.



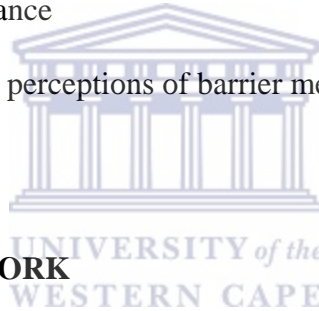
Surveillance data is incomplete, (7) but WHO and the Ministry of Health have estimated that there are 840,000 HIV cases in China, of which, 65% are estimated to be in the 16-29 year age group. WHO estimates that by 2010 this figure will reach 10 to 20 million(9,11). There is a window of opportunity in China to prevent an AIDS pandemic. An in depth understanding of the issues surrounding teenage sexuality are required, in order to develop appropriate behaviour change strategies, including public education campaigns.

1.3. AIM OF THE STUDY

The aim of the study is to investigate the factors influencing safe sexual practices for female youth at a university in Southern China.

1.4. OBJECTIVES

1. To explore the socio-cultural factors which influence and inhibit adoption of safe sexual practices amongst students
2. To explore student perceptions of sources of health education materials and explore their relevance
3. To explore student perceptions of barrier methods of contraception.



1.5. RESEARCH FRAMEWORK

This was achieved by undertaking a study amongst students at the Zhongshan University in Guangzhou, China. Third year male and female students were recruited from the Department of Comparative Literature and Media Studies. Data was predominantly collected using two male and two female focus group discussions, supported by 3 key informant interviews. Focus groups explored in depth: socio-cultural factors, including gender related issues, that affect a female student's ability to adopt safe sexual practices, the perceptions and relevance of sources of reproductive health information, and student perceptions of barrier methods of contraception. Key informant interviews contextualized findings. Data analysis ran concurrently with data collection in the same setting to allow findings to be challenged, developed and refined.

1. 6. THESIS OUTLINE

Chapter 2 will take the reader through the literature search that contextualizes the issues pertaining to youth sexuality, the risks associated with sexual intercourse, the HIV/AIDS Epidemic in China, and world wide strategies used to prevent transmission of the disease. The literature search introduces additional themes, such as the sociocultural environment and gender issues which are relevant to Chinese youth, which will be explored in depth by the researcher.

Chapter 3 is concerned with the research design and methodology. The study uses qualitative methodology which is well recognized; but it is often regarded in a negative light by positivist quantitative researchers as a second best. This chapter is important as it explains and justifies the choice of qualitative methodology, and explains how the data was analysed. This critical appraisal will end with potential study limitations.

Chapter 4 is concerned with presentation of the results. It is lengthy as the issues that emerged from the data are fascinating, complex, and many have not been reported previously in the English literature.

Chapter 5 brings together and discusses the findings contextualizing them within the literature search.

Chapter 6 concludes the study and explains the relevance of the findings to students and Chinese youth as a whole. The chapter summarises the surprise findings and identifies areas for future research. Recommendations for the university are included to further explain the relevance and limitation of the study. The chapter ends with a set of recommendations.

Chapter 2

Literature Review

2.1. CHAPTER OVERVIEW

The literature review starts with an overview of how HIV transmission can be prevented. Behaviour change remains the key to prevention, and the literature search presents evidence of effective prevention programmes with demonstrated effectiveness in developing countries. For these programmes to be effective an understanding of their sociocultural context is needed. The literature search examines and summarises some of the available evidence. Students need to have an understanding of the issues pertaining to their sexual health in order for them to adopt safe sexual practices. The literature search summarises what is known about sources of health information and condoms, and some the issues surrounding these sources which could impact on their effectiveness. Heterosexual transmission is on the increase, and the proportion of women infected is increasing. Little is known of how gender issues in China impact on a woman's ability to adopt safe sexual practices. The literature search contextualises the rest of the study. The literature search included only articles written in English, except for a notable exception of the sex education manual for high school students which was translated in full by volunteers (12).

2.2. HIV PREVENTION

HIV can be prevented at all routes of transmission where exchange of body fluids takes place.(13) There is still no effective cure for HIV/AIDS so prevention is the mainstay of controlling the epidemic. China has the opportunity to learn lessons of best practice from countries with more mature epidemics, such as Uganda, Thailand, Cambodia and the USA, who have reversed their epidemics by introduction of successful prevention strategies (14). In particular lessons for China can be learnt from other Asian countries. Thailand's 100% condom use programme slowed its epidemic. HIV prevalence among 21-year-old military conscripts was 4% in the mid-1990s has dropped to under 1% in 2002. Behaviour changes with increased condom use amongst sex workers, and the fact that men sought the services of sex workers less frequently, are the main reasons for the reduction.



HIV prevention research focuses on the merits of different methods of HIV prevention. Many of the strategies are based on sound theory, but the theory is not always realized in practice. Syndromic management of STI's in reducing HIV transmission remains controversial.(14,15) There has only been one randomized controlled study conducted in a developing country (Tanzania) that demonstrates the effectiveness of voluntary confidential counseling and testing VCCT (16), which is insufficient to recommend a world wide roll out. The relevance of VCCT for China, where HIV is a notifiable disease which results in discrimination and stigma, remains to be seen. An effective vaccine is not yet available. Only secondary prevention of HIV transmission from mother to child has clearly been demonstrated. International debate has led to the call for prevention

strategies which address the root causes of the epidemic; the social and economic factors that make people vulnerable (17). This study will be exploring socio-cultural and gender related factors that make female Chinese students vulnerable.

Behaviour change therefore remains the most important key to HIV prevention. Data from developed and developing countries shows that programs that incorporate abstinence, mutual monogamy, delayed sexual intercourse, and condoms work together to reduce the number of new infections.(13) The ABC of sexual behaviour change is suggested.(17)(A = Abstinence, B = Be faithful, including partner reduction and avoiding high risk partners, C = condom use , particularly for high risk sex). In Uganda where the prevalence of HIV has fallen from 15% to 5% over the last decade, research has shown that each of the components of ABC has played an important role. (18) Successful behaviour change strategies require an in depth understanding of the factors influencing people to adopt safe sexual practices; their attitudes, knowledge, beliefs, practices, and the existing gender and socio-cultural norms that confine them.

2.3. SOCIO-CULTURAL ENVIRONMENT IN CHINA

Studies from developed and developing countries reveal the importance of socio cultural background in formulating a person's attitude towards sex. Morgan and Cross demonstrated the importance of examining the complexities of historical and socio-cultural context, to reveal why students in the USA, have their current attitudes and beliefs regarding sex. The current generation of students is influenced by stories of free love of the 1960's, and has been taught the fear of HIV AIDS and other STD's. Despite a

generation of health education, the present day American student is highly influenced by the sexually explicit media (18) and easy internet access. The result is that only 45% of students consistently practice safe sex.

Ever since the teachings of Confucius, 2,500 years ago, Chinese society has been dominated by a code of conduct and obedience in which respect flows upwards, from young to old, from subject to ruler. An additional aspect, important to this research, is that traditionally women have obeyed and deferred to men. The Communist Revolution in 1949, and particularly the Cultural Revolution, 1966-70, denounced Confucianism as conservative and reactionary. The status of women in society was raised but the expectation of obedience by all did not really change. In 1976 Mao Zedong died and within two years, Deng Xiaoping, began a successful process of economic reform and opening up to the west. Chinese society is now a fascinating blend of traditional and highly respectful behaviours coupled with rising affluence and liberal thinking.

In China, sex before marriage is not permitted, and the legal age for marriage is 20. This is emphasised in a sex education manual for college students (12). Despite these guiding principals, attitudes are changing and sex before marriage is taking place. The increasing exposure to the media and Western values could mean a change in attitude of the Chinese youth, fuelled by a commitment from the government to open policies, increased freedom of the press. 49 per cent of students in a Beijing survey, thought there was nothing wrong with premarital sex, and 10 per cent felt that having sex on a first date was acceptable. More than 32 per cent deemed it shameful for a high-school student not to have a girlfriend or boyfriend (6). The China Academy of Social Sciences, found that in 1980

the rate of premarital sex in Beijing stood at only 15%. But the same study revealed that by 2002 this rate has already reached 80 %. (2). A survey amongst college students in Zhejiang Province indicated that the traditional view that a girl should keep her virginity until marriage is on the verge of collapse.(20) There is evidence of changing attitudes towards the number of sexual partners. Anecdotally it is well known that with his increasing affluence the Chinese man seeks partners outside of marriage. A partial reflection of this is seen in the increase in number of commercial sex workers, fuelled by demand, who now amount to 4-6 million. (7). This study will contribute to an understanding of the socio-cultural factors that influence a student's ability to adopt safe sexual practices. In addition to developing the above themes, the impact of the university environment will be sought.



2.4. SOURCES OF HEALTH INFORMATION

Surveys reveal that the increased sexual activity is, however, not accompanied by appropriate knowledge of sex. A survey of 2000 high school students in 2002 by the Children and Youth Health Research Centre of Peking University found that more 34 % of the students did not know when a woman was most likely to be impregnated, and 10% had no idea how to prevent pregnancy when having sex. About 40% did not know gonorrhoea was a sexually transmitted disease (6). Lack of knowledge may negatively impact on a student's ability to adopt safe sexual practice.

This study will therefore identify and explore sources of health information that are important and relevant to students at Zhongshan University. It is known that Chinese

youth do not get sex education from their parents. In China sex is a taboo subject. Even at home sex is taboo. A survey of 1,500 Beijing families in 2002 showed that 50 percent of parents are too embarrassed to talk to their children about sex and that 74% have given them no sex education at all. (21)

There is no standardized sex education in China. The Country Profile of China compiled by UNESCO in 2000 reported that there is no overall national curriculum for sex education, and responsibility for curriculum content and development is devolved to the provinces. Only 50 % of schools were teaching all relevant subjects, a situation which is partly blamed on the lack of expert teachers. Education on condom use and contraception was only permissible at tertiary education level.

Calls from all levels of society, for sex education, (22) have resulted in some cities within China implementing pilot projects. Sex education comes from other sources. Of 2,000 high-school students surveyed in 2002 by the Children and Youth Health Research Centre of Peking University, 82 per cent of youth in Beijing admitted they had learned about sex from TV programmes or other media. There are reported to be 87 million internet users in China according to Xinhua the state newspaper, and based on a report from the Internet Society of China. More than 50% of these users are under the age of 24. (23) This study examined the use of the internet by Chinese students as a source of reproductive health information. The literature makes no reference to perceived needs of students and appropriate methods of health education in China. With this in mind this study assisted to develop a deeper understanding of sources of health education materials that are important to students, and explore their relevance.

2.5. BARRIER METHODS OF CONTRACEPTION

AIDS prevention emphasizes barrier methods of contraception. Condom use in China is low (24), a surprising fact considering condoms are widely promoted as a method of family planning amongst married couples, especially since the advent of the one child policy in the 1970's. Less than 20% of China's sex workers regularly wear a condom (3). A qualitative study amongst sex workers revealed that many do not use a condom if their client appears clean (25). Indirect indicators, such as teenage pregnancy and abortion rates, can be used to reflect the prevalence of unprotected sex, and do demonstrate that unprotected sex amongst teenagers is on the increase. Teenage girls accounted for 34% of all abortions at the Chongqing Family Planning Research Centre in 2002, up from 13% over three years (6).



It is likely that condoms do not have the same negative image for women, especially married women, as they do in other countries. Pharmacies report that 48% of condoms are bought by women. Students may be bewildered by a total of 300 condom manufacturers in China, who sell condoms at different prices and with different standards. 70% of China's condoms were found not to meet national standards (26). This study explored in depth how these complex issues impact on students' perceptions of barrier methods of contraception.

2.6. GENDER ISSUES RELATED TO SEXUAL HEALTH

Socially constructed gender characteristics are important in shaping the capacity of both men and women to realize their potential for health.

Lesley Doyal (BMJ 1991)

Little is made of the issue of Gender and Health in the Chinese in the studies examined, so the gender issues related to sexual health are drawn from the Western literature. Worldwide the burden of unprotected intercourse is particularly severe for women, and is mainly associated with unwanted pregnancy, STI/HIV/AIDS, forced termination of education, lower economic opportunities and stigma. Gender has major implications for reproductive health needs and status of youth (10). Men have more freedom to experience and express their sexuality whereas for women and young girls it is not considered appropriate and is often under the control of men (10). Men are less likely to seek health care than women, and more likely to engage in behaviour such as drinking, having multiple sexual partners and show an unwillingness to use condoms (7). The status of women in China is lower for women than men and in its extreme evidenced by the sex ratio at birth of 110 in the period from 1996-2001 (27). Evidence for the vulnerability of women to HIV comes from observing HIV trends between sexes over time. In China the male to female ratio of adult HIV prevalence has fallen progressively since 1990 from a ratio of 9:1 to 4:1 in 2001. Heterosexual transmission is on the increase (7). The male: female sex ratio increase in rate of sexually transmitted diseases from the national surveillance system for sexually transmitted diseases, in the period 1990 to 1998, was 3.9:4.2. (28). One study showed that male town residents are more likely than female

residents to know that condoms can be used to prevent transmission of HIV/AIDS (27.7% for males Vs 19.4% for females). (5) It seems only a matter of time as in other countries with mature epidemics, that heterosexual transmission will be the most important mode of spread in China.

Women and men are bound by existing social relationships which do not simply change as consciousness does. Little is made of gender differences in the studies examined. One notable study grouped males and females together when surveying attitudes to premarital sex, divorce, virginity and chastity (20).

Until 1949 China was a patriarchal society. Men enjoyed greater economic power than the women because they owned the economic means of production and the right to land ownership. An extreme means of dominating and controlling their women, was the practice of foot binding. Women welcomed the new Marxist idealism, when the Communists under Chairman Mao came to power in 1949, as it released women from the control of men. (29) The economic factors that caused women's subservience were removed. (30) With the advent of communism production was communally owned. As Marx and Engels theorised, the advent of communism would remove the material basis for oppression of women, and lead to equality of the genders (30). But following the economic reforms of the 1970's, and the introduction of market socialism the theory predicts that there would be a reversal of gender equality. The introduction of the one child policy in the 1980's also contributed to further restrict a female's freedom in society and her fertility.

The Chinese authorities are committed to addressing gender inequality, a root cause of HIV/AIDS epidemics worldwide (31). The 1982 Constitution attempted to reverse the inequalities of the past by giving women voting and property ownership rights. The Marriage Law and the Law on Protection of the Rights and Interests of Women, protects the rights of women in the family. The Compulsory Education law of 1986 required that all children receive education for at least nine years. Male and female students would now receive education. Sex education is also compulsory. A white paper on gender equality was published in August 2005 which admits that China still has a long way to go. (32) This study adds to what is already known about gender differences in China by examining them in terms of sexual health, and a student's ability to make safe sexual health choices.

2.7. CHAPTER SUMMARY



HIV cannot be cured, but worldwide successful behaviour change strategies, have demonstrated that it can be prevented and epidemics reversed. Successful behaviour change strategies require an in depth understanding of the factors influencing people to adopt safe sexual practices. The literature exposed the importance of the sociocultural environment in formulating attitudes to sex. In China the rapid sociocultural changes that have taken place in the last 60 years have impacted on women and their status in society. It is known that the country is increasingly exposed to the media, the internet and Western values. There is evidence that attitudes in China are changing, and attitudes to premarital sex are relaxing. Inadequate levels of sexual health knowledge arise from the problems of discussing sex in the home, and shortcomings in sex education at school.

Little is known about what the students themselves see as their needs, and what sources they use to supplement their sexual health knowledge.

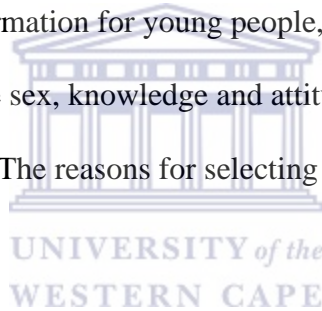
Condoms are promoted for HIV prevention. The literature indicates that there are problems of condom uptake amongst the youth in China. Indirect evidence that unprotected sex is on the increase comes from the increasing teenage pregnancy and abortion rates. The literature reveals that the relevance of condoms to youth, should be explored from a context that condoms conventionally were promoted for pregnancy prevention amongst married couples, and the possible confusion caused by the availability of large numbers of variable quality condoms on the Chinese market. Finally the literature demonstrates that gender has major implications for reproductive health, but there is little documented evidence for this in China. The study will explore all the issues raised by the literature search, to develop a more complete understanding of the factors which impact on a female student's ability to adopt safe sexual practices.

Chapter 3

Research Design and Methodology

3.1. CHAPTER OVERVIEW

Issues raised by the literature search warrant in-depth research. This exploratory study uses qualitative methodology to explore female students' experiences and perceptions related to sexual decision making and behaviour. Focus group discussions explore available sources of health information for young people, attitudes to premarital sex, gender roles, negotiation of safe sex, knowledge and attitudes to family planning, STI/HIV/AIDS, and condoms. The reasons for selecting qualitative methodology are given.



AIM OF THE STUDY

The aim of the study is to investigate the factors influencing safe sexual practices for female youth at a university in Southern China.

OBJECTIVES

- 1 To explore the socio-cultural factors which influence and inhibit adoption of safe sexual practices amongst students**
- 2 To explore student perceptions of sources of health education materials and explore their relevance**

3 To explore student perceptions of barrier methods of contraception.

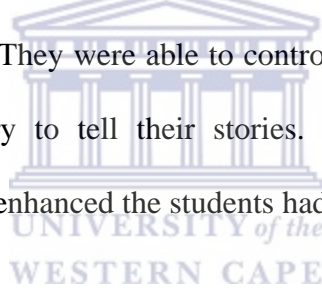
3.2 CHOICE OF RESEARCH METHODOLOGY

The majority of studies the researcher was able to access for the literature search were derived from surveys, using positivist, quantitative methodology. The exception was the study referred to in the literature search of condom use by sex workers (25). Even though the researcher was unable to access research in the Chinese literature, from the studies accessed, there is a lack of qualitative research, especially in the field of sexual health. The researcher has selected to undertake this descriptive study using qualitative research methodology. Qualitative research is increasingly being viewed as worthwhile in its own right: It allows the development of in depth understanding of an issue, by uncovering the cultural meanings which cast clinical problems in a new light. By nature it is interdisciplinary crosscutting the humanities, and social and physical sciences. (33)

Focus groups were selected as the method of data collection. They have the advantage of producing quality data, allowing group interaction to become a source of data, and give the researcher the opportunity to view the participants within their natural social world. (34) Focus groups can identify shared and common knowledge, like sub cultural values and group norms. Conscious-raising may be one of the by products of focus groups, or it can be actively introduced and encouraged by researchers, by devolving power and reciprocity. (34) The focus group participant may develop a clearer sense of the social and political processes through which their experiences are constructed-and perhaps also a desire to organise against them. (33) Particularly when discussing sensitive subjects such as sex, the group acts as a supportive environment where ideas can be shared and

participants spark off thoughts in others. (34) Peer influence is important in western culture, this may not necessarily be the case amongst Chinese students and such interactions would be important to document. Power transfer, from researcher to respondents in focus groups, allows respondents to develop their own agenda, hierarchy of needs, use their own terminology and to use their frameworks for understanding the world. (34) The focus groups provided the main method of data collection in this study and key informant interviews will provide additional context.

The key informant interviews provided additional context to data collected from the focus groups. The unstructured nature of the key informant interviews gave participants the power to direct the interviews. They were able to control the selection, the structure and the sequence the data delivery to tell their stories. (35) This uncovered the extra information that supported and enhanced the students had said.



3.3 THE RESEARCHER

China was previously a closed society. The researcher believes that all the following factors contributed to her being given the freedom to undertake the study. The opening of society and the researcher's perceived status were important: she is a UK trained medical doctor, who has worked for a Non Governmental Organisation in Cape Town focussing HIV prevention. The commitment of the researcher to the HIV/AIDS cause, was witnessed as she helped the Postgraduate Student Union organise the activities for universities first World AIDS Day in 2003. Relationships are important in China, and it is important to maintain and develop '*guanxi*' (literally translated *guanxi* is relationship). In

order for the researcher to develop sufficient ‘guanxi’ many preliminary meetings took place; these included walks around the campus, several meals out, and informal talks with students. Most took place after hours, and at weekends. These relationships and friendships were necessary prior to developing a research strategy.

According to the categorization by Archibald and Crnkovich, the researcher was an ‘outsider’ (36) to the study group, as she is an English speaking foreigner, a doctor, with limited ability to speak Putongua (Mandarin), hence all the groups and interviews were conducted in English. To counter problems associated with her outsider status the researcher attempted to be as reflexive as possible, and throughout documented the interaction between herself and the study participants.

Paradoxically, some of the researcher’s preconceptions as a woman, a feminist, and a doctor, enabled her to be alert to themes in common with the students’ experiences, which in turn benefited the research process. (37) She was highly aware of her limitations being inexperienced in the field of qualitative research.

3.4 SAMPLING

3.4.1 STUDY POPULATION

The research was undertaken in one setting, the Zhongshan University in Guangdong China. There are 20,000 students attending the University at any given time, with students being selected from the academic elite. Third Year Comparative Literature students comprised the study population.

3.4.2 RECRUITMENT AND SAMPLING

The sample population was taken from a pre-existing cluster of 120, third year Comparative literature students. All students were invited to volunteer to participate in focus group discussions, and all volunteers were recruited into the study. The only criterion for exclusion was inadequate spoken English. Whilst the study aims to investigate the factors influencing female youth, male attitudes and behaviour relating to women are important. At the request of the university some male students were recruited to participate in focus group discussions.

Three *Key informants* were selected by the researcher, on the basis of their experience of student affairs and their sensitivity to the needs of students. A representative from the postgraduate student union, a Doctor from the Department of Psychology and Student counseling and the Head of Department of Comparative Literature and Gender Studies were the three key informants selected.

3.4.3 SAMPLE SIZE

For Focus group discussion: In total there were four focus groups. Two groups were female only and two groups male only. There were 5 to 10 participants in each group, who were volunteers from the cluster of 120 students. Two female students from the female groups volunteered to be research assistants. Three *Key informants* were selected.

3.5 DATA COLLECTION

3.5.1 FOCUS GROUP DISCUSSIONS

Focus group discussions provided the main source of data for the study. A checklist of semi-structured open ended prompting questions were used (please ref to Appendix 2) to ensure that all the needed information was covered by all subjects. The focus group questions were distributed to the heads of department; important questions were added and some refined. Focus group discussions explored available sources of health information for young people, attitudes to premarital sex, gender roles, negotiation of safe sex, knowledge and attitudes to family planning, STI/HIV/AIDS and condoms. The researcher and the research assistant were present during all focus groups. The researcher was the moderator and made entries to the field diary. The research assistant made verbatim notes of all conversations. All focus groups were conducted in English and tape recorded. Data from focus group discussions provided information on cultural attitudes, beliefs and norms, on the student's perceptions of existing methods of sexual health education and in depth information on barrier methods of contraception. Comparison of the male and female responses provided information on gender differences between the groups and a context for the female perspectives.

Field notes were kept to record verbatim discussions so as to increase the validity of the study. A field diary was kept to record impressions, interactions, make comments on the role of the researcher, her own attitudes and biases which might influence the findings, the reactions of participants and descriptions of the research setting to contextualize the interactions. A log book provided a record of the planning process.

3.5.2 KEY INFORMANT INTERVIEWS

Key informant interviews contextualised data from the focus groups. The researcher and the research assistant were present throughout. The unstructured interviews were characterized by minimal control allowing the respondent to direct the interview. The researcher asked probing questions in order to clarify or elicit more information on a subject. Issues raised by students in the focus groups were used to elicit comment. The key informant interviews explored the issues that are important to students, the student support services, the restrictions encountered with delivery and the vision they had for future services. All key informant interviews were conducted in English, tape recorded and transcribed. Verbatim notes were made of each interview. Results of the key informant interviews provided further in depth information on the issues faced by students at the university, its intentions, its structure and its limitations. This helped validate the findings from the focus groups and added further contextualizing information.

3.5.3 LOCATION AND TIMES OF DATA COLLECTION

In order to shift the power of the researcher/participant relationship to the study participants, the research was undertaken in environments that were selected by and comfortable for study participants. Focus groups were conducted in a comfortable resource room close to the classrooms. One key informant wanted to be interviewed on a terrace overlooking a garden, one in a meeting room and another requested to be interviewed over lunch. In the latter interview the power was completely shifted away from the researcher to the respondent. The respondent took control of the unstructured interview, and even invited her friend to join the interview half way through. In this way

it became an '*interviewee-guided interview*' and she was able to direct, select and structure the story she told. (35) Times were made to suit all participants, and the meetings were co-ordinated by student volunteers.

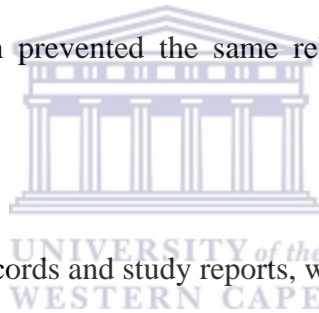
3. 6 DATA ANALYSIS

Focus Group discussions and key informant interviews were transcribed verbatim, including stops, incorrect grammar, laughter etc. The entire text of the interview was entered onto a computer database in Microsoft Word. All proper names were replaced by pseudonyms. By using content analysis, the researcher looked for quotations or observations, which were then de-contextualised by colour coding, segmenting and sorting the data according to emerging themes. As this is a small study, Microsoft Word with its word processing function was capable of all these functions. During the iterative process, data from all sources, including the field diary, was re-contextualised to identify areas of agreement and controversy to better understand the perspectives and how they are modified by a group. In particular responses given by males and females were compared and analysed in depth to discover gender differences between the groups that are relevant to sexual health.

The analysis aimed to discover trends and establish relationships between emerging concepts and themes. It also aimed to determine whether issues brought to the groups constituted a theme for the whole group or simply a strongly held viewpoint of some of its members. To this end some indication is given as to the frequency and collective nature of the attitudes or behaviours uncovered by the study. The analysis also determined the importance group members attached to an issue and how interesting it

was to them. (38) Bias introduced by an outsider researcher was reduced as much as possible during the iterative process by analyzing data as if from the insiders point of view.

Two feedback sessions were planned to take place shortly after the focus group discussions. This offered the researcher an opportunity for validation by member checking (39), and students were given the opportunity to challenge the findings. The researcher bowed to pressure from the heads of department that the findings be presented to all 120 students in the study population to make them aware of the initial findings. The feedback groups were larger than the original focus groups thereby provided a more threatening environment which prevented the same relaxed discourse as in the focus group.



The diary and all field notes, records and study reports, were referred to on a regular basis as part of the researcher's reflective process. Ref Appendix 1 for an example of a page from the field diary.

As a final part of the iterative process, once the study is complete, a formal report will be sent to all participants giving them the opportunity to respond to the findings i.e. respondent validation. A discussion meeting will follow for any necessary amendments to be made. The researcher is aware that this process will have to be conducted in a highly sensitive manner to avoid conflicts between, the researcher, the students, key informants and the university authorities. The reporting of this study will be clear, explanatory and attempt to explain the complexities of the problem in their historical and social context.

3.7 QUALITY AND CREDIBILITY OF THE RESEARCH

The following criteria were applied to this qualitative study in order to make the research credible: Triangulation and auditability. Member checking was undertaken to give credibility to the analysis. It is up to the reader to determine whether the text has sufficient verisimilitude to describe it as a quality piece of research.

3.7.1 RELIABILITY

The data was collected by a single moderator and interviewer thereby avoiding the potential of inter-investigator bias. Transcriptions were checked against verbatim notes. The internal consistency of data coding and analysis was enhanced as the researcher herself did all the coding and analysis. Bias becomes a serious threat if one person collects, analyses and then writes up the findings; this threat was reduced by the researcher's attempts to be as reflexive as possible throughout.

3.7.2 VALIDITY

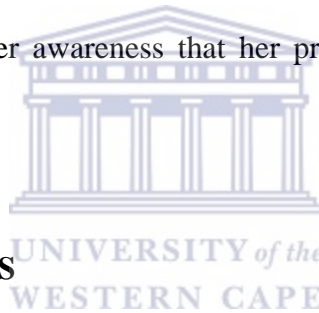
To enhance confidence in the findings data was collected using two methods; by focus group discussions and key informant interviews i.e. *methodological triangulation*. As the focus groups were the main source of data, the key informant interviews, in addition, served to validate the findings by a process of cross checking.

Even though the study is small with only four focus groups, if themes emerge from each or more than one of the groups, this will tend to support content validity.

Embedding the findings in what is already known from the literature serves as an additional method to validate the findings. (39)

3.7.3 AUDITABILITY

The diary and all field notes, records and study reports, have been kept for the process of auditability and ethical accountability at a later stage. An example of the entry into the diary is attached in Appendix 1. Most of the notes made in the diary were brief and described the impressions of the researcher in the field. On several occasions the researcher elaborated her more vivid impressions by writing her them in Microsoft Word at the end of the day in the field. The attached page demonstrates the researcher's difficulties in recruiting and her awareness that her presence is of an intruder and an outsider.



3.7.4 ANALYSIS

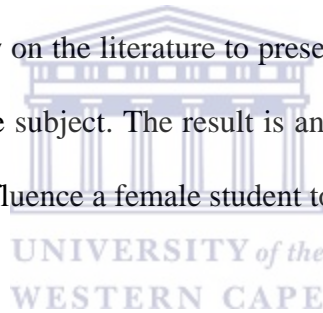
Analysis adopted *Theory Triangulation* in which multiple perspectives were used to interpret a set of data.

Member Checking: Initial findings were fed back to the students in two debriefing sessions. The purpose of the feed back was to test the findings and some of the analytic categories with members of the stake holding groups from whom the data was originally collected. The people who attended the debriefing were the participants of the focus groups, their classmates, postgraduate students and their lecturer. The data was reconstructed into categories and presented in summary form in PowerPoint (Please ref to Appendix). The participants were invited to comment throughout the session.

Reflexivity involves the realization that researchers are part of the social world they study and that this realization is part of an honest examination of the values and interests that may impinge on research work. Ahern goes so far as to suggest that it is preferable to understand the effects of the researcher's presence rather than attempt to eliminate it. (39) Throughout the study the researcher examined the impact of her presence and entries relating to this are to be found in the field diary. Researcher prejudices and biases are documented in the discussion.

3.7. 5 VERSIMILITUDE

Every effort was made to present the results and discussion within their appropriate social constructs. The discussion drew on the literature to present findings, within a framework, of what is already known in the subject. The result is an attempt to present a convincing exposition of the factors that influence a female student to adopt safe sexual practices.



3.7.6 ETHICAL PRACTICE

This research was conducted along generally accepted scientific principals for conducting research on human subjects. Approval to conduct the study was obtained from the heads of department of Gender Studies and Comparative Literature, who also acted as the researcher's supervisors in the field. Ethical approval was obtained from the University of the Western Cape. Informed consent was obtained from all participants and it was made clear that participation was voluntary and could be withdrawn at any time. Data, including note books and tapes, remains stored in a locked cupboard to which only the researcher has access. Due to the sensitive nature of the data being collected, a group code of conduct was agreed to before proceeding with

the focus group discussions. Confidentiality was ensured by using no names throughout. The study will be forwarded to all participants for approval prior to submission for publication or dissemination to stakeholders.

3.8 LIMITATIONS OF THE STUDY

Small Sample size: The sample size is small so the study is not generalisable.

Sample not representative: The study sample is highly educated and comes from the academic elite. It is recognized therefore that assumptions about knowledge and cultural beliefs that are drawn from this highly selective study group, cannot be extrapolated to other communities. On the other hand if problems are identified within this group then it is highly likely that there will be a worse situation amongst the less well educated, rural or poorer communities in China.

Sample derived from a pre-existing cluster: The students already know each other well. Placing them in focus groups together could limit the extent of their openness when discussing personal and sensitive issues. On the other there are advantages. The pre-existing cluster could assist the researcher. The participants by nature of their close relationship might feel able to ask sensitive questions of each other, clarify information and sensitively point out contradictions in each others argument. (34) As the students study and live together, discussions could continue after the focus group; any conscientising that occurred within the groups had the potential of continuing after the focus group ended.

Conducting research in English: By conducting the research in English the power balance within focus groups and key informant interviews tips in favour of the researcher and away from the participants. Despite all the efforts of the outside researcher to

empathise with her study participants the spoken language will guarantee that she remains an outsider. For these reasons feminist research methodology predicts the potential for action research might be reduced (34). A further downside of this position is that she runs the risk of not being able to put what she has learnt into context. The key informant interviews assisted to contextualize the findings.

Paradoxically conducting research in English has overwhelming advantages for the researcher. There is no need for translation and back translation and the interviews could be conducted by the researcher herself. In other words the researcher could be an active participant in the research process. Of interest, at the development stage the researcher canvassed students from other departments for their advice on conducting research in English. She was advised that for a sensitive subject like sex it would be their preferred option to be interviewed in English. They felt that English (possibly they meant English culture) is more open than Mandarin. Several gave the opinion that research in English would even enhance the quality of the information obtained, by allowing more freedom for expression.

Limitations of member checking: The feedback groups were larger than the original focus groups: The researcher/participant power balance was altered, the large groups made for a more threatening environment, and males and females were now mixed in the same room. All these factors prevented the similar relaxed discourse afforded by the focus group. In the feedback sessions the only comments were made by male students. It could have been that the mixing of the sexes prevented comment from females, as they are bound by the need to maintain the *pure and naïve* persona. (ref to discussion) The nature of the Chinese person is to prefer consensus and unwillingness to voice disagreement; this is a further barrier to member checking in a Chinese setting.

Limitations inherent to focus group discussions: The researcher had to be aware and strive to limit sidetracking to irrelevant issues and competition for dominance by group members (38) which could lead to bias in the findings. The idea that this study using focus groups, purports to represent real life group interactions is no substitute for immersion in a naturalistic setting as demanded by phenomenological or ethnographic research.

The sensitivity of the research subject compounded by the fact that sex is taboo in China is likely possibility preventing students within their focus groups answering questions truthfully and completely.

Ethical dilemma: The researcher was faced with an ethical dilemma during the focus groups. It became evident that students have dangerous misconceptions about HIV transmission. The researcher became aware that there was no recourse for students to discover the correct information. She also felt duty bound as a researcher not to interfere or challenge what she was being told, as it would affect the findings. During the feedback session some attempt was made to correct misconception but there was no measure of effectiveness of the approach.

3.9 CHAPTER SUMMARY

Qualitative research methodology is appropriate for this exploratory study, which aimed to develop an in depth understanding of the factors influencing a female student to adopt safe sexual practices. This was achieved by undertaking a study amongst third year, male and female students, who were recruited from the Department of Comparative Literature and Media studies. Data was collected using two male and two female focus group

discussions, supported by three key informant interviews. Focus groups explored; socio-cultural and gender issues, student perceptions of reproductive health information and attitudes to barrier methods of contraception. Key informant interviews contextualized findings. Data analysis ran concurrently with data collection in the same setting to allow the findings to be challenged, developed and refined. Feed back sessions took place to larger groups than the original focus groups, limiting the ability of participants to discuss the findings. The study is not generalisable due to the small sample size taken from a small preexisting cluster of students, and is further limited as it was conducted in English.

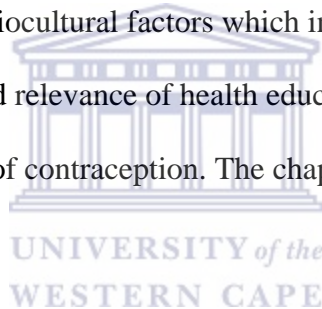


Chapter 4

Results

4.1 CHAPTER OVERVIEW

This chapter contains the results. The data from the focus groups and key informant interviews, were de-contextualised and re-contextualised according to emerging themes. For ease of description these findings have been broadly classified according to the objectives of the study: The sociocultural factors which influence a student to adopt safe sexual practices, the sources and relevance of health education materials and the student perceptions of barrier methods of contraception. The chapter concludes with a summary of the salient findings.



4.2. THE SOCIO-CULTURAL FACTORS WHICH INFLUENCE AND INHIBIT ADOPTION OF SAFE SEXUAL PRACTICES

In order to investigate the factors influencing safe sexual practices, an understanding of the socio-cultural context in which they are set is required. The socio-cultural factors explored were the effect of the university environment, student attitudes to sex workers, the influence of the family and the effect of gender on relationships.

4.2.1 EFFECT OF UNIVERSITY ENVIRONMENT ON RELATIONSHIPS

The majority of students live in dormitories: Usually there are 5 or 6 students per dormitory all of whom are studying the same subjects. Each dormitory is located within single sex accommodation blocks. Both male and female dormitories provide a free, intimate and safe environment for discussion, information sharing and problem solving. In particular the dormitory provides a conducive environment for discussing matters related to relationships and sex

our mens... maybe we all talking about sex, and girls questions after we go to bed, it is called 'midnight talking show'

Not all dormitories have this level of intimate discussion, and the students in all the focus groups expressed the view that as they are majoring in Comparative Literature and Gender Studies their nocturnal discussions in the dormitory might be different from those of students in other majors, whose discussions would be more conservative.

The sanctuary of the dormitory has its downsides. The price paid for the warmth offered by communal living, is lack of privacy. The constant activity and conversation makes it hard to focus on studies, or have a private telephone conversation. The lack of privacy is particularly problematic should a student of the opposite sex come to the dormitory as conversation and behaviour feels unnatural; it is not relaxed and free. Students with partners describe their difficulty in finding places to be private and alone together. They may resort to going to a classroom, the library, a restaurant, or even hire a room. The

restaurants on campus have such rooms for hire. Some students choose to move off campus and find alternative accommodation.

Both male and female students share the difficulty of finding a partner at university. The strong work culture means that students attend classes for long hours and then return to their dormitories, to study or sleep. They tend to mix only with the same circle of people, their classmates, who are mostly female.

We don't talk with them, (boys) because in class we want to listen to the teacher and we don't have much time to talk. After class we went our dormitories and sleep, so we don't have much time with each other.

The male and female blocks are located a significant distance apart adding to difficulties forming and maintaining relationships. The university has strictly imposed time limits for periods when students of the opposite sex are permitted to visit the dormitories, further restricting student freedom. The female students in one group used computer problems as an excuse to get the boys into their dormitories. Once in the dormitory they could stay until the strict university time limits would ensure they departed.

To overcome these difficulties many students communicate by internet. One key informant believes that internet relationships are commonplace.

Depends on what is the definition of internet love. I think maybe half students have different kind of intimate relations with internet friends.

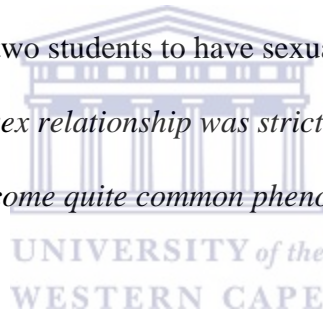
In spite of these difficulties in conducting relationships at the university, sexual relationships are taking place: It is a common sight to see couples kissing around the

campus at night and all students in the focus groups were able to tell anecdotal stories of friends who had had sexual intercourse.

The students perceive that there is an element of danger attached to embarking on a sexual relationship. They might be at risk of: breaking university rules, of alienating friends or physical harm.

The students were uniformly certain of the rules, pertaining to sexual activity, at high school (senior school), where sexual intercourse is absolutely prohibited. This contrasted sharply with their understanding of the rules at Zhongshan University. In the past it was absolutely against the rules for two students to have sexual intercourse.

In the past time having sex relationship was strictly forbidden in the university, but nowadays, it has become quite common phenomena in the universities.



The present students were unsure of whether rules still existed. Most students were aware of a tolerant attitude taken by teachers to relationships: a teacher might ignore student relationships or simply counsel the student to concentrate on their studies. It was not clear if there were any consequences to embarking on a sexual relationship involving sexual intercourse. There was general agreement that should a female student become pregnant, she would be expelled. One student was convinced that it is University Policy that if a student embarks on a sexual relationship this would also result in expulsion from the university. Such stories were corroborated by a key informant.

the next day two students were kicked out by the school because they said the supervisor found they hugged in the classroom in the middle of night and they suspected they had sex.

The same key informant had not heard of rules, and in any case felt these would be unethical even if they existed. They expressed the view that such rules are an infringement of civil rights and cultivate a culture of peeping toms and hate. As a consequence sex is driven underground.

if you don't teach students to share their love then you teach them to hate each other ... You cultivated hate...so you cultivated them peeping others...cultivate such desire to hide in a corner."

Students embarking on sexual relationships face disapproval by their peers. The confines of the university environment mean that sexual intercourse takes place in dormitories. The couples not only experience a lack of privacy but their room mates are made to feel very uncomfortable too.

A girl classmate came into my dormitory and with her boyfriend, they live in my room the whole night, ...I think I am very nervous because they are in my room.

Where sexual relationships are being conducted in the dormitories it is the usual practice that the female student goes to the male dormitory, and not the other way round. Female students may not only be at risk of unsafe sex, but she may also be putting herself at risk of physical harm in her attempt to get into the male dormitory.

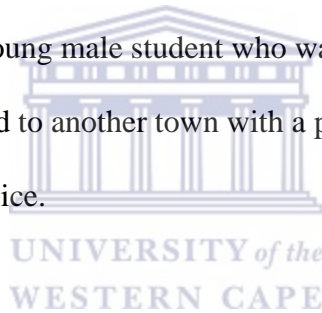
*Doors are locked at night, but some girls will climb up the windows to boys room
and live together*

Student difficulties associated in forming relationships was corroborated by a key informant, who commonly saw students with relationship difficulties.

Most students are new students they thought they have closed friends in high school in their previous life but when they came to the university they feel hard to find this kind of relationship.

The most common of problem relationships, were associated with internet relationships.

He gave an extreme case of a young male student who was so desperate to meet his internet love that he had traveled to another town with a plan to kidnap her. He was subsequently reported to the police.



In summary it emerges that relationships at the university are difficult to start and should the relationship develop, there is a serious problem finding safe places to be private.

Should the relationship evolve into a sexual one, there are the added burdens of possibly alienating friends, being found out by the university or the expense of hiring a place to be alone.

4.2.2 STUDENT ATTITUDE TO SEX WORKERS

None of the students in the four focus groups admitted having visited a sex worker but many had anecdotal accounts of male students who had used sex workers. They acknowledge that access to sex workers is simple as they are easy to identify and tout for business outside the university entrances.

Ah...we don't have any contact with these sex workers but in the street we see it they are often appear in the street.

Female students, though they disapproved of their male counterparts using sex workers, rationalized their male colleagues' behaviour. There are difficulties in conducting a sexual relationship on campus. The female students informed the researcher that for them it makes sense for male students at the university to seek the services of sex workers, as an alternative to embarking on a sexual relationship with their girlfriends. This relieves them of the responsibilities attached to sexual intercourse with fellow female students.

They don't have sex with their girlfriends... maybe will think this is a responsibility and if they go to find sex workers and don't need to take any responsibility they just give some money,... that is all.

One female student reported on the findings of a study that she had heard of, conducted at Zhuhai campus. It refers to the sexual choices available to male students.

...some choices, one is your girlfriends, and second is to masturbate and the third is to find sex workers. The result is most boys choose to have sex workers. Some of them said the reason is if I have this sex with my girlfriend this is we need to response(responsible)

In broader social terms the male students gave their own reasons for why men seek the services of sex workers. All male students say sex with a sex worker is commonplace; it is a normal and culturally acceptable activity.

Many friends of mine although they were married they often go to sex workers to seek more sex pleasure which they think their wives can't content them any more.

4.2.3 EFFECT OF FAMILY ON STUDENT RELATIONSHIPS

In some families, the father makes the decisions, in others the mother and in others there is equal decision making between the parents. Several students shared the view that the reason the father wields the balance of power in some families, is deep seated in a long history of tradition and culture.

A new theme emerged from the discussion. It is not always the father who has the power within the family but hierarchies still exist. The hierarchy of dominance within a family is no longer based on an individual's biological sex. Several students shared the view that power can be attained through, better education, greater income generating potential or higher job status. This person can be either the mother or the father

My mother will said to my father "my salary is higher than you" and my mother is a teach by high school and senior school.

The male dominant family stereotype is eroding. Two female students in different focus groups, independently shared their own experience, that supports the view that power in relationships can be attained through better education.

I think in my relationship with my friends it always depends on me because they always listen to me.....Because my study is better than theirs and they think my decision is correct.

Parents demonstrate their love for each other by showing care for the other. This care takes the form of; spending time together, sharing of household duties, care during food preparation and during times of illness. Affection is demonstrated by use of such things as nicknames or buying of presents. It is extremely rare for parents to physically demonstrate love for each other in front of their children. Only one student had seen her parents kiss. It is extremely unusual for a student to ever see a parent naked.

Students tend to behave in the same way as their parents. Sexual demonstrations of love were barely mentioned in all the focus groups as a means of demonstrating love for a partner. Most commonly students demonstrate love and affection by: dating, letters, exchange of gifts and shared experiences.

Ah... we work at same aim and destination and we work together and encourage together. We were interested in same topic. We worked together and studied together and talk about our problems. Our confusions and excitements and share things together. We take care of each other.

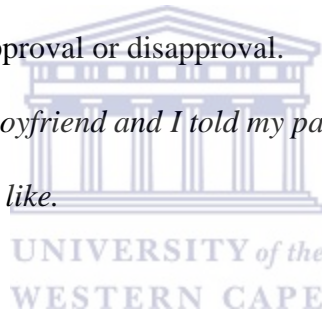
Despite the fact that students have left home to live independently, parents still exert a powerful influence over student relationships. Most of the female students had not yet told their parents that they have a boyfriend. Many perceived that parents do not feel they are ready for relationships, as their course is not complete and they are not yet financially

independent. Parents tend to associate relationships with pregnancy and other severe consequences.

They talked to me earlier. They said when you go to college you can't fall in love. First it is not good for your studying and second maybe you will get hurt. They don't agree because we are students we haven't enough money.

This strong parental influence could assist a student if her choice is to abstain from sex. On the other hand it could impact negatively if the strength of their disapproval means that she cannot find adequate support. Female students do feel unable to talk to their parents about boyfriends and relationships. They talk indirectly about friends and their boyfriends, to gauge parental approval or disapproval.

Because my friend has boyfriend and I told my parents they objected it immediately. They don't like.



One student described the extent of her father's anger after he witnessed her and a male friend cycling along the road together. He was simply a friend, yet her father imagined the relationship would interfere with her studies as it was close to examination time.

when I came back home he (my father) was very angry, and his face was blood with red,...and he thought I am a bad girl, because it is almost examination time...um...at that time he had quit smoking because he think it bad for his health but that night he smoke again (laugh).. he smoke a lot he was very worried. .. he very very angry.

Students generally feel unable to talk to parents about boyfriends and relationships but paradoxically, when asked who they would turn to for support if they got pregnant; most replied a friend or their parents.

4.2.4 GENDER AND RELATIONSHIPS

The researcher had not come across many references to gender differences in the literature. It came as a surprise therefore that this study revealed many gender differences that could potentially influence a female student's ability to adopt safe sexual practices. The results show there are gender differences in the communication styles of each within their group. The researcher observed that the female students are more ready to enter discussion, flexible in their views and are eager to reach a consensus of opinion. The males on the other hand appear more rigid in their views and were keen to 'show off' their knowledge, and opinions. Discussion between the males was more for the purpose of exchanging views and not to change opinion.

It became clear through focus group discussion with both male and female students, that there are certain highly valued qualities for a woman in China to possess. These positive qualities are for her to be; conservative, innocent, passive, pure, naive and to have a non-inquiring attitude. It is deemed inappropriate for a female to make the first move, as one female student said:

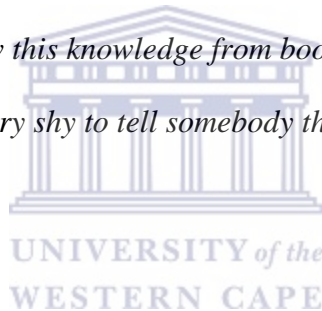
You can't be the active one if you want to start relationship with boy, you have to wait for his move. If you want to have sex with a boy, you can't express this openly you just give them some signs.

It is also inappropriate for a female to be interested in, or ask questions about sex; if she does she is perceived to not be “pure”. Innocence, purity and virginity are positive female attributes:

When some girls tell boys “I do not know this” the boy will think she is very pure

The converse is true for a male. It is the acceptable social norm that males are more enquiring about issues related to sexual health. The students in all groups felt that males are more knowledgeable about sex. One female student explained her perception why there are gender differences in knowledge of sex:

In my experience, I think boys know this knowledge more than girls. Because they show very eager to know this knowledge from books from mm...films, website so I think but girls always very shy to tell somebody that she also want to know this knowledge.



There are gender differences in how virginity is perceived and valued. Through the focus group discussions it emerged that the Mandarin word for virgin is “Chu Nu”. The word is a private word, and rarely used in conversation. The students informed the researcher that in China it is completely inappropriate to ask another individual if they a virgin or not. The students appeared to find the researchers interest in the word and the direction of enquiry, somewhat ridiculous. However, to the students, the concept of virginity is still a powerful one. Both male and female students viewed virginity in a woman to be a virtuous characteristic.

We have long history girls before they marry they keep their self to be a virgin is good.

Virginity in a male however, is viewed differently, by different individuals. There is no uniform view. In the groups some male students perceived virginity in men to be highly valued, whereas other male students view loss of virginity as a sign of manhood.

The female students perceive that male students are keen to cast off the cloak of virginity. By losing their virginity males will gain status and 'honour'. They will be regarded by their peers as modern and up to date.

One is for his need, second is his friends already had sex, so he wants to be the same with his friends. He thinks if he hasn't had sex behavior in the campus it would be a little bit out of date.

There arose a paradox. Despite the female awareness that males are likely to have lost their virginity, one group of female students unanimously agreed that they considered virginity a positive characteristic in men too. In other words, even though they are aware it is culturally acceptable for a man to lose his virginity, they are not happy with this. They feel powerless and are simply left, to accept the new cultural norm. One female student was disturbed when her boyfriend revealed that he had had sex during a previous relationship.

Not good.... Because ah.. I am surprise at that age he has sex already. He tell me his previous girlfriend make the first move, but because I love him very much so I forgive him.

This attribute of naivety and purity is perceived as such a positive female attribute, that some female students felt they had to act out the perfect gender stereotype within a

relationship. Purity implies lack of knowledge and experience. One female student described how her boyfriend introduced the subject of sex to her, his apparently 'naïve' girlfriend. He talked of sex on film. (It connects with the theme that male students find the film medium a useful source of sex education. See below). The female student was amused and aware that her boyfriend was blatantly opening the dialogue on sex and at the same time giving her some sex education.

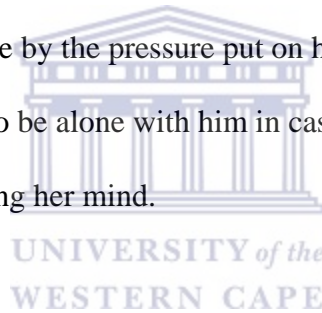
A theme emerged from the discussions within the female groups, that for cultural reasons it is a male responsibility to open the discussion on sex. The male focus group supported the theme and related ways they would open the discussion, usually by recommending a particular site on the internet should be visited or relating an experience of sex on film. Culturally it is not seemly for a woman to ask questions about sex. So in order to 'help' his girlfriend, a male student, will take it on themselves to scour the internet for up to date information on sexual health and pregnancy prevention. The information is then shared with the girlfriend. The females perceive this kind of 'help' differently from their partners. They are suspicious that it is being shared in order for them to 'relax' into agreeing to have sexual intercourse.

I think lots of girls are afraid of pregnant because students can't pregnant in the campus ...boys... they will find all kinds of things to make you more relax...They'll give you more information that it is not terrible you will not pregnant mm... he will ask me the date of every month, I don't know how to say it (menstruation) he tell me that before how many days if you have sex behavior it will be ok, you won't pregnant. He tells what kind of pills can help me to stop pregnant then if I don't want to he will say "ok, I will use condom that's no problem".

The female students in this study said they would be confident to abstain and negotiate safe sex with their partners. However they gave anecdotal accounts of others, they know, who not as assertive. These students were coerced by their boyfriends into a sexual relationship, even though they did not feel comfortable.

Some of my girlfriends they didn't discuss, just boys say... "will it be ok I want to have sex" or we break up. So the girls who love those boys very much will say "OK", they don't even have discussion about this.

One student revealed that she had managed to abstain from sex, for the time being but she had become more uncomfortable by the pressure put on her by her boyfriend. It had now got to the point she was afraid to be alone with him in case he exerted more pressure on her and coerced her into changing her mind.



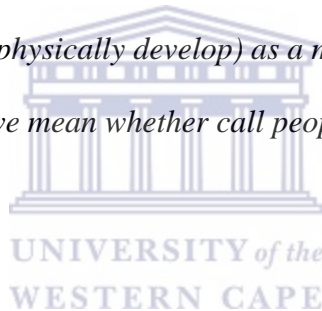
Whilst it is important for a female student to appear naïve, conversely it is acceptable for the male student to be sexually active and for him to have had more than one sexual partner. The behaviour of a woman who has several partners is considered unacceptable. Female students have a very negative feeling towards the woman who, in a hypothetical example, had more than one sexual partner in a year.

I think is immoral, I think sex is very serious thing can not do this way.

I won't choose this kind of woman to be my friends because I don't like this kind of thing.

Female students generally believe that the ideal age of first intercourse depends on the strength of a relationship. This could be after marriage but most felt it was acceptable once they had found 'Mr Right,' and the relationship had reached a certain level. The male focus group was divided in their opinions for the age of first intercourse (ref to section on the struggle between the traditional and modern below). For some, they had the same belief as the female students, whilst for others sex is permissible at a younger age with less serious partners. The age of first intercourse is clearly affected by the belief of some male students that to become a man one has to have had a sexual relationship. How this impacts on female students was not determined by the study. If this belief is a strongly held one it could put female students at risk.

Before we grow up (physically develop) as a man it is over 20 years old, in physically (reality) we mean whether call people a man seem to have some sex.



Two male stereotypes were revealed from the interactions within the male focus groups: Those males that had sex previously and those who had not. The former dressed more trendily, sat in a more relaxed fashion, leaning back with their legs apart and exuded an air of authority. They tended to look down on the latter who were more reserved, less outspoken and generally not as well dressed, yet who exuded an air of quiet confidence. They defended their beliefs, of love before sex, of sex after marriage and very few sexual partners in a lifetime.

I only love one, if she is really fit me I will love her all my life.

One male tended to dominate discussion and it was he in particular who seemed to brag that he was sexually active, which he associated with being open minded and being a man. One of the yardsticks he used to judge man-hood was that he felt comfortable to watch pornographic movies.

The people who have sex have an open mind and people haven't had sex before will be conservative (old date) and those people hate to watch yellow film.

This male led and dominated a lot of the discussion. Several times he returned to the perspective that to watch pornographic movies is a behaviour associated with maturity.

People who have sex before when they see sex movies they feel very comfortable but for people who haven't when they see sex

Another male who had several previous sexual partners, became known to myself and the research assistant as the 'alpha male'. He arrived five minutes late and quickly asked if he could smoke during the discussion. He promptly asserted his position as the 'alpha male' in the group. His sexuality seemed to feed into his personality. He was the authority in matters sexual and the whole group appeared to revere whatever he said. He usually left his contribution to the end of the discussion on any topic, almost like a wise owl correcting the people who had spoken before him.

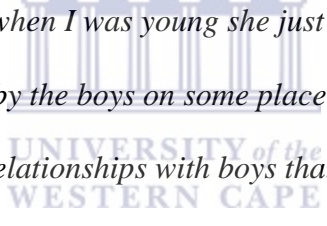
In one group the sexually active males were so confident with their position, when condoms were discussed, they spontaneously volunteered to teach the others.

4.3. RELEVANCE OF SOURCES OF HEALTH INFORMATION

Students discussed the following sources of reproductive health information, (in no particular order); school, parents, films, university, newspapers and magazines, friends and roommates, the internet and books.

4. 3.1 Health Education from Parents

Students received very little or no information on sex from their parents. If sex was discussed at all in the home, it was in relation to protection against pregnancy or rape. Male and female students gave examples of how they had received ‘warnings’ on how to prevent pregnancy;



My mother just told me when I was young she just told me you have to protect yourself not be touched by the boys on some place(parts)...When I grow up she told me don't have sex relationships with boys that will make you to have baby and it is very bad.

All the students would like to have the opportunity to discuss relationships and sexual health issues with their parents. The lack of parent openness was perceived to be related to the general taboo in relation to talk of sex. Many students felt that their parents put a priority on good grades at school in favour of discussing sexual health issues with their children.

They never say a word about sex. They only care about my study in the school.

The situation continues even though the students are now more mature. Reasons given for this are the; taboo on talk of sex, parents perceived immaturity of the student, and the perceived view of parents, that the students get information from other sources.

They always think I am still a child, not old or mature enough to know this kind of things.

They think I know sex from school or from other media, maybe they think they don't need to teach me this.

4.3.2 Health information from Friends

The results demonstrate that students value their friends as important sources of sexual health information. This is particularly true for the female students.

I think she know something maybe sometimes I ask her so directly she fell some shame but she will also tell me the information as I want to know

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In the female focus groups, students were invited to share their experience of menstruation. As a shared experience it served the purpose of ice breaker allowing the group to become comfortable with one another prior to discussion of more sensitive issues.

Most female students were aware before time that they were going to menstruate. Many however describe that they did not know what this meant for them and how friends were instrumental in formulating an understanding of the experience of menstruation. One student had her first menses at age 15, late in comparison to some of her friends. In the first instance her friends led her to believe that menstruation is an illness and during

menstruation described themselves as 'sick', 'suffering' with apathy and low mood. She began to believe that she herself was sick during menstruation.

Then I were so confused "why you sick? why?"..... I feel so strange, I think I was sick.

Only this year at university through conversations with girl friends was she able to understand the real meaning of menstruation.

when I came to the campus and living with other girls, they tell me why this happen and how you can face this. I think just this year I know why this experience comes.

In relation to other sexual health issues, the female students feel more at ease to ask their room mates and 'close' female friends for information, than they do their parents or teachers. Generally they value and trust this information.

I never ask my teachers but I asked my roommates and she tell me in detail and I became know this.

One female student felt that friends couldn't provide the information she needed as they were the same age and had similar life experiences as herself.

Searching from the website or books are very useful because if you ask your friends she ah..(laughed) she will not know more than you. Because we are at same age and almost have same experience

Evidence of friends imparting incorrect information came from a discussion of modes of transmission of HIV in both the male and female groups. The students were invited to share knowledge on modes of HIV transmission. In one female focus group kissing was discussed. Several students quietly gave the answer that HIV is not transmitted by kissing. A more dominant and loud colleague took over the discussion saying that HIV can be transmitted by kissing. As she confidently spoke other students began to nod in agreement. The researcher became aware that the more powerful and confident the speaker is perceived to be by the others in the group, the more likely are others to side with that argument, even if the information is incorrect.

These results were corroborated in the male group. The most dominant male of one group confidently made the statement that HIV can be contracted from unclean hotel baths. There ensued a series of statements by other students corroborating this incorrect fact.

If we go to the hotel, we don't use the bath, shower is safe.

During the discussion of modes of transmission, the researcher was able to observe male and female student interaction and the style of persuasive argument. The more dominant the individual, the more likely they are to get others to agree with them, despite imparting incorrect information. This is an important finding, because the results demonstrate that female students in particular value their friends as important sources of health information. Problems will arise when the advice is believed, despite being incorrect.

4.3.3 SEX EDUCATION AT SCHOOL

Most students received some form of sex-education at school. Their experience clearly reveals however that there is no consistency or uniformity of curriculum between schools. All students were taught in single sex groups. Some students described a comprehensive approach to sex education; others received education as part of “Biology and Health,” which essentially focused on anatomy and physiology. Other students were given books, which was not accompanied by any oral teaching. One student from a small town in Mongolia said they did not have access to such books.

An emerging theme from the focus group discussions is that both students and teachers felt that the pressure for good results should take precedence over reproductive health education. The enthusiasm for sex education classes therefore varied and sex education was perceived a low priority. Pressure for good grades took precedence. Many students described time allocated for sex education was used by teachers for other subjects.

He just use this course to tell something like Chinese or Maths or other courses instead of this course.

The students also admit that at the time they consider the lessons of low priority.

In fact we do not pay much attention to such lessons, because it is not related to our scores... I am concentrated on exams.

The quality of teaching also varied. Several female students reported the embarrassment clearly felt by themselves and their male teachers during lessons.

the teacher talk very low and very little and don't talk about it very deeply, sometimes they will be shy, so we didn't learn from it very much.

Due to this perceived embarrassment, male teachers would resort to asking his female students to study the subject from a book. There was no discussion.

Our Chemistry teacher he should tell us about this but he is a man... when the lesson came he let us to learn by ourselves.

The students had recommendations for future sex-education in schools: quality sex education should take place at school in mixed sex groups in order to facilitate open dialogue around this sensitive subject between the sexes and with parents.



4.3.4 SEX EDUCATION AT UNIVERSITY

The majority of students were aware that their knowledge was lacking in many areas.

There had been a sex education course offered in their first year but no one attended as it was a voluntary option.

I think we need to know more about this we do not have classes. In the junior or maybe senior high school we have lessons and teachers also but we did not pay attention to it not relevant to or coming up to the university all the exams. Now we want to know more but there is no teacher no classes. Only some lectures once in a while.

One of the key informants recalled that when she first got to the University it was compulsory for all students to purchase a 'health book' which included sections on sexual

health issues. However in her experience many students did not bother to read the book. She herself felt she already knew most of the information. She recollected that she attended a course of 30 or 40 lessons. It was an optional course and approximately 200 students attended. Those that did thought of it as an easy way to get good grades. Some students had received sex education from the head of department in comparative literature. This took the form of films, mostly in English. The students welcomed this but still felt that their questions were not answered as the films were in English, and there was no time at the end for questions and answers. The professor had taken time to offer instruction on application of a condom.

4.3.5 STUDENT SUPPORT SERVICES AT THE UNIVERSITY

Students with problems said they would discuss with parents or friends. None had heard of the student counseling service. Two of the key informants had been or are presently involved in student counseling. The services were reported to be understaffed: One key informant believed that the University Authorities understand the need for the service value it and is doing its best to recruit more qualified staff. The lecturers who volunteer to be counselors had no training and were acting on intuition. The service can handle a mere 10 students a week, so students often had a long wait to see a counselor and could often not get a repeat appointment. In their experience subjects such as contraception are never broached. Only the most serious or extreme cases were generally seen.

All key informants saw the need to improve student sexual health information and services. One felt that in order to offer effective services a baseline survey would be needed. For this it might be necessary to report that sexual intercourse is taking place amongst students; they were concerned that the authorities would then accuse the

researchers of exposing the university, and encouraging students to have sexual relationships on campus.

in the past time having sex relationship was strictly forbidden in the university, but nowadays, it has become quite common phenomena in the universities. If we report these cases to the authority which they might think that this university encourages students to have sex relationship on the campus

4.3.6 THE INTERNET

The internet is a useful and important source of sexual health information and all the students have accessed this medium for this purpose. All the students have a computer connected to the internet in their dormitories. Students generally feel able to search sensitive sites in private and male students, especially, feel the internet to be the preferred source of sex education.

I do not ask questions I only look at the website.

Searching the internet for sexual health related issues was perceived differently by different female students. On the one hand it led to feelings of shame and embarrassment to be caught out scouring the net. The selection of the students in this study however leads to a bias. The female students in the focus groups were generally happy to search the internet and even describe it as a positive, communal and shared experience. They admit they differ from other students on campus in that their course on gender studies requires them to search for such sensitive information.

At beginning I felt embarrassed but now after our English class, it is not a matter at all.

I have talked to girls in other departments, she will think it is a shame or even they talk this as disgust

The majority of students both male and female search the World Wide Web by entering key words. Most regularly check the university BBS site and the gender studies web site. The information obtained is always in Chinese.

Generally the students differentiated between pornography and sexual health information, though particularly with boys this division was not clear cut (see below under films).

One of the key informants is vice-chairman of the post graduate student union. Her role is to update a website on student activities news events, conferences and she updates the site daily. Her site contains no health news, apart from advertisement for the Dec 1st World AIDS day activities (which the researcher was involved in). She told the researcher that there are several websites produced at Zhongshan University. The most popular being the student run BBS site (Broadcasting Bulletin Board). Most Universities around China have a BBS website and there are links from one University to another. In Beijing the Universities have allowed a window specifically designated for sex issues. At Zhonshan the request for a similar window was denied and all that is included is an anonymous diary page.

In Beijing University, there are a lot of sex things on their BBS. The students in the north are a little bit open than the students from south. They have a window only for the sex issue. Some students in Zhongshan university suggested to set up a window for sex but they denied just agreed to set up a diary window.

The students control the content. If items are put on that are too sensitive or political the author might be punished.

4.3.7 OTHERS

Other sources of health information included books newspapers and magazines. The parents of one male student, who are teachers, bought magazines and left them around the house as icebreakers to facilitate talk about sex.

Sometimes because our family date a lot of sex magazines, it is called “born of one’s life” and “home doctor” and so on.

Both male and female students felt that books are graphic and detailed. They give the most comprehensive and correct sexual health information. Books are considered important sources for referencing.

Searching from the website or books are very useful because if you ask your friends she ah..(laughed) she will not know more than you. Because we are at same age and almost have same experience

Newspapers could be informative but need support from other materials.

Television was considered to have some interesting factual information.

Most students had access to films. In particular some males found films to be informative. The films are viewed as part of male youth culture. See below.

I think we learn it by visual pictures immediately and we can learn about sex immediately. It is the direct way of learning sex. It is very important for us. It is very common for us to watch sex videos, we also talk about it

When the male students were challenged to answer if films portrayed real life, this was felt not to be important. There appeared to be no distinction with pornography.

4.4. STUDENT PERCEPTIONS OF BARRIER METHODS OF CONTRACEPTION

The aim of this study is to investigate the factors that influence safe sexual practice amongst female students at Zhongshan University. Safe sexual practice includes abstinence and condom use. If a disease is considered serious, it is more likely that individuals will take preventative action to avoid contracting it. For this reason the student perceptions of HIV/AIDS and its mode of transmission are explored. A female's ability to negotiate safe sex is explored. Experience and perceptions of condom use which will affect her ability to influence her partner to use a condom is also explored.

4.4.1 PERCEPTIONS OF HIV/AIDS

All students consider HIV/AIDS to be a serious disease. The virus is feared as it is incurable.

HIV I think is the cause of the illness, and human has never defeat it before now.... that is the most important. If we know of something we can not defeat, we feel fear mm.....it is not like other illness we can defeat it, we can cure it..... HIV/AIDS we can do nothing.

However despite being a perceived a serious disease, the students perceive their risk of contracting HIV differently; some feeling they are at very little risk, whilst others are

worried that they are more at risk of HIV and are concerned that their behaviour is putting them at risk.

I really feel HIV is quite close to me, the only way I could do to prevent it is to use condom every time. But that is not 100% safe. Although my life style is a kind of risky, I enjoy it very much.

The students were aware that HIV/AIDS could be transmitted by exchange of body secretions such as semen, saliva, blood products and tears. They identified methods of transmission: blood transfusion, plasma donation, sexual intercourse, mother to child transmission, breast feeding. They identified high risk behaviour and groups: one night stands, multiple sexual partners, intravenous drug users, sex workers.

Despite this apparent comprehensive knowledge of modes of transmission, there was controversy in all the groups as to whether HIV/AIDS could be transmitted by kissing, swimming pools, ear piercing, tattooing, mosquito bites, hair cutting and from toilet seats. Kissing in particular was a source of controversy. Even the most knowledgeable male of the group was of the opinion that kissing for long periods *'with the tongue'* would allow for virus transmission. In one group all the males agreed that HIV could be transmitted from unclean hotel baths.

The lack of a clear understanding of HIV transmission is evidenced by the statement that lack of cleanliness is an indicator of whether a partner could be a carrier of HIV. *'Body odour is very important'*. The statement implies that if a person is clean then the need for precautions is reduced. Some students had a misconception that HIV could be transmitted by health professionals.

Doctors if he touch the blood and not careful he will get it, and doctor will transmit to the sick man, so it is very terrible

The results demonstrate that the students have a superficial knowledge of HIV and its mode of transmission. There is a lack of an in depth understanding- misconceptions about HIV transmission are commonplace.

Students were asked about their feelings towards a partner who declared themselves to be HIV positive. A variety of answers emerged. Some students were keen to give what appeared to the researcher to be the politically correct answer; if their partner told them they had HIV they would continue the relationship with abstinence or protection. Others seemed to answer more honestly and said they would leave their partner.

If she has HIV, definitely will leave her.

If he is my friend, I think that is ok, I can hold his hands, I can kiss him. If he is just a stranger, I think I will go away as far as possible.

Attitudes to people living with HIV/AIDS were varied. One student expressed the view that people with HIV are ‘*hated*’ people who should be avoided. Other students described PLWHA (people living with HIV/AIDS) as victims who should be pitied and cared for; whilst others felt they should be treated as normal members of society.

4.4.2 MEANING OF SAFE SEX

To find out the meaning of 'safe sex', the students were asked a direct open ended question; "What is safe sexual behaviour?" The results to the question from both male and female groups were the generally accepted correct ones-of abstinence, few sexual partners and condom use. High risk sex was cited as sex with sex workers, violent sex, which included rape and '*taking a woman from behind.*' Unprotected anal sex was not listed by any students.

As part of the discussion related to safe sex, the female students were asked for their attitudes to masturbation. They had all heard about it and appeared comfortable talking about it, contextualizing it without prompting into a framework of safe sex. They all described it as a '*natural*' behaviour. In spite of these beliefs, however, two female students reported that they were unsure how to, and many expressed a desire to learn how to masturbate.

I know some women do this by themselves but I don't know how to do it(laughed).

I want to know it.

4.4.3 NEGOTIATION OF SAFE SEX

The results show that the female students in the study perceive themselves to be assertive, and able to discuss issues of sexual health, in order to negotiate safe sex with their partners. The examples given by the students were hypothetical: They said would feel comfortable discussing matters of sexual health and safe sex with their partners. They

would feel comfortable to abstain from sex. For these female students their apparent assertiveness, is a positive trait enabling each to negotiate safe sex with her partner. In practice this may not however be the case. Anecdotal accounts were given of others they know, who are unable to put this assertiveness into practice. These students were coerced by their boyfriends into a sexual relationship, even though they did not feel comfortable.

Some of my girlfriends they didn't discuss, just boys say... "will it be ok I want to have sex" or we break up.

One female student was concerned, how thus far, she had managed to abstain from sex, but she had become more uncomfortable by the pressure put on her by her boyfriend. It had now got to the point where she was afraid to be alone with him in case he exerted more pressure on her and managed to change her mind. The female students theoretically are assertive and have the motivation and capacity to adopt safe sex with their boyfriends. In practice other factors come into play and the female student may not be able to adhere to her ideal.

A serious barrier to adopting safe sexual practice emerged when the groups discussed disclosure of HIV status. The dialogue below is included to demonstrate the inconsistencies of logical argument. All students agreed that HIV is a serious disease. The male groups were in agreement that 'Sufferers' are honour bound and have a duty to tell their partners of their status.

You can't see (they have HIV) until they tell you, but they should tell other people they have HIV, this is a moral thing people should have consciousness

HIV is the most terrible illness in this world, is not same like other diseases, I believe she'll tell me.

Clearly students rely on partner honesty and openness, in pursuit of safe sex. Two male students however gave examples of lack of honesty in relationships. The male student who owned the statement '*Everybody should be honest and responsible to tell the truth if they do love each other*' admitted being a hepatitis B carrier. He had been too frightened to tell his girlfriend, before they had sex.

I have Hep B, before I had sex with my girlfriend I didn't tell her my problem, I was afraid of losing her.

He seemed unable to appreciate the paradox between his beliefs and his practices. He had not been '*honest and responsible*' with his partner by concealing his Hep B carrier status and put her at risk of contracting a serious disease.

In practice, females also have problems disclosing if they have a serious illness. A second male shared his experience. He had previously had a sexual relationship with a female student who knew she was infectious with tuberculosis. It was only after they had had sex several times that she admitted that she was suffering with TB. He promptly took her to the clinic for care.

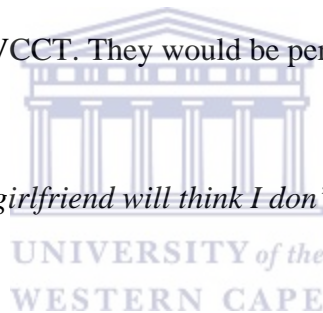
I used to have a girlfriend who has tuberculosis, the girl cared for me deeply. After we had sex, she told me everything. I didn't leave her and took her to the hospital to receive treatment. I think if you do love somebody, you should be honest.

All the students were aware of voluntary confidential counseling and testing, (VCCT), its relevance and importance and that it was available at the hospital. Despite many students being in relationships, including some who were sexually active, paradoxically none of the students had been for a sexual health check up. Despite assertions by many that they considered

...no one knows until she tells you or goes to hospital to check

There was a general fear that asking a partner to go for VCCT would affect the couples' relationship. The male students had a perception their relationship with their partner would suffer if they suggested VCCT. They would be perceived as not trusting their girlfriends.

...feel lose face, my girlfriend will think I don't trust her



In subsequent studies it would be useful to find out if this 'loss of face' also extends to negotiation of safe sex and condom use. One male student stated that he had not attended for VCCT, as he perceived it to be costly and time consuming.

I think I don't have enough time and money to do that check-up

4.4.4 PERCEPTIONS OF CONDOMS

All students were happy to discuss condoms. In a context where sex is taboo this could be construed as surprising. When viewed from a context that condoms are universally available to married women this comes as no surprise. The students were asked for their

views on the advantages of condom use. The responses given were universally related to HIV or pregnancy prevention. All students appeared to know that condoms were not 100% safe. Some used very emotive descriptions to describe their fears.

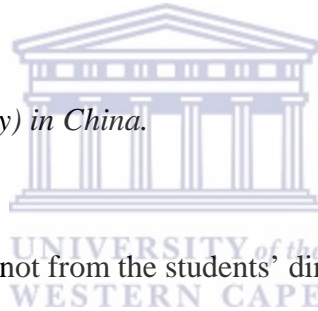
But I think condoms sometimes are not safe enough, I am using condom now, I hope HIV will not strike me. God bless me!

The same student added

Making love has something you can never imagine, it is like gambling.

The students were aware that condom quality varies, and one male student felt the quality was particularly bad in China.

It is not good (quality) in China.



Other disadvantages cited were not from the students' direct experience. They had heard anecdotal accounts from friends and the television that condoms reduce sexual pleasure.

In real life we haven't heard but on the TV we can see males complaining about using condoms because they lost much pleasure if they use it.

Particularly in the female groups there was little or no experience with condoms. They had never purchased a condom. Most had never seen or handled a condom. If they had seen a condom previously it was as a child at their parents home, where they had found one in their parents drawer. Many students found it amusing to tell the researcher and each other that they had blown them up or filled them with water.

None of the females had received training on how to use a condom. Most of the students did not consider this a problem. One student said she could 'guess' how to use a condom. Others perhaps sensed the researchers concerns and informed the researcher that there was no need for alarm as there are instructions accompanying the condoms explaining how to use them.

The male students who had some experience with condoms were concerned that manufacturer's instructions are not uniform. Durex the 'famous brand' writes instructions in five languages. Some manufacturers give out instructions which are only in English.

But in China, many instructions are written in English, some people don't know how to use it and what is the function.

Male students choose to buy condoms from the campus, pharmacies, supermarkets or other shops. The students reported that there are condom machines on campus, located near the male blocks. The condoms are a 'famous' brand packaged with instructions in Chinese. These vending machines are located close to the male blocks only. Female students perceive the machines to be inaccessible. In addition the machines are placed in full view, so there is no purchaser privacy.

The male students were the only ones who had considered the importance of the quality of the condoms. One student believed that condoms purchased from pharmacies are generally of a higher quality than those purchased from other places.

I never use condom machine...will go to the pharmacy which is quite close to school to get condom.....medicine shop is safe place to buy

Male students believe the famous brands names to have better quality condoms, but they were more expensive than other brands.

Brand name are good but they are too expensive.

In order to check quality they felt it important to check the expiry date on the packet. One male said that quality could be ascertained by feeling the texture of the condom and whether it leaked fluid if squeezed.

The female students appeared keen to discuss who should carry condoms and time was spent for discussion. Some felt that a female carrying a condom would be construed by others as shameful.

If you are found condom by other people they will think you are very strange, it will be embarrassed.

Ultimately the female groups concluded that safe sex is the responsibility of both women and men, though they had a strong perception that the men wanted the women to take responsibility. An interesting discussion followed-an almost a 'tit for tat'. The female students perceive that the oral contraceptive pill can cause harm to health. Yet they perceive that males want them to take the pill to prevent pregnancy. Some argued that if they are obliged to take the oral contraceptive pill then it is only fair that the male carries and uses condoms to prevent infection. The female students however concluded that the ideal is a joint responsibility.

The boys request girls to take pills when they had sex I think it is not fair for a girls. Why girls has to take pills that is not good for their body, and boys do nothing. So I think boys should take condoms when they have sex behavior boys should put it on.

One student was persuaded by her friend's logical argument.

I (used to) think the best thing is the boys carry condoms but now maybe the girls should carry it just a way to protect themselves.

At the time of the discussion however no female students were carrying condoms, and only felt it appropriate to do so if the relationship deepened and sex was likely. There was one exception: a story of female students who carry a condom, almost as if it were a good luck charm.

they have condoms at any time inside of their pocket just in case,... and they on the other hand they treat it as lucky sign.

The key informants were unable to tell the researcher if there are condom machines at the University. As an explanation, one cited the example of the difficulties faced by a University in Shanghai, who were under severe pressure, and decided to remove the condom machines they had recently put up.

I heard that several years ago in Shanghai Jiaotong University, they installed some condom machines on campus but after two or three days, the university authority removed it. Since some old people complained about the sign they think it is not good for the university.

Chapter 5

Discussion

5.1 CHAPTER OVERVIEW

The discussion brings the findings together, and draws on the literature to discuss the emerging trends, connections and patterns that have emerged. Unwanted effects of sexual intercourse such as pregnancy and the transmission of sexually transmitted infections, such as HIV/AIDS, can be prevented. Behaviour change remains the key to HIV prevention. This study has added to the understanding of the factors that influence students to adopt safe sexual practices at a university in southern China. These factors include the following: the influence of the socio-cultural transformation process, the education system, the impact of the sexual taboo, the pressure on students to achieve good grades, the influence of friends and the internet as alternative sources of information, student attitudes to HIV/AIDS, sex workers and the impact that gender roles have in sexual health. The chapter concludes with a summary of the salient findings

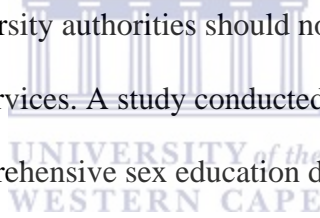
5. 2. INFLUENCE OF SOCIOCULTURAL FACTORS IN A FEMALE S ABILITY TO ADOPT SAFE SEXUAL PRACTICES

3.2.1 RAPID TRANSFORMATION IN SOCIETY

China is a communist society undergoing social transformation. The more liberal attitudes of the Chinese youth have been attributed to the breakdown of traditional norms, greater mobility and the influence of both the mass media and western culture. It is known that growing numbers of students at universities are engaging in sexual behaviour. A study revealed that in 1989, 13% of male students and 6% of female students had had premarital sex. In 1999 the figures had increased to 24% and 12% respectively. (41) The study revealed some of the challenges faced by students and the university in coming to terms with the rapid transformation process.

This study corroborated these findings by demonstrating that sexual activity amongst students is now commonplace. Key informants who are lecturers and professors condone the activity as a basic human right. The university authorities on the other hand may have difficulties coming to terms with the sexual revolution on their hands, and are confused as to how best handle the situation. In the past the regulations were clear. Abstinence was promoted and to an extent abstinence could be enforced. Sexual activity was not permitted at the university, and sexual activity was punished with expulsion of both partners. During the Cultural Revolution many of the people now in positions of authority did not receive sex education themselves. The key informants in the study were aware that the university authorities saw the need to provide appropriate services for students. One key informant identified that a needs analysis should be undertaken but this had not been undertaken as the university authorities are fearful of revealing the true numbers of students who are sexually active, which would shame the university. It is possible that the authorities feared that open discussion of sexual health issues would lead to increased sexual activity amongst students. This fear prevented them allowing development of a

sexual health window or web link on the university web site (as done by other universities). There was indeed some acknowledgement that sexual activity is taking place as condom machines were now in place, but under the male dormitories only. The jury is out as to whether programmes in USA that promote abstinence only are effective. One measure of effectiveness is that teenage pregnancy rates have fallen in successive years. (44) It may be possible to learn lessons from the USA experience. In China it should be more straightforward to promote abstinence as it remains the cultural norm to be a virgin till marriage. Social pressures are eroding these traditional values, however, making abstinence harder to achieve as a female student is more likely to have sexual intercourse at a younger age. (2,41)

The logo of the University of the Western Cape is centered on the page. It features a classical building facade with a pediment and columns, rendered in a light blue color. Below the building, the text 'UNIVERSITY of the WESTERN CAPE' is written in a serif font, with 'UNIVERSITY' and 'WESTERN CAPE' in all caps and 'of the' in lowercase.

There is evidence that the university authorities should not be worried about providing comprehensive sexual health services. A study conducted in Shanghai over a 20 month period, demonstrated that comprehensive sex education does not increase sexual initiation. (42) The Shanghai study also demonstrated that young people who are offered contraceptive education and negotiation skills training are more likely than a control group to be taking contraceptives and using condoms-they are protecting themselves from the unwanted effects of sexual activity such as pregnancy and sexually transmitted infection. They are also less likely than controls to have coerced a partner into sexual activity. (42) The delays accepting the changing social norms and providing appropriate services means that the authorities may be missing valuable opportunities to offer comprehensive sex education and promote abstinence. In fact they would have a head start since they would be promoting abstinence in a country where abstinence is still the cultural norm.

Students in this study had difficulty initiating discussion on sex with their partner and described difficulties with negotiation. One student in the study had experience of sexual coercion and many gave anecdotal reports of this. A female student fears '*loss of face*' (45) if she openly seeks sexual health advice, contraception advice or VCCT, thereby she putting herself at risk of pregnancy and unsafe sex. This study shares the conclusion of the study in Shanghai (42) that comprehensive sex education is necessary, combining abstinence promotion with training on negotiation skills and contraceptive education.

5.2.2 THE SEXUAL TABOO IN CHINA

Even though China is in the midst of a sexual revolution, sex remains a taboo subject. This impacts negatively on students' ability to acquire the necessary information and skills to embark on relationships. The study revealed that the subject of sex is taboo, so students received very little or no information about sex from their parents. This corroborates other sources (21). If sex was discussed at all in the home, it was in relation to protection against pregnancy or rape. The physical expression of love in the presence of others, even in the safety of the home, is taboo. Students never saw their parents demonstrate love for each other by physical means.

The sexual taboo also impacts on the education process as discussed below. The taboo and the lack of open discussion make it difficult for a female student to openly discuss issues relating to her sexual health. It makes it harder to negotiate safe sex, or seek advice from friends, family, teachers and health professionals.

5.2.3 THE PRESSURE FOR GOOD GRADES

The one child policy has created far reaching cultural changes, and raises concerns about the possible effects of too much attention and pampering. The pressures for achievement on the single child are high. (46) This study reveals that this pressure for achievement is having a negative impact on sex education in schools (see below). The pressure to achieve and complete a good education means for some parents that friendships with the opposite sex are deemed unacceptable, even at university level. This lack of openness about relationships may have the effect of driving a relationship underground where risky sexual practice is more likely.

5.2.4 THE LIBERALISATION OF ATTITUDES TO SEX

WORKERS

Both male and female students in this study confirm that sexual activity is on the increase and they are aware of the associated risks. The restrictive university environment makes it difficult for students to form relationships and find places to be private. Relationship difficulties are compounded by the fear of discovery and alienating friends. All students are particularly fearful of pregnancy as it is associated with termination of education, loss of income potential and family disgrace.

The numbers of sex workers in China is on the increase, apparently fuelled by migrant workers and the urban rural poverty divide. The students report that sex workers at the university gates are a common sight. They gave anecdotal accounts of fellow male students who use the services of sex workers.

The restrictive university environment and the easy access to sex workers could be contributory reasons why male students visit them. The female students offered an additional perspective. Some believe that by using a sex worker, it obviates the male student from the need to take responsibilities in a relationship. By going to a sex worker it prevents the partner getting pregnant. The emerging theme was that the male students seek the services of sex workers to reduce the responsibilities and risks attached to a sexual relationship with a girlfriend on campus. It would be important for future studies to corroborate these findings, as they have important implications.

Previous studies have shown that it is men who are more directly exposed to HIV in China. It is known that condoms are highly effective if used correctly and consistently in preventing the transmission of HIV and all the students were aware that condoms are not 100% effective. (47) Sex workers are amongst the high risk groups for transmission of HIV/AIDS (7), yet only 20% of them use condoms on a regular basis (25). Of relevance to students, if their partner looks clean they are less likely to use a condom.(25) By having sex with a sex worker, male students contribute to the shaping of China's HIV/AIDS epidemic by placing themselves at a markedly higher risk of HIV transmission. This in turn puts their female counterparts at risk.

The issue is compounded by the fact that female students appear to condone the activity. It is as if a female who is driven by fear of pregnancy justifies the fact that her boyfriend visits a sex worker. If these findings are confirmed by other studies then it would be important that the issues are addressed as part of any comprehensive sex education programme aimed at students. It is possible that if contraception is made more readily

available, and combined with negotiation and sex education then it is possible that the spread of HIV from sex worker to male student and finally to the vulnerable female student could be prevented.

5.3 INFLUENCE OF SEX EDUCATION IN SCHOOLS

Sex education is a non-core, but compulsory subject in all schools. It has been widely criticised by all sectors of society for failing its students, and not giving them the necessary information to adopt safe sexual practices (48). There is no overall national curriculum for sex education, and responsibility for curriculum content and development is devolved to the provinces. Only 50 % of schools were teaching all relevant subjects, a situation which was partly blamed on the lack of expert teachers. Education on condom use and contraception was only permissible at tertiary education level. These factors contribute to the fact that sex education in schools is failing its students. The students in the study corroborate these reports. There was no uniformity of sex education between schools-some students described a comprehensive approach to sex education even receiving an exam in the subject; others received sex education as part of “Biology and Health” which essentially focused on anatomy and physiology; and others were given books unaccompanied by any oral teaching. One student from a small town in Mongolia said she did not even have access to books. In addition, this study goes further and reveals that there are additional deep rooted socio-cultural reasons why sex education in Chinese schools is failing its students. Two themes emerged from the study:

First the subject of sex at school is taboo. Several female students reported the embarrassment clearly felt by themselves, and their male teachers during lessons. Due to this perceived embarrassment, male teachers would resort to asking his female students to study the subject from a book. There was no group discussion. The sexual taboo is further reinforced by gender separation during sex education classes. All the students in this study would welcome the opportunity to discuss relationships and sexual health issues with each other. The taboo on sex is revealed as an important additional factor that prevents effective sex education in schools, which needs to be addressed if the government's commitments are to be realised.

Secondly, as discussed above, the pressure to achieve good grades was a common theme throughout the study. It is well known that the one child policy has strengthened emphasis on education with strong involvement and investment by parents in their only child's education. (46) Students, teachers and parents all focus on achieving good grades. What emerged from the study is that this pressure for good grades has a negative impact on sex education. Most students felt that their parents put a priority on good grades in favour of the possibility of discussing relationship issues. Parents in conversation focus on academic work. Their teachers also focus on student grades, with some preferring to teach core subjects, in the time allocated for sex education. Students at school are left with the perception that sexual health education has been trivialised, is not relevant, and is a low priority compared to the need to attain good grades for university entry. This clearly sends the wrong message to impressionable young people i.e. that sexual health is of low importance. The study reveals that if sex education at schools was given the same

priority as other core subjects its status would increase and quality would improve. Instead, students turn to other sources for sexual health information.

Shortcomings in the education system result in students having gaps in their sexual health knowledge. The study revealed that the students have a superficial knowledge of modes of HIV transmission. However, when challenged in depth, their knowledge is full of misconceptions, for example the belief that HIV can be transmitted from dirty hotel baths. If these elite students have such gaps in their knowledge it is likely that these deficiencies in knowledge are even greater amongst youth with lower education levels.

5.4 INFLUENCE OF ALTERNATIVE SOURCES OF EDUCATION

The shortcomings of the education system leave the students with a need to find out more about sexual health issues. Students in the study were very eager for information, which is perhaps a reason why so many volunteered to participate. Other sources of sexual health information become highly relevant if they are to find information to equip them with the knowledge to adopt safe sexual practices. Ying conducted a survey amongst 440 university students at a university in Eastern China in 2002 and found that there are gender differences in student preferences for education materials. Male students were more likely to prefer obtaining information from friends, the internet and personal sexual experience. Female students were more likely than males to prefer obtaining information from reading materials, classroom teaching, radio and parents. (48) This study corroborates these findings.

Female students in this study particularly valued books as a source of information; they considered them accurate and correct, as they valued the comprehensive and factual detail books offer.

5.4.1 FRIENDS

This study reveals that both male and female students rely on friends for sex education. Both males and females found this form of information exchange useful. All students described the intimacy and closeness of their dormitories which produces a conducive environment to share intimate information, to ask sensitive questions and obtain advice from their peers. One male student used a metaphor to describe the experience in his dormitory, and called it '*the midnight talking show*'.

Problems do arise with this reliance on friends for information as it may be unreliable. The researcher witnessed examples of incorrect information exchange within the focus groups: the female student who came to believe from friends that menstruation was an illness; the female students who came to the wrong conclusion that HIV can be transmitted by kissing; and the male group who persuaded each other that HIV can be transmitted from unclean hotel baths. Whilst on the one hand there are benefits to this form of unstructured and spontaneous peer education, problems clearly arise if the information shared is factually incorrect, potentially putting a female student at risk of unsafe sex.

The value that is placed on friends for information clearly demonstrates that amongst female students at this university there is a great opportunity to introduce peer education

as a means to disseminate relevant, appropriate and correct information amongst them. Peer education is perceived like receiving advice from a friend “who is in the know”. (49). The stage is already set. All that would be needed is a group of specifically trained educators. The male student who offered to demonstrate condom use to his friends demonstrates that there would be no shortage of volunteers.

5.4.2 THE INTERNET

All students have access to the internet. Corroborating Ying’s findings, males in particular find that searching the internet for sexual health information very useful. It was beyond the scope of this study to determine whether the male students differentiate pornography from sexual health information. Due to the requirements of their course, the female students in this study had to learn to overcome their embarrassment of searching the internet for sensitive issues. They suggest that other female students at the university do not search the internet for sexual health information, as it is deemed inappropriate female behaviour. Despite the students’ clear interest and universal use of the internet for obtaining sexual health information it came as a surprise that the students have a poor understanding of routes of HIV transmission (see below). To access the internet key words are used. It was beyond the scope of this study to explore the questions the students wanted to be answered by the internet, the key words they used, and the quality of the information obtained. Future studies are needed, and would result in a deeper understanding of the issues students consider important to them.

All students had heard of, and most regularly checked the university BBS website for general and university information. This presents the university with a golden opportunity

to devote a page to sexual health issues-the content can be controlled, and only correct and appropriate information included. The absence of such a page means that students are left to search the web, falling prey to incorrect and inappropriate information.

5.5 THE INFLUENCE OF GENDER IN SEXUAL HEALTH

The Chinese authorities are committed to addressing some of the root causes of the HIV/AIDS epidemic, including gender inequality. (31) This study adds to what is already known about gender differences in China by examining them in terms of sexual health, and a student's ability to make safe sexual health choices. This small qualitative study provides evidence to support Ying's theory, that males' reliance on interactive means for obtaining sexual health information (the internet and friends), and females' preference for more private means (books), is deep seated and entrenched in gender roles. (48)

The results showed that gender issues are complex and have a profound influence on a woman. An emerging theme from the study is that there is an ideal Chinese female stereotype. She is naïve, gentle, non-enquiring, and 'pure'. A pure woman is a virgin. The appropriate age of first sexual intercourse is when she has found 'Mr. Right' or when she gets married. The female students generally were aspiring to this ideal. By striving to this ideal they are consciously or unconsciously repressing their sexuality, as they are unable to express their sexuality openly. The female students had difficulty, and seemed embarrassed, to name parts of the female anatomy even within the confines of the focus group. They were aware of masturbation but expressed a desire to know how to do it. In the study, students tend to ostracize any woman who openly expressed her sexuality.

They regarded any woman who had had more than one sexual partner with disgust. The consequences of striving to this ideal stereotype on the one hand have benefits: In this context where abstinence and mutual monogamy are the cultural norm, conforming to the stereotype helps her delay initiation of sexual activity. Paradoxically this suppression of sexuality reduces a student's ability to discuss relationships with her parents, and friends. She runs the risk of criticism and disapproval. Consequently sex is driven underground, and she feels less able to seek sexual health advice.

Further gender differences emerged during focus group discussions. Observation of communication styles, reveals that female students are more ready to enter discussion, more persuasive, more flexible, and are more eager to reach a consensus of opinion. The female students are less outspoken, more naïve, and have larger gaps in their knowledge, than their male counterparts. This confirms findings of the study showing that male town residents are more likely than females, to know that condoms can be used to prevent transmission of HIV/AIDS (5).

Discussion between the males was more for the purpose of exchanging views and not to change opinion. Males were observed to be more confident to express their views, and seemed keen to show off their knowledge and opinions. Through discussion, individuals attempted to demonstrate their dominance. One *liberal* male was so confident with his position that he went so far as to suggest he could teach the others how to use a condom. The dominant communication style used by some of the male students, might limit the ability of the 'naïve and pure' female student to negotiate safe sex with her partner, or put her at risk of being coerced into a sexual relationship. This theory could be tested if

subsequent research were conducted in mixed focus groups where communication between the sexes was observed. Differences in communication style have been observed previously, but not in the context of sexual health. The perspective of the dominant male over female communication style was validated during the feedback session. Findings were presented to a mixed male and female audience. It was only the male students who commented on findings.

The study identified that not only are female students more conservative but they fear to enter open discussion on sex, in case they are perceived to break with the traditional gender stereotype by appearing forward, and not *pure*. As a result, both male and female students perceive that it is a male responsibility to open the discussion on sex and even take on the role of educator. The study revealed that it is commonplace for the male to take it on himself to scour the internet for relevant sexual health information, which he then shares with his girlfriend. On the one hand it is commendable that the male student is involved, and takes this responsibility for sexual health. However, this patriarchal level of responsibility could be problematic. At the very least the balance of power in the relationship could easily shift in favour of the male. Any lack of information or misinformation means she is less in control of her fertility. At worst, her naivety and purity results in her sexuality being under the control of the male. She is at greater risk of being coerced into sexual activity. These findings support the evidence that sex education incorporating negotiation skills is highly relevant for female Chinese students.

Two male stereo types emerged from the study: The researcher has called them the *traditional* and the *liberal* male. The *traditional* male believes in monogamy, values male

and female virginity is confident, opinionated and ready to defend his views. The *liberal* male dresses more trendily and exudes an air of confidence bordering on defiance. The *liberal* male has previously had sexual intercourse, and feels able to talk about his experiences from a position of power; he perceives that to have had sexual intercourse it is a sign of manhood, which gives him '*status and honour*'. He tends to brag that he possesses liberal views, and appears to look down on the traditional male. The *liberal* male believes it is permissible to have multiple sexual partners in a lifetime, and condones first sexual intercourse at a younger age before marriage than his *traditional* counterpart. The *liberal* male is a *risk* taker.

The differences between the '*traditional*' and '*liberal*' male, is analogous to the struggle between the traditional and the modern in China as a whole. As discussed in the literature search, China has opened to outside, particularly western influences, and is undergoing a sexual revolution. If feminist theory is extended, this could explain the differences of the emerging stereotypes. Women welcomed the new Marxist idealism, when the Communists under Chairman Mao came to power in 1949, as it released women from the control of men. (30) One of the key informants used a Maoist metaphor to describe the way women came to be regarded with the advent of Communism: '*Women are half of the sky*'. According to Marx and Engels during the communist Maoist period, it would be expected that gender differences decline (30) and that following the recent introduction of market socialism there would be a reversal of the trend of gender equality. During the communist period the *traditional* male prevailed. This study supports the view that the *traditional* male has similar perceptions and beliefs to his female counterpart. It could be argued that *traditional* male is perhaps more gender equal than *liberal* male. *Liberal* male

embraces all that is modern, materialistic and western. As he does so, the gender gaps widen, the male is liberated sexually whilst the female maintains her traditional role. The resulting widening of the gender gaps puts her at risk, and her ability to adopt safe sexual practice is reduced.

The study revealed gender inequalities in access to health promoting resources. Gender bias is demonstrated by the university's decision to place condom machines under the male dormitories only. A female student has reduced access to fertility control than her male counterpart. This further enables the male to control female fertility. The shift in locus of control produced by this inequality could add to the reasons she might feel more pressure, or be coerced into having a sexual relationship.

5.6 INFLUENCE OF STUDENT PERCEPTIONS OF HIV/AIDS

The Health Belief Model developed in the 1950's is used to explain and predict health related behaviour. A person's perceived susceptibility to a disease and its seriousness, leads them to desire to avoid that condition and to develop the potential for avoidance behaviour. This model is used as the foundation for gaining a deeper understanding of students' perceptions of their susceptibility to HIV and its seriousness, their understanding of safe sex and their experience of condoms as a means of prevention. Students perceive that HIV is a serious and feared disease. The results demonstrate however that they only have a superficial understanding of HIV transmission. There was a lot of disagreement as to whether HIV can be transmitted by kissing. There was a misconception that HIV can be transmitted from unclean hotel baths. Students are fearful

that doctors can transmit HIV. They have a perception that if a person is *clean*, practicing good personal hygiene, then they are unlikely to have HIV. This important finding is corroborated by a study amongst sex workers in Sichuan province, who do not use a condom if a client appears clean (25). This misconception has serious consequences. It could lead both female and male students with the impression that barrier methods of contraception are not required if a person has good personal hygiene.

HIV is generally perceived by the students to be a moral disease and students demonstrated a range of stigmatizing attitudes towards people living with HIV/AIDS. Students were given a hypothetical situation of a couple embarking on a sexual relationship and one of the partners knows that they are HIV positive. Some students firmly asserted that '*Chinese honour*' (or personal integrity) would make the partner who is HIV positive declare their status to the other. Paradoxically, two of the students making these assertions had themselves been in relationships where carriers of Hepatitis B and active tuberculosis had not declared their status. These carriers of serious diseases practiced information management, by concealing their status from their partners. It is therefore likely that HIV, a feared disease with even greater stigma would be concealed. If the belief that '*Chinese honour*' would lead a partner to reveal his or her HIV status is widespread, it puts students at increased risk of HIV transmission. Protection cannot be based on trust. This is an important finding. The student, who relies on '*Chinese honour*' for her partner to declare his status, is lulled into a false sense of security. She is less likely to see the need or negotiate with her partner to use a condom.

Difficulties in negotiating safe sex emerged during a discussion on Voluntary Confidential Counseling and Testing (VCCT). All students were aware of VCCT yet none of them had had attended. The service was perceived as inaccessible and costly. More importantly, students were unable to discuss VCCT as they were fearful that they would be perceived as not trusting their partners. They would *lose face* with their partners. The fact that HIV is a notifiable disease in China was not mentioned by the students. The implications for being tested HIV positive are severe in terms of stigma and discrimination. This presents female students with potential difficulties. As discussed in the section on gender, males are more likely to undertake higher risk sexual activities. If a female student feels unable to suggest the couple attends for VCCT then she will be at greater risk of unsafe sex. In subsequent studies it would be important to determine if the fear of 'loss of face', or loss of trust, extends to negotiation of safe sex and condom use.



5.7 INFLUENCE OF STUDENT ATTITUDES AND EXPERIENCES OF CONDOMS

All the students in the study were aware of condoms, and that they could be used to prevent pregnancy and some STI including HIV. Those who were sexually active were regular users, but knowing that they are not 100% effective they were in fear. Many students' only experience of condoms was of those that belonged to their parents. This would fit with the information that until recently condoms were promoted as a means of family planning amongst married couples only. (5) There are condom quality issues in China (26) and some students expressed their concern. The male students associated brand names such as Durex with a better quality condom. There is a perception that condom quality improves with the price paid for it. This is a concern since the better quality condoms may be unaffordable to

some users. Further market research should be done in this field to explore these perceptions. This evidence presents a case for quality condoms to be freely available at the university.

One student experienced the condom packet information was written in English. Well known brands were reported to include information in several languages. This finding was uncorroborated by other studies. It is an important finding which should be investigated further. In China only 2% of the population is able to read English. If young people then rely on packets for information on application, this could lead to problems of unsafe sex due to incorrect condom application.

Female students had little or no experience with condoms. They had never purchased, seen, handled or been trained how to use a condom. This leaves students to 'guess' or read the information in the condom packet. These students are now half way through their third and final year, and they have still not received training. The education system is depriving students of important sexual health information.

Chapter 6

Conclusions and Recommendations

6.1. CHAPTER OVERVIEW



The results and the discussion are summarised in the conclusions. Despite being a small study many surprise findings emerged, some of which are listed. The wider relevance of the study is then explored. A set of recommendations for future research and for sexual health policy at the university is then presented.

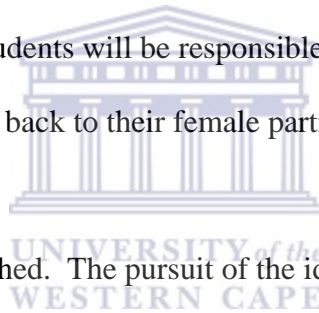
6.2. CONCLUSIONS

This exploratory study amongst male and female students at Zhongshan University demonstrates that issues relating to a female student's ability to adopt safe sexual practice are complex.

Students received little sex education from their parents. The sex taboo is one reason cited for this. Parents prefer to focus on discussions of pregnancy avoidance, assuming that sex education is taught at school. Some parents find that relationships should not begin until after education has ceased, and their offspring are independent. This makes any discussion of relationships with parents difficult for fear of disapproval. Sex is driven underground. Sex education at school is not adequately equipping students with information partly due to the well documented inconsistencies of the curriculum. This study revealed that the pressure for grades means that teachers prefer to teach core subjects during the time allocated for sex education, and the taboo on sex makes it difficult for teachers (males in particular) to teach sensitive topics to female students. Shortcomings in the education system are compounded by the government only allowing condom training at tertiary level education, yet at this university sex education is only a voluntary course. Only one student out of 24 in the study had received training on condom application. Valuable opportunities for comprehensive sex education are being lost.

Students in this study rely heavily on friends for information. Discussions which often take place within the confines of the dormitories late at night help students share and explore sexual health and relationship issues. These discussions give deeper meaning to the information they have previously picked up, which in turn assists them to formulate a more complete understanding of the issues. A downside is the spread of incorrect information. The study demonstrates that there is an opportunity to introduce to peer to peer sex education to students at the University.

The university environment plays a part in the female students' ability to conduct a relationship. Students work very hard and there is little opportunity for meeting students of the opposite sex. Male dormitories are located at a great distance from the female dormitories, and visiting times are severely restrictive. Relationships are often conducted over the internet. In order for students to have sexual intercourse they must hire a room or the female student enters the male dormitory. For a man to visit a sex worker is a perceived cultural norm. Even female students condone their male counterparts visiting a sex worker. Sexual relationships are difficult on campus as there are few places to go and the penalties of pregnancy are severe. To go to a sex worker reduces the responsibilities attached to a sexual relationship, but has alarming implications for the transmission of HIV/AIDS. As a result, male students will be responsible for driving the HIV/AIDS epidemic and bringing the virus back to their female partners.

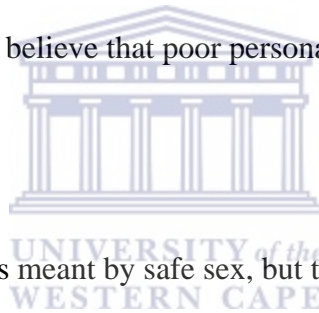


Gender roles are deeply entrenched. The pursuit of the ideal female stereotype is a common theme and impacts on a female student and her ability to negotiate with her partner. The ideal woman is a virgin, naïve and non-inquiring. As a result female students have less knowledge of HIV, its modes of transmission and methods of protection. Male students become the educators, thereby altering the power balance of the relationship, and means she is more likely to be coerced into a sexual relationship. Female students on the whole believe that sex is only acceptable once they have found Mr Right.

Two male stereotypes emerged: the '*liberal*' and the more '*traditional*' male. The *liberal* male has an earlier age for sexual initiation, has multiple sexual partners, and believes the attainment of manhood is associated with sexual activity. To be sexually active is to be

up-to-date and modern. The *'traditional'* male holds values similar to those of the females. They are more likely to believe in monogamy. The *'liberal'* and *'traditional'* male are analogous to sectors of society polarised and divided by the rapid transformation process in China-those that have chosen to adapt and those left behind still retaining traditional values.

All students are aware that HIV is serious and incurable. They varied in their perceived level of risk. Those that are sexually active consider themselves at risk as they are aware condoms don't offer 100% protection. Their knowledge of HIV transmission was superficial, many believing that HIV can be transmitted from hotel baths, by kissing, or from doctors in hospitals. Some believe that poor personal hygiene could be an indicator of HIV positive status.

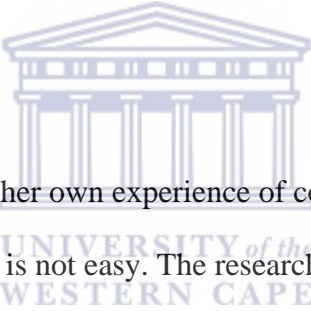


All students are aware of what is meant by safe sex, but the ability of a female student to negotiate safe sex is questioned by the study. On the one hand a female student is highly educated and assertive in most areas of her life. On the other hand, her need to conform to her gender stereotype of naivety and purity limits her ability to negotiate safe sex. She is less knowledgeable than the male student, which in turn alters the power balance within their relationship. *Loss of face* prevents her requesting her partner go for voluntary counselling and testing. Over reliance on *Chinese honour* to declare HIV positive status, further puts the female student at risk as she may be less likely to demand he wear a condom.

6.3 SURPRISE FINDINGS

6.3.1 THE VALUE OF QUALITATIVE RESEARCH FROM THE PERSPECTIVE OF A MEDICAL DOCTOR

The researcher is a medical doctor whose practice is governed by evidence based medicine in order to offer the best standard of care. Evidence is primarily gathered through quantitative means and the double blind cross over trial is the gold standard methodology for obtaining data. The advantages cited of this positivistic approach are that the findings are hard to challenge, they are presented numerically thereby allowing for ease of publication and incorporation into meta-analyses. The numerical data informs policy makers and stake holders, trends can be monitored and effects of interventions documented.



The researcher was surprised by her own experience of conducting qualitative research. Undertaking qualitative research is not easy. The researcher found that analysis of qualitative data is surprisingly complex. She felt she needed an in depth knowledge of the subject being analysed in order to recognise anomalies, idiosyncrasies and surprise findings. With a risk of sounding pompous, she felt it stretched her intellect. Time was needed for reflexion and regular revisiting of data so that the themes and connections between perspectives emerge.

The researcher was impressed with the depth of information that can emerge even from such a small study. The information gained is rich and contributes to a deeper understanding of the subject of student sexual health. Not only do the findings add to what is already known about the subject, the findings also suggest areas where further

study is warranted. The richness of the information suggests ways of best directing health promotion strategies, and the issues that are important to incorporate into comprehensive health education programmes.

Without the candor of peer interactions from focus group interviews we would stand little chance of discovering the underlying cognitive schemata, folk models or narrative patterns. This knowledge is essential to developing credible and emotionally compelling interventions

Kitzinger 1994

The researcher was also impressed by the requirements of qualitative research for good writing skills in order to make the stories readable, credible and worthy of the subjects the stories represent. She has never been a confident writer so the lengthy process of write-up has certainly contributed to the development of her own skills.

In summary, the experience of being a qualitative researcher has changed her viewpoint- qualitative methodology can be a serious contributor to medical knowledge. Qualitative and quantitative research methodology should be elevated to equal status within the scientific community.

6.2.2 THE IMPACT OF GENDER

The subject has been discussed extensively both in the results section and the discussion. The surprise finding was the extent to which conforming to the ideal pure naive and non-inquiring stereotype affects a female student's ability to source sexual health information, negotiate safe sex, and to adopt safe sexual practices. In addition it was a surprise to find the emergence of two distinct male stereotypes the traditional and more liberal male.

6.3.3 THE IMPACT OF THE UNIVERSITY ENVIRONMENT

The main surprise finding was the contrast between the ease with which same sex friendships develop and evolve within the dormitory, and the difficulties faced by couples attempting to conduct relationships. The restrictive university environment has the effect of driving some relationships underground. It may be one of the reasons male students turn to sex workers.

6.3.4 BARRIERS TO APPROPRIATE CONDOM USE

The surprise findings arising from this intelligent study population were the misconceptions about HIV transmission. Students believed that HIV can be transmitted from unclean baths, by kissing or going to the doctor. Furthermore, some students were of the belief that poor personal hygiene is an indicator that a person could be an HIV carrier. They were confused by condom quality issues, and as there was no formal condom training students relied on working it out for themselves and reading the package instructions.

6.3 RELEVANCE OF THE STUDY

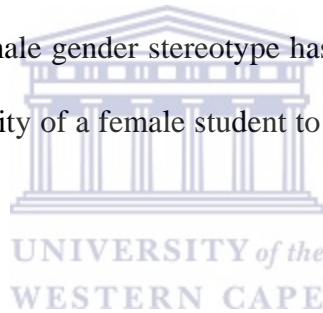
The WHO predicts an explosion of the HIV/AIDS epidemic as China has conditions conducive to rapid and widespread transmission of the virus. It is known that men are driving the HIV/AIDS epidemic via the heterosexual route from the high risk populations

to the general population. The male to female ratio of HIV infection in China has decreased from 9:1 in 1990 to 4:1 in 2001 (8).

This study explored the factors that potentially increase exposure of female Chinese students to risky sexual practices in China's fast changing environment. The study corroborates findings from other studies that sexual activity generally begins at an earlier age than in the past. Students have misconceptions of methods of HIV transmission. The education process has failed to provide adequate training and knowledge- students in this study express a need for information about safe sex and contraception.

This small study contributes to a deeper understanding of the factors relevant to students themselves that could be incorporated into comprehensive sex education programmes.

The study revealed that the female gender stereotype has implications for the expression of female sexuality and the ability of a female student to communicate her needs in order to negotiate safe sex.



There is a window of opportunity in China to prevent an HIV/AIDS epidemic. This small study provides an in depth understanding of some of the issues surrounding student sexuality which are necessary in order to develop appropriate behaviour change strategies, including public education campaigns.

6.4. AREAS FOR FURTHER RESEARCH

This study reveals areas that warrant further research.

6.4.1 QUALITATIVE RESEARCH

The findings should be validated by repeating the study amongst students in several different settings. As discussed previously, the students in this study were unique and the results of the study will be biased and not representative as a result. Future studies should avoid this sampling bias by selecting samples from a larger and more diverse study population. Studies will therefore be more representative. In addition, the research should be conducted in Chinese by Chinese researchers. Future studies could incorporate feminist research methodology to actively conscientise members of the focus groups, and lead to action for change.

Some of the issues revealed by this study have not been documented before so further qualitative studies are warranted to specifically test these theories in more depth. A theme that warrants further research is that '*loss of face*' impedes a female student suggesting VCCT and negotiating safe sex.

The findings revealed the importance of gender related issues impacting on female students' ability to adopt safe sexual practices. The full impact of gender differences could not be demonstrated as the focus groups were conducted in single sex groups only. Future research should include mixed focus groups where interactions could be observed and documented, and comparisons with single sex groups could be made.

It was beyond the scope of this study to explore the questions the students wanted to be answered by the internet, the key words they used, and the quality of the information obtained. Future studies are needed, and would result in a deeper understanding of the issues students consider important to them.

One of the issues raised by this study is that member checking in a Chinese setting could be limited by the Chinese culture of respect of authority, and the desire to avoid conflict and disagreement. This should be explored in future studies as it has implications for the validation of future qualitative research in China. Member checking in qualitative sexual health research might also be further limited by the pure and naïve stereotype thereby preventing honest comment in follow up groups.



6.4.2 QUANTITATIVE STUDIES

Some of the issues raised by this study should be incorporated into quantitative studies. Many studies in the literature search were quantitative. They often grouped males and females together when reporting findings. The gender differences revealed by this study are significant so future studies should take care to analyse and report findings on the sexes separately. As a result, educational resources and services could be more appropriately targeted. Quantitative studies would give additional understanding on the extent of beliefs, attitudes, behaviours and practices amongst the students e.g. the extent of the belief that if a person appears clean then the need to practice safe sex is not so important.

6.4.3 PARTICIPATORY ACTION RESEARCH

Participatory action research methodology could involve the student union as co-researchers to identify needs and appropriate programmes. The students have already demonstrated their willingness by participating in this study. Furthermore, after the feedback session one of the students took it upon herself to search the internet for useful sexual health websites and then issued the list to her colleagues. All three key informants were interested to develop programmes related to sexual health and two identified the need for, and were prepared to become involved, in future research. The climate at the university is ready for action research. For example, a baseline survey and a situational analysis could be conducted by a multi-disciplinary group which would identify needs and suggest effective ways to target services which could then be implemented. It is important to understand and involve youth in programmes pertaining to youth sexuality, and this methodology could lead to the facilitation of students so that they directly become involved in the programmes that affect them.

6.5 RECOMMENDATIONS

The set of recommendations below arise from the study findings, and are aimed at the university. Due to reasons of political sensitivity the researcher deems it inappropriate to make wider recommendations. The need for a situational analysis and needs assessment were identified (ref to future research) A research team could be invited in at an early stage to evaluate strategies.

6.5.1 PLANNING MEETING

A planning meeting involving key stakeholders at the university should be convened to prioritise needs and to plan future strategies and interventions. The meeting should be held mindful and sensitive to each individual's background and perspective. The key stakeholders could include representatives from the university authorities, student union, student counseling services, medical school, heads of department and external representatives e.g. from the All China Women's Federation, and experienced NGO's such as Marie Stopes International.

6.5.2 COMPULSORY SEX EDUCATION FOR ALL STUDENTS

ENTERING UNIVERSITY

Comprehensive sex education and negotiation skills training should be compulsory for all students. Shortcomings in sex education in Chinese schools are well recognised and corroborated by this study. Condom education is only permissible at tertiary level. The Shanghai study demonstrated that comprehensive sex education does not increase sexual initiation, and that young people who are offered contraceptive education and negotiation skills training are more likely than controls to be taking contraceptives and using condoms. In effect, they are in other words protecting themselves from the unwanted effects of sexual activity such as pregnancy and sexually transmitted infection. They are also less likely to have coerced a partner into sexual activity. (32) This study demonstrated that there is a connection between teacher and student priorities in education. At school sex education was given a low priority by teachers and consequently the students followed suit. If teachers at the university take the sex education course

seriously it will have a greater impact on the students they teach. The status of sex education will be raised.

6.5.3 INTRODUCTION PACK FOR STUDENTS

An introduction pack containing some education materials and sources of help could be introduced to new students. The importance of the pack should be emphasised by the university to increase the likelihood that it is read.

6.5.4 COMPREHENSIVE SEX EDUCATION

To be effective, comprehensive sex education needs to address and incorporate some of the issues raised by this study. The gender stereotypes should be acknowledged and challenged: the pure naïve non enquiring stereotype which prevents female students asking questions or accessing sexual health resources; the traditional male stereotype; and the liberal male who is sexually active from a younger age with more partners.

Comprehensive sex education should recognise these diverse attitudes, beliefs and practices. Abstinence and mutual monogamy (two out of three components of the ABC for HIV/AIDS prevention), despite the sexual revolution occurring in China, remain the cultural norm especially amongst female students and the traditional male students.

Comprehensive sex education at the university should continue to emphasise abstinence and mutual monogamy. In addition, condoms should be promoted, contraceptive advice given, and life skills training should be incorporated to give female students the ability to negotiate safe sex. Furthermore, the cultural acceptability of males using sex workers needs addressing. The study reveals and corroborates the findings of other studies that males and females turn to different sources for sex education. These should be

acknowledged when developing and planning programmes. The students themselves had recommendations for future sex-education. Quality sex education should take place in mixed gender groups in order to facilitate open dialogue around the sensitive subject between the sexes. This study revealed that female students were fearful of the side effects of the oral contraceptive pill. Further education is warranted, so that a female student can make an informed choice of contraceptive method. This study demonstrated that students fear loss of trust if they suggest VCCT to their partner. This perception should be explored and incorporated into comprehensive sex education programmes.

6.5.5 SEXUAL HEALTH WEBSITE

All students have access to the internet and many regularly check the BBS, the university website for news and information. Males in particular find that searching the internet for sexual health information to be very useful. The university's own web site could be developed as part of a general health website. The *pure and naïve* female students could be actively encouraged to check the site. Being part of the BBS web site would reduce any embarrassment or prejudice associated with female students scouring the internet for sexual health information. If the university were to control the contents of the webpage it would lower the incidence of unintended entry to pornographic sites by students with a genuine interest in obtaining information. The site could incorporate questions and answers from an expert. The sexual health page could include areas such as contraception, safe sex and modes of transmission of HIV. Useful web links to appropriate sites could be introduced. A campaign could publicise the website.

6.5.6 PEER TO PEER EDUCATION

As discussed, the majority of students live in dormitories within single sex accommodation blocks. All students in the study reported that this provides a free, intimate and safe environment where even sensitive subjects like relationships and sex can be discussed. Very close friendships result. The close university environment would provide a sound base for groups of students to be trained as peer to peer counselors. As a result information could be introduced, spread, challenged and discussed within the confines of the dormitory. The likelihood for misinformation would be reduced. The study revealed the keenness of some students to become peer educators by their offer to teach colleagues how to use a condom.

6.5.7 EQUALITY IN ACCESS TO FAMILY PLANNING SERVICES

Students should be made aware of sources of contraception. The fact that condom machines are only found under male dormitories should be reviewed. Machines could be placed in public places to which males and females have access. The confusion over condom quality and pricing could be avoided if the university offered good quality condoms free. Gender bias should be avoided in future distribution of resources.

6.5.8 TRAINING OF EDUCATORS

Key informants revealed that there is a shortage of qualified educators and counselors which needs to be addressed if the recommendations are to be taken up. Training of educators needs to examine the sexual taboo and its effect on the ability to teach effectively.

6.5.9 PROGRAMME EVALUATION

All sex education programmes introduced at the university should be evaluated, and lessons learned incorporated into subsequent sex education programmes.

6.6 CHAPTER SUMMARY

This small study which explored a largely un-researched area has produced several surprise findings. Suggestions for further research are made, which would validate and explore the emerging themes in more detail. Furthermore, qualitative studies could quantify the extent of student knowledge, attitudes, beliefs and practices. Feminist and participatory action research methodology would result in students becoming actively involved in the programmes that affect them. Recommendations for comprehensive sex education at the university include the following: the acknowledgement of gender stereotypes which influences attitudes and behaviour and choice of sex education materials, an emphasis placed on abstinence and mutual monogamy, negotiation skills training and condom and contraceptive advice. The university BBS website should include a sexual health page which can be monitored by the authorities to provide correct and accurate information. Finally, the study demonstrates the willingness of students to share information especially in the confines of the dormitory. Informal peer to peer counseling is already taking place. This could be formalized by introducing a training programme for peer to peer sex educators at the university. All programmes should be monitored and evaluated.

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Appendix 1: Field Diary

Day 1

Volunteer recruitment

The setting was in the class room where around 40 3rd year students were to have an English language lesson. Dr Song introduced us. She recommended that the students volunteer for the study.

From the beginning I am presented as an outsider...the opening words of my recruitment talk were that I am a student like them but an older student. I am clearly an alien. As I was introduced I had to stand at the front behind a microphone. I was asked to recruit aided by a power point presentation! It will now be hard to become a sensitive outsider. I have already partially established my role as the imperialist of the group.

I did dress casually for the occasion and tried my best to warm myself to the group. The setting was wrong with lecturer in front facing rows of students.

I presented a powerpoint summary of the expectations for the students.

I got the impression that there would be a positive response and that we would have many volunteers.

Xiao Qi felt the males in the audience were very keen. The males in the group seemed especially keen. The females seemed nervous, possibly because it would be unseemly to be too keen. It might be appropriate to select the more extrovert girls who are more willing to discuss this subject.

One male student asked if he could volunteer even though his English is limited. If we have many volunteers selection will be very difficult I must think how to do this.

It occurred to me that the keen interest from the students to participate stemmed from their keen interest to practice their English language skills!

Even though they are third years, the students generally looked young and innocent.

Dr Song the lecturer strongly promoted the research plan. She is very keen to include male students. This is against my better judgement, as it will make the process more difficult, and longer. Also I myself am not quite so happy to interview young men.

Perhaps I can seriously recruit a co-researcher from the group of male students.

The setting can definitely be improved but I am not sure if this can be arranged before tomorrow evening. I will certainly have to locate a better setting for focus group discussions.

Day 2 **9.12.03**

Dinner with Dr Sufeng Song and Xiu

Students in Study group are 3rd years, Comparative literature combined with English and American Studies, and Feminist Studies.

Dr Song mainly lectures in the evenings for 2 hours, but is often kept on discussing topics with the students...these are predominantly female. The males go home after class.

Topics can be very challenging e.g. homosexuality, video shown to students, a female student walked out, she returned later and 2 years later went to a gay bar for information gathering.

One session on disability one student insisted that disabled people are inferior. They are weaker and according to Darwin's theory of natural selection should not be given a place in society. The discourse that followed continued for 2 weeks. Sufeng felt very passionate about the subject and felt it was her mission to change attitudes.

Appendix 2: Questions for focus groups

Focus Group Discussions

Rules of the group.

What is said in the room is confidential. Do not talk about what is said in here with your friends.

Try and share your experience as much as possible. Everyone's experience is important.

Questions for the students

N.B. To be asked open ended and in no particular order.

Warm ups Tell me generally where do you all come from? How old are you Why did you join this group?

How long have you been at Zhongshan University

1. I think this University is very beautiful. Tell me about where you are living now

- What type of accommodation you stay in?
- Dormitory: How many people in a room? What are the problems of living like this? What are the benefits?
- Off campus type of accommodation

2. In Chinese families who usually makes the decisions?

Tell me in your experience how easy is it for a woman to persuade a man to change his opinion on a subject?

Why might this be important?

3. Did your parents talk to you about sex? Was it your mother or your father? What did they tell you?

How do your parents demonstrate love for each other?

Have you ever seen your mother naked? Where/when

Have you ever seen your Father naked? Where/when

4. Please tell me where you got information about sex?

Probe

Parents?

Siblings

Friends

Did you receive any sex education at school?

- What form did it take
- Who took the class
- How effective was this

Others

- Newspapers, Magazines, Books, television, Internet

Have you received any sex education at this University?

- What form did it take

Which is the most useful?

Why was it good?

5. Has anyone here ever had a boyfriend

Who made the first move? What is the custom in China?

How easy is it to get a boyfriend at the university. Why?

- What are the rules in the university about boy friends and girl friends?
- What do you think about these rules? Advantages/disadvantages
- What happens in other universities?
- Where can you be alone together?
- What do you do when you are alone?
- What stops you going further? And more if group is willing to go this far.

Boyfriends in other provinces. How common is this?

- Which do you think is better to have a BF in Guangzhou or in your home town.
- Do you trust them whilst you are away.
- How often do you see them
- What do the rest of the groups think about this kind of relationship.

6. Tell me do you know of any students who have used sex workers

- Why do you think they did?
-

7. How do you know when a man is in love with you?

8. How can you show your love for a man?

9. What do think the boys generally want from a relationship?

10. Do you think women or boys more likely to want to have sex?

- Why

11. When is the right time to have sex with a man?

- Tell me were you able to ask your boyfriend about previous relationships
- Tell me were you able to ask your boyfriend about any previous sexual relationships
- If you have a boyfriend what will be important when you make a decision to have or not have sex?

Tell me how many partners do you think it is appropriate for one woman in her life time

And for you

12. Tell me if you were ever able to talk about sex with a boy or a man.

13. What are your feelings about sex before marriage?

14. What would you tell your friend is she told you she was having sex with her boyfriend?

How would you feel if your best friend told you she was having or had sex with a man?

**15. What is the Chinese word for a virgin.
What do you think about people who say they are virgins?**

**16. Tell me where you learnt about the human body.
Tell me which you think is the largest organ of sexual pleasure
Tell me which is the most important sex organ.
Tell me what you know about the sex organs.**

Probes

- Have you ever seen a man naked? What was the situation.
- Have you ever seen a mans penis? What was the situation.
- How did this make you feel?
- Pick up on the negative cases as well.
- How do you feel about your own body?
- What do you think about masturbation?
- Have any of you masturbated?
- Can you name parts of the female body in Chinese?

How does it make you feel to talk about these things?

17. Tell me what you know about HIV/AIDS

Probes

- How can you tell if someone is HIV positive
- How can you catch HIV? What about kissing, mosquito bites, oral sex, ear piercing, swimming pools
- How could you prevent transmission
- Please tell me your feelings towards people who are HIV positive
- How long can someone live who is HIV positive

18. What is safe sex?

- Please explain.
- What is the Chinese term for this.

**19. Please tell me what are the benefits of having sex
Please tell me the disadvantages of having sex**

**20. Tell me how you feel about condoms?
What do your boyfriends say about condoms**

Probes

- Where can you buy them
- Can you buy them in the University
- Have you ever bought one
- Have you ever held one
- Have you ever opened a condom packet
- Have you or your boyfriend ever used one
- Have you ever been taught how to use one?
- What are problems associated with condoms.
- What are the advantages of using condoms?
- Who should carry condoms?

21. If you go to a family planning clinic what do they do for you

- What types of family planning are available to you
- Tell the advantages of family planning/ disadvantages
- How would you feel about taking family planning now

- What do you think about girls who are taking family planning
- Do they have leaflets
- Have they given educational materials out.

22. Tell me who you would go to seek help or ask questions if you have a relationship problem

23. Please tell me the things you consider young women need to know about sex and relationships.

24. Please tell me how you felt discussing these matters.

25. How would your friends have felt who are not on the same

