Interpersonal relationships and HIV/AIDS stigma in China

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Abstract

This study explores the implications of interpersonal relationships to HIV/AIDS stigma in Chinese society. The data were collected by 67 open-ended individual interviews. The study shows that HIV/AIDS stigma goes beyond fears about the risk of infection. Two interrelated themes, the social categorisation and *bao*, constitute the underlying principles in the structure of discourse. On the one hand, people with HIV/AIDS are typically represented as a deviant outgroup. They are believed to be retributed by the Heaven. However, the differentiation between ingroup and outgroup is not just simply based on HIV/AIDS infection. Instead, the boundary between the two is penetrable and is mediated by blood ties. One the other hand, the double-entendre of *bao* is called to play with respect to ingroup and outgroup. When a close kinship is taken into account, the belief of divine retribution fades out, and the belief of worldly reciprocation foregrounds. People with HIV/AIDS in this case straddle the very fine line between outgroup and ingroup. They are considered to be outgroup in the sense that HIV/AIDS as a virus/disease (a third party) found in their body is contagious, and the physical boundary between "them" and "us" is therefore needed. Yet they are considered to be the part of ingroup, because either they are innocent, or they make use of the profit for righteousness. In both cases, they deserve to be reciprocally cared for by their family. The reciprocity hereby acts as an invisible binding force between the infected and the uninfected within a close kinship.

Keywords: Ingroup and Outgroup; HIV/AIDS stigma; *Bao*; Chinese Society

As a global phenomenon and a cosmopolitan disease, HIV/AIDS has posed multiple challenges and serious threats to human society in general. It can be regarded as an extension of the late modern "risk society" (Beck, 1992). HIV/AIDS is not only a virus/disease found in the body, but also accompanied by stigma which is interweaved with interpersonal relationships. Indeed, stigma, as Goffman (1963) suggests, is not merely a particular trait of an individual, but represents the relationships of individuals. HIV/AIDS-related stigma is derived from intergroup relationships, and disintegrates ordinary interpersonal relationships (Herek, 1998, 1999, 2002; Mann, 1987; Major & O'Brien, 2005; Brown, et al 2003). It is widely acknowledged that fighting against

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epidemic of HIV/AIDS has to go hand in hand with fighting against the epidemic of HIV/AIDS stigma.

1. HIV/AIDS related stigma as a socio-cultural phenomenon

Although HIV/AIDS stigma is effectively universal, it takes different indigenous forms from one culture to another (Herek, 2002). It is a social construction shaped in each society by multiple factors, including regional HIV epidemic, local ideology, and pre-existing prejudices within the culture (Alonzo & Reynolds, 1995; Herek, 1999). HIV/AIDS stigma is not a thing-in-itself in the vacuum, but it is structurally bound up with the context which it emerges and circulates. It is embedded in a culture, anchored in beliefs, and manifested in everyday practices.

Researches conducted in the USA and Africa demonstrate the social and cultural embeddedness of HIV/AIDS stigma. In the USA, HIV/AIDS is used as a vehicle for expressing hostility towards already stigmatized groups of Blacks and Haitians, gay community and injected drug users (Herek, 1998, 2002; Pryor et al, 1999). As such, HIV/AIDS stigma reflects deeply social-historical prejudices against some groups. Religious faith is associated with HIV/AIDS stigma in a dilemmatic manner. On the one hand, HIV/AIDS is interpreted an as God's punishment for such a sin as sexual liberty; on the other, following the dogma that Jesus commands us to love and to have compassion for those who are sick, the church plays a crucial role in challenging the hostility directed at those with HIV. In Africa, HIV/AIDS stigma is strongly tied to the local socio-cultural discourses and religious taboos on sex (Inciardi, Syvertsen, & Surratt, 2005; Kalichman & Simbayi, 2004), for instance, HIV/AIDS is blamed as the sin of homosexuals and bestiality; advocating the use of condoms is blamed for promoting illegal sex. In combating stigma, it is also essential to break the vicious cycle that links HIV/AIDS to poverty (Campbell, et al, 2005). The nature and intensity of HIV/AIDS stigma are thus shaped by the social construction of the epidemic in different communities/societies. The issue therefore needs to be explored in its socio-cultural context.

2. China's Response to HIV/AIDS and HIV/AIDS Stigma

China stands at the forefront of fighting against global HIV/AIDS epidemic. The country has a rapidly emerging HIV/AIDS epidemic with an estimate of 1.2 million people already infected (Lee et al., 2005). HIV/AIDS in Western societies is seen as a disease of homosexuals, heroin users, Haitians and haemophiliacs (Shapiro, 2002). There is a somewhat different view in China. In China, commercial sex industry has exploded over the last two decades, albeit illegally. It is estimated that there are 10 million commercial sex workers in China (Shafer, 2003). Most of the heterosexual transmissions have been reported from the high-risk group of commercial sex workers and their clients, and those with multiple sexual partners as well (Lu *et al*., 2002; Zhang *et al*., 1999). There are also increasing numbers of drug users who inject drugs and share needles. HIV infection among these drug users in some border areas as Yunnan and Xinjiang provinces is significantly higher; and many have multiple sexual partners (Zhang, *et al*., 1999). It is perhaps a unique Chinese phenomenon that HIV infection was acquired by paid blood donation. Some poor rural farmers in central China sold their blood and plasma to commercial blood processing companies to supplement their small income throughout the 1990s. Companies collected blood/plasma from underground blood collection centres, where many donors' red blood samples were mixed together, the plasma was extracted, and the pooled red blood cells were re-injected into the donors, allowing donors to sell plasma much more frequently. These blood processing companies operated illegally and made profits by selling blood products domestically and internationally. Over 60% of the population in one village in Henan Province was HIV infected through this mode (Kaufman & Jing, 2002; The UN Theme Group on HIV/AIDS in China (2002). The country's large number of injected drug users, sex workers, migrants, and "surplus men" means that "mega-dangers" still lie ahead (Cohen, 2004). China is confronting with a titanic peril (The UN Theme Group on HIV/AIDS in China, 2001) given its size of population and HIV infection at the logarithmic growth phase (World Health Organization, 2003).

To challenge the imminent risk, China has launched a series of programs for fighting against HIV/AIDS epidemic, as set by "Medium and Long-term Plan for HIV/AIDS Prevention and Control in China: 1998–2010" (State Council, 1998). The efforts involve biomedical research, epidemiological surveillance, the ban of illegal plasma collection, behavioral intervention with high-risk groups, "Four Frees and One

Care" policy, and HIV/AIDS knowledge education to raise public awareness, to list only a few. However, fighting against HIV/AIDS stigma is largely marginalized in current HIV/AIDS prevention programs. How much of the medium and long term goal has been achieved and how does stigma fit in with this?

HIV/AIDS stigma is widespread in China, as elsewhere. For instance, a family was burned in their home when it was learned that there was a person living with HIV in the family (Rosenthal, 2002). Yang et al. (2005) identified a number of legislative and policy gaps that allow discrimination against people living with HIV/AIDS (PLHA,) to occur in Chinese health sector. Li (undated) also reviews Chinese legal discrimination against PLHA. In addition, there are several studies published in peer-reviewed journals (Chen, et al, 2005; Lee, et al, 2005, Liu, et al 2002; Liu, et al, 2005; Reidpath, Brijnath, & Chan, 2005; Yang, et al, 2004), which explicitly focus on, or implicitly relate to, the topic of HIV/AIDS stigma in China. These researches make an undeniable contribution to the understanding of HIV/AIDS stigma in China. Also, the international symposium entitled "Fighting Stigma and Discrimination of HIV/AIDS in China: Media, Art and Social Policy" (June 13, 2005 Shanghai, China), signifies, in a policymaking sense, the breakthrough point of combating HIV/AIDS in China.

3. Objectives

There are a number of serious limitations among these limited researches as listed above. First of all, HIV/AIDS stigma is either individualized as a personally monological trait or inflated as intentional/unintentional forms of institutional discrimination against PLHA. In fact, stigma in general and HIV/AIDS stigma in particular, is essentially a complicated psychosocial problem (Crocker, Major & Steele, 1998; Herek, 1998, 1999; Link & Phelan, 2001; Major & O'Brien, 2005). As such, the social and cultural embeddedness of HIV/AIDS stigma, and its interweaving with interpersonal relationships in Chinese society cannot be disregarded. Secondly, the researches demonstrate the presence of HIV/AIDS stigma in China (for instance, Liu, et al., 2005), but such essential issues as the indigenous forms and socio-cultural determinants of the phenomenon in China remain untouched. Thirdly, some researches (for instance, Lee et al., 2005) decontextualize HIV/AIDS stigma by simply transposing measures developed in the USA into a Chinese context. But it is particularly problematic because Chinese culture differs in substantial ways from American culture.

It is not to dispute that exogenously theoretical and methodological frameworks provide valuable paradigms for studying HIV/AIDS stigma. However, it would not be possible to develop and implement socially and culturally effective HIV/AIDS prevention and control without sufficient research and adequate understanding on HIV/AIDS stigma and its interweaving with interpersonal relationships in the context of Chinese society. A significant feature of Chinese culture is its emphasis on a harmonious society and the appropriate arrangement of interpersonal relationships (Abbott, 1970). The harmony of society in traditional China is based on hierarchical and unequal relations in which each individual occupies a place; the predominance of the family over the individual and the continuity of patrilineal descent occupied a central position in Chinese culture. For many centuries, the blood relations of the patriarchal clan system were the social and economic foundations of Chinese culture (Tang & Zou, 1996). As a consequence, Chinese culture emphasizes the collective quality of the family member's life and behavior. The family dominates most people's economic and social life. The collective interests of the family as a whole are deemed much more important than those of its individual members. Moreover, traditional Chinese ideology holds that all things in the universe are inseparably interrelated and mutually interacting. There is a transcendence dimension in Confucianism that unites the self, family, society, nature and the supernatural (Tu, 1990). This "anthropocosmic" vision extends the interrelatedness of the self not only to familial and social relationships but also to the natural and the supernatural. As such, research on the indigenous forms, content, and determinants of HIV/AIDS stigma in China is thus desperately needed.

In response to such a need, the aim of this study is to explore the implications of interpersonal relationships to HIV/AIDS stigma in the context of Chinese society. This aim is subdivided, analytically, into the following three research questions: 1) Why is HIV/AIDS stigmatized in China? 2) How do interpersonal relationships interlink with HIV/AIDS stigma in China? 3) How is HIV/AIDS stigma intricately linked with Chinese cultural values? This study targets at exploring these issues.

Method

This study made use of semi-structured in-depth individual interviews in collecting the data. Each session of the interviews lasted between 90 and 120 minutes. All the interviews were digitally recorded and transcribed verbatim for analysis.

1. Site Selection and Participants

A total of 67 participants from four research sites were chosen for the interviews. All the participants were self recognized as HIV free individuals. The four sites were Beijing, Henan Province, Yunnan Province, and Guangdong Province. The selection of the sites were based on following considerations: the rate of HIV/AIDS infection through man-to-man sex was relatively high in Beijing; the rate of infection through selling blood and plasma to commercial blood processing companies was high in Henan Province; the rate of infection through injecting drug use was high in Yunnan Province; and the rate of HIV/AIDS infection through commercial sex relatively high in Guangdong Province (State Council AIDS Working Committee Office & UN Theme Group on HIV/AIDS in China, 2004).

Amongst 67 participants, 14 are from Beijing (BJ), 14 from Henan (HN), 24 from Yunnan (YN) and 15 from Guangdong (GD); 34 are male (M)and 33 are female (F); 49 reside in urban areas (including 11 rural-urban migrants), and 18 live in rural areas; their ages range from 20 to 65 years old. Their occupations range from school teacher, farmer, health professional, journalist, business person, factory worker, and government officer.

2. Data Collection

The participants were informed that the aim of the study was to examine their views on HIV/AIDS and PLHA. They were assured about the confidentiality of their responses. The interview guideline involves the following questions: (a) The first 5 ideas, which come into your mind when thinking about HIV/AIDS; (b) Beliefs about HIV/AIDS origin; (c) Beliefs about HIV transmission; (d) Attitudes and feelings towards PLHA who are infected through ex-marital sex, homosexuality, drug injections, blood and plasma sales, and iatrogenicity; (e) Causal attribution, and responsibility judgement, about PLHA's infections; (f) Feelings and intentions of interacting with PLHA in workplace, community and family; (g) Attitude towards HIV mandatory testing and quarantine.

3. Data Analysis

A qualitative content analysis was applied to the verbatim transcripts of the recordings of all the interviews. The computer software package NVivo 7 was used to assist in this analysis. The data analysis was a complicated process of sense-making, which involved both detecting the actual content of what the participants say and drawing upon the underlying device that the participants used for framing their discourse. On the one hand, the analysis focused on the common content themes and the complicated linkage amongst these themes grounded in the data. The themes and linkages were summed up inductively from the data. They were continually created and revised throughout the coding process. On the other hand, the analysis looked into the participants' ways of thinking and justifications. This involved the analytic process of revealing the historically embedded and culturally shared presuppositions which are taken-for-granted by the participants and thus underpinned their discourse. By doing so, the analysis will capture the underlying device which shapes and structures the participants' ideas and arguments.

Results

1. PLHA as a danger to other people

Fear of HIV/AIDS is the most salient theme revealed from the data. HIV/AIDS was regarded as a lethal disease, and PLHA were regarded as a dangerous group. When asking the question "could you please list the first 5 ideas which come into your mind when thinking about HIV/AIDS" at the very beginning of each session of the interviews, most interviewees simply replied "scared", "dangerous", "contagious", "fear of infection", and "death". Indeed, HIV/AIDS is represented as a communicable, untreatable and lethal virus/disease. PLHA were represented as a major source of spreading HIV/AIDS; HIV transmission is believed to occur during casual contact, even indirect contact, with PLHA.

> *When an individual is infected with HIV/AIDS, nobody dares to contact with him. Even nobody dares to eat the vegetable he planted, to live the apartment he once lived*. (HN-F-11)

This fear of contracting HIV undoubtedly manifests the panic over PLHA. The panic over PLHA is not only evident in such instrumental HIV/AIDS stigma (Crandall & Glor, 1997; Herek & Capitanio, 1998; Herek, 1999, 2002), but also discernible in the negative stereotypes of PLHA. It is believed that PLHA are a danger group. They can transmit HIV to others, not only because their minor cuts or nosebleeds are the source of contamination but also they may deliberately spread HIV/AIDS to the healthy people as the cause of their angry retaliation.

> *Some AIDS patients are mentally abnormal. They despair with life because of the infection, so they want us to be infected. It will do harm to us and to society*. (BJ-M-8)

Indeed, this kind of panic over PLHA is not groundless and baseless. When we interviewed HIV infected patients in another project concerning felt discrimination, some interviewees stated that "it is not unusual that we are unfairly treated by others in many aspects as we are now minority, perhaps the best way to eliminate the discrimination against us is that we become majority in the near future". Obviously, the fear of infection is an important contributor to HIV/AIDS stigma.

2. HIV/AIDS as Endemic Disease

Stigmatizing PLHA from the perspective of healthy people goes beyond the fears about risk of infection. Analysis of the data reveals that such stigmatization is rooted in the symbolic meanings attached to HIV/AIDS.

In terms of its origin, HIV is represented as the virus which is produced from the animal body. The living environment, life styles, and sex behaviors in particular for the animals (orangutan or apes, etc), which is different from but very close to the human being, are conceived to be different from the human being. These conditions are believed to result in AIDS for the animals. The interviewees hold that a lot of bacteria exists in the animal bodies due to their unhealthy ways of life, and that those bacteria evolve into AIDS through excessive and promiscuous sex behaviors.

> *Bacteria is everywhere in the remote mountains and forests. The wild animals including the orangutans and monkeys may copulate. They normally have more than one sex partner. They run everywhere in the mountains, and they copulate everywhere in the mountains. As a result,*

bacteria infection is easily produced, evolving into AIDS eventually. That is my understanding. (GD-F-2)

The initial promiscuity, multiple sexual intercourse, and unclean sex intercourse of these lower animals, i.e., the primates which are very close to human beings, have made the highly pathogenic HIV virus hidden in their bodies. (GD-M-5)

It is believed that the living environment and the way of sex behaviors for the animals are very "dirty". Thus "dirty" has become the cause for producing AIDS. We human beings are more advanced than animals, and have already abandoned these "dirty" ways of life. In this sense, "dirty" is an essential criterion for differentiating between animal and mankind in terms of HIV origin.

Regarding human's infections of HIV/AIDS, it is commonly viewed that the bad climate, poor sanitary conditions, and frequent contact with animals in "backward" African regions can easily cause the breeding of the virus in human body. On the other hand, it is believed that the indulgence of sex behavior, promiscuity, and drug injection in "open" Western countries, particularly in America can easily spread HIV/AIDS. Meanwhile, it is believed that only foreign countries have the conditions of producing HIV/AIDS, China is not the country of producing HIV/AIDS, and HIV/AIDS in China was "imported" from foreign countries. This is vividly illustrated in the following extracts:

Medical facilities in Africa are very simple, some diseases cannot be checked up. The population is large there, and the environment is bad. People there get more chance to come into frequent contact with animals, as Africa belongs to grasslands, and deserts, after all. The channel of infecting HIV/AIDS from animals are stronger, better, and more than us. (HN-M-2)

Comparatively speaking, foreigners are more open than our Chinese people. It is very common that one foreigner have many sex partners. It is a chaotic relationship. In this way, the probability to get infected with AIDS is very big. (GD-M-3)

Homosexual people are easily infected with AIDS. I have learned from magazine that there are a lot of homosexual people in the United States. There are few gays in our place. (HN-F-3)

The unspoken words behind these statements are that the entire mankind is considered as ingroup, while animals as outgroup in terms the origin of HIV/AIDS; and

that foreign people are regarded as outgroup, while Chinese as ingroup in terms of the global HIV/AIDS epidemic. These outgroups are viewed to be responsible for, and deserving HIV/AIDS (Joffe, 1999). This representation is also linked with the Chinese concept of *bao* as discussed below.

3. "They" are deviants but "We" are normal

Ascribing HIV/AIDS to the endemic disease does not entail an exemption of Chinese people from HIV/AIDS infection. However, interviewees attributed HIV/AIDS epidemic to the influence by the bourgeoisie way of life. They compared the present time with the Mao's age. The Mao's age was considered to be purer and cleaner, without prostitutes, improper sex behaviors and drug injections, and therefore there was no HIV/AIDS. They thought that a lot of ugly things have come into China with the Western ideological influence after the reform and opening up to the outside world.

On the other hand, faced with a rapidly emerging HIV/AIDS epidemic in China, the distinction between ingroup and outgroup is also activated to differentiate between the uninfected and the infected in Chinese society. The uninfected are labelled as "us", and are categorized as members of nondeviant ingroup; while PLHA are labelled as "them", and are categorized as members of a deviant outgroup. The interviewees viewed AIDS as a dirty disease, and the infection of AIDS is considered as a very disgraceful matter. Only aberrant individuals were thought to have the chance to "acquire" HIV/AIDS (Devine, Plant & Harrison, 1999). This implies a deep distrust of PLHA.

On our interviews, the most frequently mentioned channel of infection was ex-marital sex. The interviewees, either implicitly or explicitly, associated HIV/AIDS with promiscuous sex.

AIDS is aliased as promiscuous sex life. (BJ-F-7)

This representation is partly rooted in the traditional Chinese belief and practice of sex, in which, sex was mainly for the purpose of procreation and it was acceptable only between married couples. Sex for fun was considered as improper and sinful, which deserved to be punished by HIV/AIDS. Interestingly, even the interviewees from one of our research site, Shangshui County, Henan Province (where HIV/AIDS was

transmitted mainly through selling blood and plasma to commercial blood processing companies), still believed that HIV/AIDS infection is the outcome of excessive indulgence in immoral sex.

In traditional Chinese belief, *yin* and *yang* are considered as the two forces that regulate the universe. Everything in the world carries *yang* and embraces *yin* and achieves harmony by balancing these two forces (Liu, 2007). In terms of sexual relations, *yin* represents feminine, while *yang* stands for masculine. Therefore, only a balanced sex behavior between man and woman accords with the natural law…., while homosexuality violates the cosmology of yin/*yang*, which cannot reach balance. In the interviews, homosexuality was regarded as indecent and ugly phenomena, and was thus abnormal, sick and unacceptable. The HIV/AIDS infections are considered to be against the natural law when it is acquired through man-to-man sexual intercourse.

> *A man infected with AIDS due to homosexual behavior violates the natural law. He has only himself to blame. The natural law is what we Chinese said about yin and yang. The yin and yang should be well balanced. How does he have two yangs?* (BJ-M-3)

Drug taking is illegal in China. In the stereotypes of our interviewees, drug addicts are the people who indulge their desire, and they are selfish, indifferent, and violent; they lose the sense of responsibility to the family members and the society; they love ease and hate work, and hanker after pleasure, rushing about for drugs all days along. Once they are infected with HIV, they become self-abased, depressed, and shameless, and they lose the pursuit for ideal and cause, and lose past friends, which often lead to a consequence of a broken family. They are often linked with robbery, theft and prostitution.

> *Generally speaking, those drug addicts infected with AIDS must be the scum of society. They will do harm to the society. They must have been going whoring and gambling. If I were his boss, I will fire him; and if I were his colleague, I will definitely break up with him*. (YN-M-6)

Hardworking and thriftiness have been praised as the traditional Chinese virtue; while "laziness", and "indulging in creature comforts" have been blamed. The HIV/AIDS infections due to blood selling are peculiar to China, and many of these people are infected due to poverty. However, some interviewees often related these

infected persons with some moral problems, i.e., reluctant to enduring hardships and laziness, which lead to AIDS.

> *Blood sellers want to get something for nothing, because they are actually lazy and getting something for nothing*. (GD-M-5)

At the core of stigmatizing PLHA is the distinction between ingroup and outgroup. A critical criterion for such categorisation is the Confucian notion of "righteousness" verse "benefit". The ingroup is honourable as "we" put righteousness before profit, and make use of profit for righteousness. Whereas the outgroup is blameable because "they" put profit before righteousness, and in particular, sex workers and blood sellers makes use of their own bodies for profit. Another criterion for the categorisation is abstinence verse fleshliness. The ingroup is respectable as "we" are self-restraint. Whereas the outgroup is disrespectable because "they" indulge in carnal pleasure without restraint, and involve such deviant activities as ex-marital sex, man-to-man sex and injecting drug use.

4. HIV/AIDS Infection and Bao

Bao, like Buddhist's concept of karma, is referred to as a "law of causation" whereby every effect has its cause and corresponds with that cause (Schumman, 1973). As a pervasive and deep-running Chinese indigenous belief, *Bao* has a double meaning, namely retribution and reciprocity (Yang, 1957). This Chinese concept of *bao* has served as a basis of for intergroup relations in Chinese society. By analysing Chinese classic fictions, Kao (1989) notes, *bao* not only serves as a principle for punishment and reward, demotion and promotion, but is also a code for the social, political, ethical and familial conduct and interaction.

On the interviewees' discourse, the double-entendre of *bao* is called into play with respect to ingroup and outgroup. Indeed, as discussed above, PLHA are typically represented as a deviant outgroup. They are believed to be retributed by the Heaven because they indulge in carnal pleasure without restraint and put profit before righteousness, for instance, promiscuity is for fleshliness; sex worker and blood sellers makes use their own bodies for easy money. They are considered to be dangerous,

untrustworthy, and thus need to be in quarantine because they likely diffuse deliberately the virus into others in revenge for their infection. This notion is similar as "just world hypothesis" (DePalma, et al, 1999 ; Lerner, 1980 ; Ross & Miller, 2002) as popularised in the Western society, in which, in individual infected with AIDS is regarded as punished by God due to his/her deficiency morally or evildoing, and it is comeuppance.

However, in Chinese culture, the kismet view is that an individual's evildoing cannot only be retributive to his/her own life, but also to his/her family. The sense of rootedness is at the very heart of the Chinese notion of "being" (Liu, 2008). In a temporal sense, rootedness is expressed in the notion of ancestral rootedness. In contrast with isolated individuals in Western societies exalted by the Industrial Revolution and its accompanying value of individualism (Marková *et al*, 1998; Seligman, 1997), an individual in Chinese society is regarded as converging point in a chain of lives, with ancestors at the one end, and descendants at the other. If an individual is infected with HIV/AIDS, no son is born, and root is thus broken. As a result, the family line cannot be continued. This is the biggest impiety, unfilial to parents and ancestors. In other words, if an individual is infected with the HIV/AIDS, people not only view this as the retribution to himself/herself, but possibly as the retribution to his/her family.

This is illustrated in interviewees' views on HIV/AIDS infected by homosexuality. The interviewees considered the AIDS patients infected through homosexuality with least sympathy and acceptance, and the biggest defiance and condemnation. In the situation that the AIDS infection results from homosexuality, it is believed that even the most important relationship between parents and children will be destroyed because it is hopeless for a homosexual individual to get family line continued.

> *A young man is used for carrying on his family line. It is absolutely hopeless if he is a gay. He will possibly be very despair*. (BJ-F-9)

On the other hand, when a close kinship is taken into account, the belief of divine retribution fades out, and the belief of worldly reciprocation foregrounds. Parent-child relations, the clearly defined categories of blood ties, are a major aspect of family harmony in Chinese culture. People with HIV/AIDS in this case straddle the very fine line between outgroup and ingroup. They are considered to be outgroup in the sense that

HIV/AIDS as a virus/disease (a third party) found in their body is contagious, and physical boundary between "them" and "us" is needed. Meanwhile, they are considered to be the part of ingroup, because either they are innocent (for instance, iatrogenicity), or they make use of profit for righteousness (for instance, blood sellers have to sacrifice their own health for reciprocating the family due to poverty). In both cases, they deserve to be reciprocally cared for by their family.

> *If a daughter is infected, her parents will still treats her well. After all, she is your daughter. It is said that an AIDS patient will die in 2 or 3 years. Parents sometimes will think that it will be better for themselves to get infected with the diseases, rather than children. They want to take the responsibility for this disease, to get rid of psychological barrier of their daughter, and to let her live in a more relaxed way. (HN-F-3)*

> *That is say, even if my family member like my mother is infected with the disease, I'm pretty sure that I will not go away from her. I prefer that I'm infected by her. I'm his son. I prefer to die. I will never leave home. However, if the patient is not my family member, or not an important person in my heart, I will definitely be far away from him. I need to protect myself first. (GD-M-11)*

> *If my children are infected, I will never break off the relationship. I mean that the link of family sentiment will not be cut off. Although he makes a mistake, I need to take care of him for whatever reasons. (An old lady from Guangzhou City)*

In China, family members are linked together through blood relationship. The parents and children are part of "me", and this is a relationship of bones and flesh. As this link is naturally born, it will not be broken no matter what happens. The reciprocity hereby acts as an invisible binding force between the infected and the uninfected within a close kinship.

Summary of findings

On the basis of the semi-structured, in-depth individual interviews with 67 uninfected informants, this study explores the implications of interpersonal relationships to HIV/AIDS stigma in the context of Chinese society. Our data analysis shows that HIV/AIDS stigma goes beyond fears about the risk of infection. Two interrelated themes, the social categorisation and *bao*, constitute the underlying principles in the structure of discourse. On the one hand, the differentiation between ingroup and

outgroup is not just simply based on HIV/AIDS infection. Instead, the boundary between the two is penetrable and is mediated by blood ties. One the other hand, the double-entendre of *bao* is called into play with respect to ingroup and outgroup. People with HIV/AIDS are typically represented as a deviant outgroup. They are believed to be retributed by the Heaven because they indulge in carnal pleasure without restraint and they put profit before righteousness They are considered to be dangerous, untrustworthy, and thus need to be in quarantine because they are likely to diffuse deliberately the virus into others in revenge for their own infection.

However, when a close kinship is taken into account, the belief of divine retribution fades out, and the belief of worldly reciprocation foregrounds. People with HIV/AIDS in this case straddle the very fine line between outgroup and ingroup. They are considered to be outgroup in the sense that HIV/AIDS as a virus/disease (a third party) found in their body is contagious, and the physical boundary between "them" and "us" is therefore needed. Yet they are considered to be the part of ingroup, because either they are innocent, or they make use of the profit for righteousness. In both cases, they deserve to be reciprocally cared for by their family. The reciprocity hereby acts as an invisible binding force between the infected and the uninfected within a close kinship.

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