RESEARCH DOSSIER:
HIV PREVENTION FOR GIRLS AND YOUNG WOMEN
CHINA

This Research Dossier supports the Report Card on HIV Prevention for Girls and Young Women in China produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an ‘at a glance’ summary of the current status of HIV prevention strategies and services for girls and young women in China. It focuses on five cross-cutting prevention components:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy and programmatic recommendations to improve and increase action on this issue in China.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in China. This involved:

- Two focus group discussions with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.
- Six one-to-one interviews with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.
- Additional fact-finding to address gaps in the desk research.
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<td>CEDAW</td>
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<td>CIA</td>
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<td>IDU</td>
<td>Injecting drug user</td>
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<td>IEC</td>
<td>Information, communication and education</td>
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<td>MTCT</td>
<td>Mother-to-Child Transmission</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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PART 1:
DESK RESEARCH
COUNTRY PROFILE

- Languages: Standard Chinese or Mandarin (Putonghua, based on the Beijing dialect), Yue (Cantonese), Wu (Shanghaiese), Minbei (Fuzhou), Minnan (Hokkien-Taiwanese), Xiang, Gan, Hakka dialects, minority languages (see Ethnic group entry) (CIA (2006) The World Factbook – China, http://www.odci.gov/cia/publications/factbook/geos/ch.html, (Date accessed 13/06/06))
PREVENTION COMPONENT 1: LEGAL PROVISION
(national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

   • “Upon receipt of an application to register a marriage, the civil affairs office will ascertain that both parties are of minimum marriage age (generally 22 for men and 20 for women, although a higher minimum may be established by the local civil affairs office) and that both parties are single and otherwise free to marry.”

   (Embassy of the United States – Beijing, China, Living and Traveling in China – Getting Married, http://beijing.usembassy.gov/marriage_in_china.html (Date accessed 13/06/06))

   • “The Marriage Law of 1980 (the “Marriage Law”) requires family planning to be practiced. The law also promotes late marriage and late childbirth and sets the minimum age of marriage at 22 years of age for men and 20 years for women”.

   (Center for Reproductive Health Rights - China, http://www.crlp.org/pub_bo_wowlaw_china.html (Date accessed 13/06/06))

2. What is the minimum legal age for having an HIV test without parental and partner consent?

   • “Article 11. A citizen aged 18 or over shall be an adult. He shall have full capacity for civil conduct, may independently engage in civil activities and shall be called a person with full capacity for civil conduct.

   A citizen who has reached the age of 16 but not the age of 18 and whose main source of income is his own labor shall be regarded as a person with full capacity for civil conduct.

   Article 12. A minor aged 10 or over shall be a person with limited capacity for civil conduct and may engage in civil activities appropriate to his age and intellect; in other civil activities, he shall be represented by his agent ad litem or participate with the consent of his agent ad litem. A minor under the age of 10 shall be a person having no capacity for civil conduct and shall be represented in civil activities by his agent ad litem.”

   (General Principles of the Civil Law of the People's Republic of China, Adopted at the Fourth Session of the Sixth National People's Congress, and promulgated by Order No. 37 of the president of the People’s Republic of China on April 12, 1986, and effective as of January 1, 1987)

   • “Article 2. Minors as used in this Law refer to citizens under the age of eighteen”. Article 8. The parents or other guardians of minors shall fulfil their responsibility of guardianship and their obligations according to law to bring up the minors.”

   (Law on the Protection of Minors, Adopted at the 21st Meeting of the Standing Committee of the Seventh National People's Congress on September 4, 1991, promulgated by Order No.50 of the President of the People's Republic of China on September 4, 1991 and effective as of January 1, 1992 )

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

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4. What is the minimum legal age for accessing abortions without parental and partner consent?

- “After being pressured by certain women's groups, induced abortion was legalized in China in 1957 by a directive from the Ministry of Health over strong opposition from the medical profession. Since the legalization of abortion, it has been the official policy of the Chinese government that induced abortion is only to be used in the event of contraceptive failure.”

(\textit{Strahan, Thomas (1999) Induced Abortions Among Chinese Women: I. Sociological Aspects, from lifeissues.net website, \url{http://www.lifeissues.net/writers/air/air_vol14no1_20001.html} Date accessed 13/06/06})

- “ABORTION

The 1994 Maternal Health Care Law, concerned with "improv[ing] the quality of births,"\textsuperscript{107} specifies the conditions under which an abortion may be necessary. After prenatal diagnostic tests, doctors "should give a medical opinion on terminating pregnancy" under any one of the following conditions: where the fetus has a serious hereditary disease; where the fetus has a "serious deformity"; or where the pregnancy endangers a woman's life.\textsuperscript{108} The 1994 Maternal Health Care Law provides reductions and waivers of charges for abortions and premarital medical check-ups for low-income women.\textsuperscript{109} To proceed with a pregnancy termination, a woman's consent is required.\textsuperscript{110} If the woman is unable to consent, such consent must be obtained from her guardians.”

“Despite the promulgation of the 1994 Maternal Health Care Law, provincial regulations continue to set forth the grounds for mandatory abortions. Hence, additional grounds for abortions include "unauthorized" pregnancies, failure to obtain a birth certificate, or improper timing for birth of a second child. Moreover, local ordinances reflect Communist Party directives for obtaining abortions. For example, Shaanxi's family planning regulation requires abortion if a woman is either younger than the legal marriage age or if she is unmarried.\textsuperscript{116}

(Center for Reproductive Health Rights - China, \url{http://www.crlp.org/pub_bo_wowlaw_china.html} (Date accessed 13/06/06))

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

“To gain a better understanding of the numbers and profile of people infected, as well as to identify those in need of treatment, the government of China launched a national program to actively seek out certain groups believed to be at high risk for HIV infection. They considered that voluntary counseling and testing (VCT), a passive approach, had failed to inform many of those who were infected, despite the fact that testing was free. Under the new policy, community health workers invite members of targeted high-risk groups to come
for testing through outreach. In institutional settings (such as prisons), HIV testing is conducted as part of a routine health check-up. In communities or institutions, refusal is permissible. Testing is accompanied by a social marketing campaign instead of individual counseling. The campaign promotes HIV awareness and addresses misconceptions through various mechanisms, including slogans on posters and banners, newspaper and television commercials, public announcements by celebrities, and community events…The Chinese approach has been criticized by the international community and was debated at length at the Third Conference on HIV/AIDS International Cooperation Projects in China, held on 3 to 4 September 2005 (16). At that meeting, a representative of the United Nations presented a summary of discussions on surveillance, HIV testing, and VCT programs in China and voiced concerns about the new testing policy. The principal issue of contention was whether active testing of risk groups violates human rights, because it may not always be entirely voluntary and may involve little counseling. The position of the Joint U.N. Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) on HIV testing is that it should be accompanied by informed consent and counseling to promote prevention practices (17). The new testing policy theoretically follows the model of voluntary testing, but there is often significant social pressure not to refuse. Pressure comes from local authorities and health workers in the form of the public announcements mentioned above, which strongly encourage HIV testing, and also from other community members who have already undergone testing. For those receiving a routine annual health check-up, such as government workers and detention center inmates, informed consent for the entire health exam is taken, but not specifically for the HIV test and, therefore, no standard HIV pretest counseling is given. Post-test counseling is preferentially provided to those testing positive and includes information about disease progression, treatment, and preventing transmission to partners…Following these provincial models, the MOH announced plans to implement active testing of all former plasma donors in the country from October 2004 to June 2005. Nationwide testing other high-risk groups using the strategy implemented in Yunnan continues among sex workers, intravenous drug users, men who have sex with men, and STD clinic patients. In coordination with the Ministry for Justice, inmates in detention centers and detoxification centers are also being tested.”


“From a Human Rights Watch report on PLWHIV, “Chinese national law and local regulations permit mandatory testing of many categories of people, in contradiction of international standards prohibiting non-consensual medical procedures. Employees at hospitals also admit they routinely test for HIV without the consent of those tested. NGO workers and others report that state facilities sometimes inform employers and family members of a person’s HIV status, increasing the person’s vulnerability to discrimination, and making many others less likely to test for HIV voluntarily.”

(Human Rights Watch (2003) Locked Doors: The Human Rights of People Living with HIV/AIDS, Vol. 15, No. 7(c) http://www.hrw.org/reports/2003/china0803/china0903short.pdf#search=’mandatory%20HIV%20testing%20in%20china’ (Date accessed 13/06/06))

6. Is there any legislation that specifically addresses gender-based violence?

- “Domestic Violence Punished – “The revised marriage law stipulates clearly that domestic violence and maltreatment of family members are banned. The victim has the right to ask for mediation, and administrative and criminal liability claims will be pressed in accordance with different levels of domestic violence. Women and children will now get more legal support to protect their rights within the family unit.”

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

- “CHINA. “Decree No. 17 of 6 December 1991 of the Ministry of Public Health promulgating measures for the implementation of the Law of the People’s Republic of China on the prevention and treatment of communicable diseases. (International Digest of Health Legislation, Vol. 43, No. 2, 1992, pp. 275-6.) Chapter III. Sec. 43 lays down that medical staff may not divulge the name, address, and case history of persons suffering from specified diseases (including persons suffering from AIDS or who are infected by HIV) nor the names and addresses of members of their family, without the prior agreement of the administrative services responsible for health attached to governments at the district or higher level.”
- From a newspaper article titled, China Issues First Comprehensive HIV/AIDS Prevention, “China’s State Council -- the country’s cabinet -- on Sunday released its first comprehensive regulations on HIV/AIDS prevention and treatment, which require local governments to provide confidential HIV testing and antiretroviral drugs to residents, AFP/Yahoo! News reports (AFP/Yahoo! News, 2/12). The regulations, which the council approved on Jan. 18 and will go into effect on March 1, also outlaw discrimination against HIV-positive people and guarantee such people the right to health care, employment, marriage and education, Xinhuanet reports (Xinhuanet, 2/12). The policy, titled “Statute on AIDS Prevention,” consists of 64 regulations (South China Morning Post, 2/13).”
- From an article titled, “HIV Testing in China”, “A major barrier to agreeing to have VCT is the fear of stigma and discrimination. The Chinese government has commissioned several campaigns to reduce stigma and discrimination and has introduced new laws to protect the rights and confidentiality of the HIV-infected in an effort to ease their concerns and to increase VCT. In particular, Article 3 of the new Regulations on AIDS Prevention and Control (1 March 2006), pledges to

"protect the legal rights of people living with HIV/AIDS and their relatives. This includes the rights to marriage, employment, medical treatment and education. Any institution or individual shall not discriminate against people living with HIV/AIDS and their relatives (21)."


8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

- “Some lawmakers suggested that clause on eliminating discrimination against people with AIDS should be written into the law, because social bias against them has become serious.”

- “China’s State Council -- the country’s cabinet -- on Sunday released its first comprehensive regulations on HIV/AIDS prevention and treatment, which require local governments to provide confidential HIV testing and antiretroviral drugs to residents, AFP/Yahoo! News reports (AFP/Yahoo! News, 2/12). The regulations, which the council approved on Jan. 18 and will go into effect on March 1, also outlaw discrimination against HIV-positive people and guarantee such people the right to health care, employment, marriage and education, Xinhuanet reports (Xinhuanet, 2/12). The policy, titled “Statute on AIDS Prevention,” consists of 64 regulations (South China Morning Post, 2/13).”

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9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

“From a report, Cultural Programming: Reproductive Health Challenges and Strategies in East and South-East Asia, “In China, prostitution is seen as immoral, a symbol of corruption, and one of the so-called ‘six evils’, labelled as a crime against the state. It is therefore an illegal and un-regulated business. However, despite the presence of public security officers in urban China, brothels thrive and are a profitable business in the emerging market economy. Due to its illegality however, there is no established system for providing sex workers with the necessary information and services to protect themselves and their clients from increasingly prevalent STDs and HIV/AIDS.”


STANDING COMMITTEE OF THE NATIONAL PEOPLE'S CONGRESS DECISION OF THE STANDING COMMITTEE OF THE NATIONAL PEOPLE'S CONGRESS ON THE STRICT PROHIBITION AGAINST PROSTITUTION AND WHORING

(Adopted at the 21st Meeting of the Standing Committee of the Seventh National People’s Congress on September 4, 1991)

With a view to strictly prohibiting prostitution and whoring and severely punishing criminals who organize, force, lure, shelter or procure any other person or persons to engage in prostitution, so as to maintain the public security order and good social morale, the relevant provisions of the Criminal Law are supplemented or amended as follows:

1. Whoever organizes any other persons or persons to engage in prostitution shall be sentenced to fixed-term imprisonment of not less than ten years or life imprisonment, and shall concurrently be punished with a fine of not more than 10,000 yuan or confiscation of property; and if the circumstances are especially serious, the offender shall be sentenced to death, with the concurrent punishment of confiscation of property.

2. Whoever forces any other person or persons to engage in prostitution shall be sentenced to fixed-term imprisonment of not less than five years and not more than ten years, and shall concurrently be punished with a fine of not more than 10,000 yuan or confiscation of property.
yuan; under any of the following circumstances, the offender shall be sentenced to fixed-term imprisonment of not less than ten years or life imprisonment with the concurrent punishment of a fine of not more than 10,000 yuan or confiscation of property; and if the circumstances thus involved are especially serious, the offender shall be sentenced to death, and shall concurrently be punished with confiscation of property:

(1) forcing a girl under the age of fourteen to engage in prostitution;

(2) forcing many persons to engage in prostitution or forcing any other person to engage in prostitution for many times;

(3) forcing the victim to engage in prostitution after raping her;

(4) causing serious bodily injury, death or other severe consequences on the part of the person being forced to engage in prostitution.

3. Whoever lures, shelters or procures any other person or persons to engage in prostitution shall be sentenced to fixed-term imprisonment of not more than five years or criminal detention, and shall concurrently be punished with a fine of not more than 5,000 yuan; if the circumstances are serious, the offender shall be sentenced to fixed-term imprisonment of not less than five years, and shall concurrently be punished with a fine of not more than 10,000 yuan; and if the circumstances are relatively minor, the offender shall be punished in accordance with the provisions in Article 30 of the Regulations on Administrative Penalties for Public Security.

Whoever lures a girl under the age of fourteen to engage in prostitution shall be punished in accordance with the provisions on forcing girls under the age of fourteen to engage in prostitution prescribed in Article 2 of this Decision.

4. Whoever engages in prostitution or whoring shall be punished in accordance with the provisions in Article 30 of the Regulations on Administrative Penalties for Public Security.

With respect to persons who engage in prostitution or whoring, the public security organs in conjunction with departments concerned may, at a designated place, carry out compulsive education in law and morality and force them to participate in productive labor, in order to rid them of the pernicious habits. The term thereof shall range from six months to two years. The specific measures shall be formulated by the State Council.

Persons who, after being dealt with by the public security organs, engage in prostitution or whoring again, shall be given re-education through labor and punished by the public security organs with a fine of not more than 5,000 yuan. All persons who engage in prostitution or whoring shall be forced to go through venereal disease inspection. Persons suffering from venereal diseases shall be given compulsory medical treatment.

5. Whoever suffering from serious venereal diseases such as syphilis and gonorrhea knowingly engages in prostitution or whoring shall be sentenced to fixed-term imprisonment of not more than five years, criminal detention or public surveillance, and shall concurrently be punished with a fine of not more than 5,000 yuan.

Whoever whores with a girl under the age of fourteen shall be punished in accordance with the provisions on the crime of rape as prescribed in the Criminal Law.

6. Any personnel of a unit in the trade of hotel, catering or entertainment, or in taxi service, who, by taking advantage of his or her work unit, organizes, forces, lures, shelters or procures any other person or persons to engage in prostitution, shall be punished in accordance with the provisions in Article 1, or Article 2 or Article 3 of this Decision.

If any leading personnel of the units listed above commits any act specified in the preceding paragraph, he or she shall be given a heavier punishment.
7. Where any unit in the trade of hotel, catering or entertainment, or in taxi service takes a laissez-faire attitude as to activities of prostitution or whoring taking place in the unit per se and fails to take any measure to stop them, the public security organ shall impose on the unit a fine of not less than 10,000 yuan but not more than 100,000 yuan, and may also order the unit to make consolidation within a definite period or to suspend business for purposes of consolidation. If it fails to make rectification after consolidation, the competent department for industry and commerce shall revoke its business license.

The person or persons directly in charge and other persons held directly responsible shall be given administrative sanctions by the unit or by the competent departments at higher levels, and punished by the public security organ with a fine of not more than 1,000 yuan.

8. Where any leading personnel, staff member or worker of a unit in the trade of hotel, catering or entertainment, or in taxi service conceals the true situations or provides information for law-breaking offenders and criminals when the public security organ investigates or deals with activities of prostitution or whoring, he or she shall be punished in accordance with the provisions in Article 162 of the Criminal Law.

9. Where any State functionary charged with the duty of investigating and prohibiting prostitution and whoring provides information and conveniences for law-breaking offenders and criminals for the purpose of helping them escape from punishment, he or she shall be punished in accordance with the provisions in Article 188 of the Criminal Law.

Whoever commits the crime mentioned in the preceding paragraph and conspires with the criminal(s) beforehand shall be deemed as committing a joint crime and punished as such.

10. The illegal incomes gained from organizing, forcing, luring, sheltering or procuring any other person or persons to engage in prostitution and from prostitution shall be confiscated.

All the incomes from fines and confiscations shall be turned over to the State Treasury.

11. This Decision shall enter into force as of the date of promulgation.


10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

“Harm-Reduction Strategies
The illicit nature of drug use makes this socially marginalized group hard to identify and reach with educational messages and other services. Activities aimed at educating injecting drug users about HIV transmission currently take place at detoxification centers run by the Public Security Bureau at several pilot sites or by international NGOs. The government hopes to expand outreach to 60 percent of drug users within five years through 210 additional outreach centers.6 Authorities also hope to employ a number of “harm-reduction” strategies, including efforts to change risk-taking attitudes and behaviors. Strategies may include: providing injecting drug users with information about HIV transmission; distributing condoms; and offering methadone, a treatment substitute for addicts of heroin and other narcotics.

Methadone Replacement Therapy
Nine methadone clinics currently operate in seven southern and western provinces, serving roughly 1,800 drug users. Methadone is generally provided at no cost to the user either by the government or by a nongovernmental organization (NGO) operating the facility. In five years, the government hopes to have 190 clinics jointly operated by the Public Security Bureau, the health bureau, the Food and Drug Administration, and NGOs. These clinics are expected to provide treatment to more than 50,000 drug users.7
Legalizing Needle Exchanges: The policy environment for harm reduction in China has been liberalized, allowing local authorities to embark on needle-exchange programs. Yunnan province has already legalized the approach with a March 2004 law. Similar programs will increasingly be implemented in the six other provinces where HIV infection among drug users is most prevalent.

These needle-exchange programs will involve educating drug users about HIV transmission and the importance of using clean injection equipment and of not sharing needles. Users will be encouraged to purchase new equipment at pharmacies or obtain free needles or vouchers for needles at exchange centers set up by the provinces. The Yunnan law also calls for a number of other important measures. First, it promotes the availability of condoms in hotels, dormitories, and at entertainment establishments. The Public Health Bureau now has the authority to fine hotel and entertainment establishments for not making condoms available.

In addition, the legislation requires that individuals and entities such as clinics and companies maintain the confidentiality of a person’s HIV status. Other provisions relate to the officials’ responsibilities to carry out and enforce the directives. The legislation stipulates punishments—including fines—for government and health officials and doctors who ignore the AIDS law, fail to perform HIV/AIDS surveillance, refuse to treat patients with HIV and AIDS, disclose patients’ personal details, or distribute antiretroviral medicine without approval.

Overcoming Policy Obstacles
Effective implementation of harm-reduction programs requires the active participation of relevant local communities, including mayors, the court system, and public security officials. Implementing these programs is not simple, however. Some officials oppose public health approaches that seem to condone or support illegal activity. To these officials, needle-exchange programs and condom distribution may appear to be at odds with the bid to legally crack down on drug dealers and drug users.

Addressing the HIV/AIDS high-level meeting of the UN General Assembly in 2003, Executive Vice Minister of Health Gao Qiang highlighted the fine balance that the government hoped to achieve enforcing the country’s laws and promoting HIV prevention and treatment.

"We will improve the laws and regulations and intensify the intervention on dangerous behaviors," he said. "Public awareness campaigns will be launched, educating the public and encouraging them to participate in the HIV/AIDS prevention and treatment efforts. Illegal acts like drug trafficking, drug use, prostitution, and illegal blood collecting and supplying will be cracked down while a drug-free community and healthy sexual life will be promoted."

In the meantime, law enforcement has an opportunity to play a role in harm-reduction strategies, particularly as public security organizations have regular access to injecting drug users through their network of detention centers. Currently, drug users detained by the Public Security Bureau may be sent to detoxification centers for up to six months or to labor camps for re-education for up to two years.

These camps, which receive little or no funding from the central or provincial governments, generate revenue through fines levied on new detainees and through daily fees for room and board. The centers earn additional income by putting inmates to work to produce goods that are sold in markets. The camps’ reliance on inmates to generate operating revenues poses challenges for HIV/AIDS education and methadone programs. Camp operators have little incentive either to suspend work for HIV education and training or to purchase methadone for inmates.

However, increased government commitment, including funding for these camps and education and methadone programs within the centers, can improve the management of the detention system and its effectiveness in treating those with HIV and AIDS.

(Thompson, Drew (2004) Injecting Drug Use Fuelling Spread of HIV in China, from Population Reference Bureau,
http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=11336 (Date accessed 13/06/06))
- What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?
- Is action taken if laws are broken (e.g. if a girl is married below the legal age)?
- Is there any specific legislation for marginalised and vulnerable groups? If yes, is the legislation supportive or punitive? And what difference does it make to people’s behaviours and risk of HIV infection?
- To what extent are ‘qualitative’ issues – such as confidentiality around HIV testing – covered by legislation?
- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the ‘real life’ experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

<table>
<thead>
<tr>
<th>PREVENTION COMPONENT 2: POLICY PROVISION (national policies, protocols, guidelines, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key questions:</strong></td>
</tr>
<tr>
<td><strong>11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?</strong></td>
</tr>
<tr>
<td>- “To carry out the strategies made in Suggestions on Strengthening HIV/AIDS Prevention and Control Activities issued by Ministry of Public Health with the approval of the State Council, and strengthen leadership, promote the multi-sectoral collaboration and mobilize the social participation. To perfect the comprehensive prevention and control strategies from the combination of publicizing and education, legal control, monitor and surveillance and medical and treatment counseling and service, and further conduct the scientific research on HIV/AIDS prevention and control and actively make international cooperation's.”</td>
</tr>
<tr>
<td>- To strengthen the advocacy and education and change the risk behaves of people, control the HIV/AIDS transmission through sexual contact and drug use; to standardize STDs prevention and control management and carry out the strategies of STDs surveillance and prevention and control; to strictly control HIV transmission through blood, blood products and iatrogenic transmission; and to crate a social environment helpful for HIV/AIDS prevention and control thus to reduce HIV/AIDS's impact on individuals, families, communities and society.”</td>
</tr>
<tr>
<td>(China’s State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010), <a href="http://www.youandaidas.org/unfiles/chinaplan.pdf#search='china%27s%20national%20hiv%20faids%20plan">http://www.youandaidas.org/unfiles/chinaplan.pdf#search='china%27s%20national%20hiv%20faids%20plan</a>' (Date accessed 15/06/06))</td>
</tr>
<tr>
<td><strong>12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?</strong></td>
</tr>
<tr>
<td>- “Young people, women and people who are vulnerable to HIV/AIDS are the major targets of HIV/AIDS prevention and control.”</td>
</tr>
<tr>
<td>(China’s State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010)”, <a href="http://www.youandaidas.org/unfiles/chinaplan.pdf#search='china%27s%20national%20hiv%20faids%20plan">http://www.youandaidas.org/unfiles/chinaplan.pdf#search='china%27s%20national%20hiv%20faids%20plan</a>' (Date accessed 15/06/06))</td>
</tr>
</tbody>
</table>

1 Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.
13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

From a report titled, 2005 Update on the HIV/AIDS Epidemic and Response in China,
- “Free schooling and a living allowance are being provided to children made orphans by AIDS in accordance to a national policy. To date, 4, 385 children of school age (or 92.71% of all eligible children) are receiving free education.
- To publicize the prevention and control knowledge of HIV/AIDS and STDs among all people and reduce the related risk behaves among special group of people (drug users, prostitutes and their visitors).
- By 2002, over 70% of all people, and 40% of people in rural areas and 80% of high-risk behavior group of people will know the information of HIV/AIDS and STDs prevention."
- “[By] 2002 will conduct HIV/AIDS and STDs prevention activities conducted in 100% of drug rehabilitation centers, detention houses and in 80% of prisons and re-education centers. The related information and education material will be available in the places where amusement and services are provided and mobile population gets together and in the units who have more opportunities to organize people to go abroad.
- “To mainly provide a positive education in advocacy and education activities. While widely educating people of HIV/AIDS and STDs prevention knowledge, to conduct the education on positive attitudes on love, marriage and family and sexual morality and sexual health, and pass on prevention skills to people and increase their self-protection skills. To further conduct education on the laws and regulations of no drug and no prostitution among high-risk behave group of people and help them change their risk behaviors. To actively promote the condom uses and educate the harm of sharing syringes.”


From an article “HIV Testing in China”, “China is attempting to provide free health care to its HIV-infected, particularly the impoverished. In December 2003, the Chinese government announced the ambitious “Four Free and One Care” policy, which entails (i) free ART to rural residents and urban residents without insurance; (ii) free VCT; (iii) free prevention of mother-to-child transmission (20); and (iv) free schooling for children within families with HIV/AIDS (1, 2). People testing positive are assessed for CD4+ to determine eligibility for the free ART program. Thus, testing is not purely for information gathering and reduction of HIV transmission, but also acts as a gateway to services for those identified with the disease.”


14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

15. Does the national policy on VCT address the needs of girls and young women?

- “To integrate the VCT service into the HIV/AIDS prevention and control effort as an important component: including find the infected maternity women and pregnant women in time and helping them choose effective method to avoid maternal spreading …. “
- “(to make VCT) an effective start point, to introduce psychological, emotional support into high risk group (such as IDUs, SWs, homosexuals ) and key groups (blood suppliers, pregnant and delivering women)”

China CDC & ChinaAIDS, 2004, Dec, Management and Operation Guideline for HIV Volunteering Counselling and Test

16. Does the national protocol for antenatal care include an optional HIV test?

- “From the State Council Document (2004) No.7 State Council Notice on Strengthening HIV/AIDS Prevention and Control, “The Government will provide free: counseling, screening tests, and anti-retroviral treatment to HIV positive pregnant women to reduce the risk of mother to child HIV transmission. Maternal care and health institutes at each level and relevant health providers are required to promote prevention of mother to child HIV transmission.”


17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

- “From the State Council Document (2004) No.7 State Council Notice on Strengthening HIV/AIDS Prevention and Control, “The Government will provide free: counseling, screening tests, and anti-retroviral treatment to HIV positive pregnant women to reduce the risk of mother to child HIV transmission. Maternal care and health institutes at each level and relevant health providers are required to promote prevention of mother to child HIV transmission.”


18. Is there a national policy that the protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

- “The Marriage Law of 1980 (the "Marriage Law") requires family planning to be practiced. The law also promotes late marriage and late childbirth and sets the minimum age of marriage at 22 years of age for men and 20 years for women”.

(Center for Reproductive Health Rights - China, http://www.crlp.org/pub_bo_wowlaw_china.html (Date accessed 13/06/06))

19. Is HIV prevention within the official national curriculum for both girls and boys?

- “All the senior high schools and secondary schools should incorporate HIV/AIDS and STDs prevention knowledge into their curriculums as an important part of health education or population and adolescent health education, and to teach students about HIV/AIDS and STDs prevention knowledge. The institutes and universities and vocational schools should distribute the health prescriptions on HIV/AIDS and STDs prevention to the students when
the new students are being given health test.”

- “By 2002, the distribution proportion of the health prescriptions of HIV/AIDS and STDs prevention to the students of the common high institutes and secondary vocational schools will reach to 100%; the junior middle schools should incorporate HIV/AIDS and STDs prevention knowledge into the health education curriculum and 100% of the schools in the special municipalities, the capital cities and the planned special cities, over 85% of the schools in the county (city) or senior level places and over 70% of the schools in the country (town) level will study the curriculum.”

- (China’s State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010), http://www.youandaids.org/unfiles/chinaplan.pdf#search='china%27s%20national%20hiv%20aids%20plan' (Date accessed 15/06/06))

- “Education departments are required to integrate HIV/AIDS education and unpaid blood donation into the education plan of general middle schools, vocational middle schools, and colleges and universities. These learning institutions are required to teach HIV prevention and promote unpaid blood donation persistently and continuously.”


20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

“UNAIDS HIV/AIDS data for China is disaggregated by age and gender. “


Discussion questions:

- To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?

- To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?

- To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?

- What does school-based sex education cover? Does it help to build young people’s confidence and skills, as well as knowledge?

- To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or ‘blaming’ specific groups for HIV/AIDS?

- To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?

- What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?

- Overall, how are relevant policies applied in practice? What are the ‘real life’ experiences of girls and young women? How much do they know about them and how they relate to
them? What difference do these policies make to their vulnerability to HIV infection?

• How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES
(number of programmes, scale, range, etc)

Key questions:
21. Is there a national database of directory of SHR and HIV/AIDS services for young people?

• “In China VCT service does not achieve much because of the lack of the qualified VCT expertise, organizations and laboratories. Furthermore the laboratories are established inside CDC, hence there is no HIV test service available in hospitals, SRH clinics and primary health organizations. (The operation of HIV test should be approved by the government.) The supporting environment for VCT has not formed in the society; many people are reluctant to go for VCT. The counselling service before and after test has not carried out widely, the current counselling is just the by-product of medical and testing service but not the specific VCT clinic. Most health workers can realize the importance of counselling service but their qualification limited their practice in this aspect.”

• China-UK HIV/AIDS Prevention and Care Project, VCT Guideline for China Project [http://chinaaids.cn/zhq/ShowContent.asp?lm=045&sn=764](http://chinaaids.cn/zhq/ShowContent.asp?lm=045&sn=764) (Date accessed 21/10/06)

22. How many SRH clinics or outlets are there in the country?

• “Number of Health Institutions
  Year: 2004
  Total: 296492
  Hospital and township hospital: 60867
  Sanatoriums: 292
  Clinics: 207933
  Specialized Prevention & Treatment Centres or Stations: 1581
  CDC (Epidemic Prevention Station): 3586
  Maternity and Child Care Centres: 2997
  Research Institutions of Medical Science: 276
  Other Institutions: 18960”


  The statistic data for SRH clinics are not available but the number of the whole medical institutions are shown as above, since most hospitals and MCH centres, and CDC offer SRH service, the data can provide us a hint on the answer.

• “Surveillance has been strengthened, and a web-based disease reporting system has been established. Additional national and provincial sentinel surveillance sites have been established. By the end of 2005, there were 329 national HIV sentinel surveillance sites and 400 provincial sentinel surveillance sites, covering the majority of prefectures and key populations. In addition, there are now 57 confirmatory laboratories and 3756 screening laboratories, and screening has been conducted among key populations. There are now 2,850 free VCT clinics providing free counselling and testing services.”

2 (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc.)
23. At how many service points is VCT available, including for young women and girls?

- “There are now 2,850 free VCT clinics providing free counseling and testing services.”
  

- “a range of 700-800 VCT sites were reported serving 175,000 clients.”
  

24. Are male and female condoms available in the country?

- “Six ministries, including the Ministry of Health and the National Population and Family Planning Commission, have formulated methods for implementing condom promotion for HIV prevention. Hubei, Hunan, Sichuan, Yunnan, Hainan and other provinces have already begun to implement 100% condom use programs on a large scale.”
  

- “For period 2003, 3 billion condoms were distributed. Of this number, 4,143 million condoms were distributed to cover all risky sex acts; 587 million for family planning; and 2,143 million for disease prevention. The estimated coverage was 58%.”
  

- “Among the many actions that health authorities took to combat the expanding HIV/AIDS epidemic in China, attention turned in 2000 to the promising experiences that Thailand and Cambodia were having in controlling HIV infections and STI among entertainment establishment workers and their clients, using the 100% CUP. The Chinese Ministry of Health decided to pilot the 100% CUP with support from WHO. The first two pilot sites began operation in 2001: Huangpi district of Wuhan City in Hubei province and Jingjiang county, Jiangsu province. Based on the initial positive experience of these pilot sites, two additional pilot projects were initiated in 2002 in Danzhou City in Hainan province and Li county (Lixian), Hunan province. In 2003, after a study tour of existing four pilot sites, local government authorities and the China Family Planning Association decided to launch a 100% CUP pilot project in Liuzhou City, Guangxi province with support from UNFPA. The 100% CUP aims to reduce sexual transmission of HIV and STI among sex workers, their clients and the public at large by assuring that condoms are used in:
  
  - 100% of entertainment establishments in a large geographic area;
  - 100% of the time;
  - 100% of the people involved in high-risk sexual relations.
  - 100% CUP is a strategy that requires:
    - commitment and support from local government authorities (especially the bureaus of Public Health, Public Security, Commerce and Industry, Tourism, Media and
25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

- “The ‘Four Frees and One Care’ policy refers to a nationwide policy to provide the following services: 1. Free ARV drugs to AIDS patients who are rural residents or people with financial difficulties living in urban areas; 2. Free Voluntary Counselling and Testing (VCT); 3. Free drugs to HIV infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies; 4. Free schooling for children orphaned by AIDS; and 5. Care and economic assistance to the households of people living with HIV/AIDS.”

- From an article titled “HIV Testing in China”, “China is attempting to provide free health care to its HIV-infected, particularly the impoverished. In December 2003, the Chinese government announced the ambitious “Four Free and One Care” policy, which entails (i) free ART to rural residents and urban residents without insurance; (ii) free VCT; (iii) free prevention of mother-to-child transmission (20); and (iv) free schooling for children within families with HIV/AIDS. People testing positive are assessed for CD4+ to determine eligibility for the free ART program. Thus, testing is not purely for information gathering and reduction of HIV transmission, but also acts as a gateway to services for those identified with the disease.”

- “The Government will provide free: counseling, screening tests, and anti-retroviral treatment to HIV positive pregnant women to reduce the risk of mother to child HIV transmission. Maternal care and health institutes at each level and relevant health providers are required to promote prevention of mother to child HIV transmission.”

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?
“Pilot programs for the prevention of mother-to-child-transmission are now underway in 271 counties within 28 provinces and autonomous regions.”


• “it was reported in 2005 that 1.3% of HIV-positive pregnant women received ARV prophylaxis”.

(Pg 554)


• “A total of 138,000 of people were offered services. The breakdown includes the following:
  - 59,000 accepted pre-test counseling
  - 52,000 accepted HIV testing
  - 66 were confirmed HIV positive
  - 66 accepted post-test counseling
  - 100 accepted ARV prophylaxis
  - 60 received counseling on feeding options
  - 50 provided with formula
  - 18,394 (thousand) annual births”


27. At how many service points are harm reduction services for injecting drug users available?

• “Condom promotion programs have been widely implemented, and 128 methadone clinics and 91 needle and syringe exchange pilot sites have been established.”


• “For 2003, 20 sites were reported with only 3% coverage (of 4 million IDUs).”


28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

“BEIJING, China, 23 August 2006 – Seventy children from eight Chinese provinces gathered recently at Beijing’s Great Hall of the People to celebrate the annual opening ceremony of ‘Growing Up Together Under the Sunshine’, a summer camp programme for children affected by AIDS.

All of the children who attend the programme either have parents living with HIV and AIDS or have lost their parents to the disease.

The UNICEF-supported summer camp, now in its third year, aims to educate the public...
about the impact of AIDS on Chinese children as well as reduce stigma and discrimination associated with HIV/AIDS


29. At how many service points are ARVs available to people living with HIV/AIDS?

- “As of February 23, 2004, 800 ARV therapy sites have been reported. Coverage was reported to be 8.4% (or 7,400 of the total estimated need of 88,000).”


- “The 2006 Report on the Global AIDS Epidemic reports that estimated ARV coverage in 2005 was 18.3% as reported by the Coverage Survey 2005, and 25% estimated coverage as reported by 3 by 5 December 2005. (p. 558)”


- “Currently, 20,453 AIDS patients are receiving antiretroviral therapy in 605 counties within 28 provinces and autonomous regions…In Henan and Hubei and other provinces, a pilot pediatric care project was launched that has provided antiretroviral therapy to 104 children.”


- “At the end of 2005, the free ART program served 20,453 AIDS patients, including approximately 17,000 former plasma donors, 600 drug users, and 100 men who have sex with men. In addition to the social welfare support described above for infected individuals and their families, individuals may also receive a monthly living allowance from their local government, which varies among the different provinces. Therefore, the Chinese approach benefits both those tested and found to be infected and those at risk for becoming infected. (pp. 1475-1476)”


30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

- “Self-support groups have been established for people living with HIV/AIDS in Henan, Xinjiang, Shaanxi, Shanxi, and other places.”


- “Mangrove Support Group is based in Beijing China’s first national support group for people
“Living with AIDS.”

(China AIDS Surveys Links Page, [http://www.casy.org/linkschina.htm](http://www.casy.org/linkschina.htm) (Date accessed 23/06/06))

- “Positive Art Workshop focuses on painting and calligraphy techniques and through these outlets, have given people living with HIV/AIDS in China a tool to express their voices and feelings. Chinese and English versions.”

(China AIDS Surveys Links Page, [http://www.casy.org/linkschina.htm](http://www.casy.org/linkschina.htm) (Date accessed 23/06/06))

### Discussion questions:

1. What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond ‘ABC’ strategies? Do programmes cover social issues (e.g. early marriage)?

2. To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?

3. To what extent are HIV prevention services available through ‘non-traditional’ outlets (e.g. religious organisations, youth clubs)?

4. Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social ‘norms’ for sexual behaviour? Is there mentoring, peer support and economic development that targets females?
   - How available is prevention information and support for girls and young women living with HIV/AIDS?
   - How available are HIV prevention ‘commodities’ (e.g. condoms)? How are they distributed?
     - How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?
     - Overall, what does the availability of HIV prevention services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?
     - How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

### PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES
(availability, user-friendliness, affordability, etc)

#### Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

- “Lack of access to proper reproductive health information and services is a factor affecting young people’s knowledge and attitudes in relation to many sexual and reproductive health issues. In China, Indonesia and Malaysia, providing contraceptives to unmarried adolescents is illegal. In other countries it may, technically speaking, be legal although the access of young people to contraceptive services may be hindered by a number of external factors. One is a belief that adolescents and youth are not sexually active and that knowledge of contraception and access to commodities would promote immoral behaviour. This belief manifests itself in a lack of services targeted to young...
people and in negative attitudes on the part of service providers. Hence, at best, most interventions have been ‘knowledge-based’ and without the option of services for those who are sexually active….A study on correct knowledge of HIV transmission conducted in China found that young unmarried adolescents were the group least likely to know that condom use prevents HIV transmission. Information about contraceptives in China has until recently been mainly targeted at married couples.”


32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

• “Lack of access to proper reproductive health information and services is a factor affecting young people’s knowledge and attitudes in relation to many sexual and reproductive health issues. In China, Indonesia and Malaysia, providing contraceptives to unmarried adolescents is illegal. In other countries it may, technically speaking, be legal although the access of young people to contraceptive services may be hindered by a number of external factors. One is a belief that adolescents and youth are not sexually active and that knowledge of contraception and access to commodities would promote immoral behaviour. This belief manifests itself in a lack of services targeted to young people and in negative attitudes on the part of service providers. Hence, at best, most interventions have been ‘knowledge-based’ and without the option of services for those who are sexually active…A study on correct knowledge of HIV transmission conducted in China found that young unmarried adolescents were the group least likely to know that condom use prevents HIV transmission. Information about contraceptives in China has until recently been mainly targeted at married couples.”


33. Are VCT services free for girls and young women?

• “The ‘Four Frees and One Care’ policy refers to a nationwide policy to provide the following services: 1. Free ARV drugs to AIDS patients who are rural residents or people with financial difficulties living in urban areas; 2. Free Voluntary Counselling and Testing (VCT); 3. Free drugs to HIV infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies; 4. Free schooling for children orphaned by AIDS; and 5. Care and economic assistance to the households of people living with HIV/AIDS.”


• “To gain a better understanding of the numbers and profile of people infected, as well as to identify those in need of treatment, the government of China launched a national program to actively seek out certain groups believed to be at high risk for HIV infection. They considered that voluntary counseling and testing (VCT), a passive approach, had failed to inform many of those who were infected, despite the fact that testing was free. Under the new policy, community health workers invite members of targeted high-risk groups to come for testing through outreach. In institutional settings (such as prisons), HIV testing is conducted as part of a routine health check-up. In communities or institutions, refusal is permissible. Testing is accompanied by a social marketing campaign instead of individual counseling. The campaign promotes HIV awareness and
addresses misconceptions through various mechanisms, including slogans on posters and banners, newspaper and television commercials, public announcements by celebrities, and community events. (pp. 1475-1476)


• “From the State Council Document (2004) No.7 State Council Notice on Strengthening HIV/AIDS Prevention and Control, “The Government will provide free voluntary HIV blood testing (screening) and counseling. Institutions for Disease Prevention and Control and Supervision, Inspection and Quarantine departments at national, provincial, autonomous regional, and municipal levels, are required to: strengthen HIV/AIDS surveillance; conduct epidemiological surveys among high risk populations in order to identify the number of people living with HIV/AIDS and patients; and to conduct periodic assessments of the HIV/AIDS situation and trends. The Ministry of Health is required to cooperate with the Ministry of Finance to develop and implement the detailed measures necessary in order to provide free HIV blood testing (screening) and counseling.”


34. Are approximately equal numbers of females and males accessing VCT services?

☐ “the sample was predominantly female. Various logistical considerations prevented us from including a sample from premarital examination attendees, which would have redressed this balance.”

Atitudes to HIV and HIV testing in high prevalence areas of China: informing the introduction of voluntary counselling and testing programmes, Hesketh, L Duo, H Li and A M Tomkins, Centre for International Child Health, Institute of Child Health, University College London, UK & Yunnan Provincial Red Cross Hospital, Kunming, PR China, http://sti.bmjournals.com/cgi/content/full/81/2/108, (Date accessed 23/10/06)

☐ “In the anonymous survey of 1918 visitors to Dalian CDC for VCT service from 2002 to 2004, 75.70% visitors have accepted HIV test, among which 9 positive cases were identified. Of the visitors, most were young people aged from 21~40 and that account for 92.92%. Males occupied 80.92%of the total. 60.9% visitors come under the fear of their previous high-risk sexual behaviours, 56.97% of them came for the information of testing method, cost, accuracy and confidentiality etc. ”

Current situation and analysis for VCT in Dalian city, Dalian CDC, http://www.wanfangdata.com.cn/qikan/periodical.articles/zgazxbxb/zgaz2006/0601/060124.htm  (Date accessed 26/10/06)

35. Are STI treatment and counseling services free for all girls and young women?

“The Chinese government also has a ‘Four Frees and One Care’ nationwide policy to provide the following services:
1. Free ARV drugs to HIV patients who are rural residents or people with financial difficulties living in urban areas;
2. Free Voluntary Counseling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent parent-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS; and
5. Care and economic assistance to the households of people living with HIV/AIDS. The China Comprehensive AIDS Response (China CARES) program is an ambitious program to expand access to comprehensive HIV/AIDS treatment and care services that
36. Are condoms free for girls and young women within government SRH services?

“At present, free condoms and birth control drugs are mainly provided to married couples.”

(Interfax China (2006) Sexual Habits of Guangzhou migrant workers revealed,
http://www.interfax.cn/showfeature.asp?aid=13947&slug=health  (Date accessed 23/06/06))

“Lack of access to proper reproductive health information and services is a factor affecting young people’s knowledge and attitudes in relation to many sexual and reproductive health issues. In China, Indonesia and Malaysia, providing contraceptives to unmarried adolescents is illegal. In other countries it may, technically speaking, be legal although the access of young people to contraceptive services may be hindered by a number of external factors. One is a belief that adolescents and youth are not sexually active and that knowledge of contraception and access to commodities would promote immoral behaviour. This belief manifests itself in a lack of services targeted to young people and in negative attitudes on the part of service providers. Hence, at best, most interventions have been ‘knowledge-based’ and without the option of services for those who are sexually active... A study on correct knowledge of HIV transmission conducted in China found that young unmarried adolescents were the group least likely to know that condom use prevents HIV transmission. Information about contraceptives in China has until recently been mainly targeted at married couples.”

(UNFPA (2005) Cultural Programming: Reproductive Health Challenges and Strategies in East and South-East Asia,
http://www.unescobkk.org/fileadmin/user_upload/arsh/News/2005/September/bkculture.pdf#search='adolescent%20reproductive%20services%20in%20china', (Date accessed 23/06/06))

“Contraceptive Availability - “Although no law legalizes the use of contraceptives, the Constitution requires the use of family planning by couples. Birth control is generally viewed as "the four operations" - IUD insertions, tubectomies, vasectomies, and induced abortions. Other common types of contraceptives include oral pills and condoms. Although not always readily available, a number of rarer types of contraceptives such as a "visiting" pill (used by couples who live together for short periods), postcoital estrogen pills, and injectable contraceptives may also be used. In addition, the marketing of mifepristone, the chemical abortifacient also known as RU486, was approved in September 1988. Contraceptives are generally provided free of charge through local family planning service centers where supplies are purchased by the community. However, contraceptives that do not need to be provided by clinics are becoming increasingly available through the private market. Contraceptives are currently also being sold through private outlets in hospitals, drug stores, and pharmacies.”

(Center for Reproductive Health Rights - China,
http://www.crlp.org/pub_bo_wowlaw_china.html  (Date accessed 13/06/06))
advertisements on the role of condoms in HIV prevention.

37. Are ARVs free for all girls and young women living with HIV/AIDS?

“The Chinese government also has a ‘Four Frees and One Care’ nationwide policy to provide the following services:
1. Free ARV drugs to HIV patients who are rural residents or people with financial difficulties living in urban areas;
2. Free Voluntary Counseling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent parent-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS; and
5. Care and economic assistance to the households of people living with HIV/AIDS. The China Comprehensive AIDS Response (China CARES) program is an ambitious program to expand access to comprehensive HIV/AIDS treatment and care services that covers 127 sites in priority provinces most affected by HIV/AIDS.”

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

“The Yale-China program offers a series of week-long workshops led by an experienced American-Chinese training team. Each workshop provides training to 50 Chinese nursing leaders and educators from local hospitals and health education institutions. The training program uses a culturally-specific curriculum and extensive Chinese-language materials developed over several years of training in Hunan province. Topics covered in the training materials include: the basics of HIV/AIDS, blood-borne pathogens, occupational exposure, addiction, sexuality, symptom management, counseling, teaching methods, and policy. Participants are given tools and strategies for conducting their own workshops for their fellow nurses. The program also supports the continuing development of holistic HIV/AIDS nursing practices by conducting occasional workshops on counseling and psychosocial interventions for nurses with experience caring for AIDS patients in major hospitals”

39. Are issues relating to young people included in the training curriculum of key health care
workers at SRH clinics?

“Consider the health care workers have already equipped with medical background and mastered SRH knowledge from the previous training, this curriculum will focus on the necessary techniques, skills and attitude of the health care workers to the young people in youth-friendly health service.”


“Under the different epidemic prevalence, the services for specific group is quite different form one to another.

……

Because of the influence form the peers, the young people is especially impotent to HIV infection, since their sex libido and the development of social characters make them incline to high risk sexual behaviors. Hence, the VCT service for young people should included the following:

Friendly service in safe environment;
The involvement of young people’s language and manners;
Respect and confidentiality;
Emphasis on safe sex behavior and condom promotion;”

China-UK HIV/AIDS Prevention and Care Project, VCT Guideline for China Project http://chinaaids.cn/zhq/ShowContent.asp?lm=045&sn=764 (Date accessed 25/10/06)

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

“By 2005, over 120 million HIV/AIDS information, education and communication (IEC) materials have been distributed, and 34.9 million people have received HIV/AIDS information and face-to-face education. Hubei, Hunan, Sichuan, Yunnan, Hainan and other provinces have already begun to implement 100% condom use programs on a large scale and 128 methadone clinics and 91 needle and syringe exchange pilot sites have been established. There have been efforts made to consolidate the management of blood donation and collection in an effort to eradicate illegal blood collection activities. In clinical settings, the proportion of blood coming from voluntary blood donors rose from 22% in 1998 to 94.5% in 2005. Pilot programs for the prevention of mother-to-child transmission of HIV are now underway in 271 counties within 28 provinces and autonomous regions. By 2005, 20,453 AIDS patients were receiving antiretroviral therapy in 605 counties within 28 provinces.

China’s Health Ministry has also launched a nationwide system to collect AIDS data from county health authorities directly via the Internet instead of via paper reports passed through a hierarchy of officials. In addition, the ministry has stipulated the responsibilities of local disease prevention authorities who will now be required to visit HIV patients twice a year and AIDS patients four times a year, writing a record of each visit.

The Chinese government also has a ‘Four Frees and One Care’ nationwide policy to provide the following services:
1. Free ARV drugs to HIV patients who are rural residents or people with financial difficulties living in urban areas;
2. Free Voluntary Counseling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent parent-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS; and
5. Care and economic assistance to the households of people living with HIV/AIDS.

The China Comprehensive AIDS Response (China CARES) program is an ambitious program to expand access to comprehensive HIV/AIDS treatment and
care services that covers 127 sites in priority provinces most affected by HIV/AIDS."

(Date accessed 27/09/06)

“The role should be prominent within the government, schools, enterprises, and civil society. Full use should be made of media such as broadcast, television, newspapers, internet, etc. The media and publicity departments at central and local government levels are required to prioritize and promote: education on HIV prevention; development and implementation of specific HIV/AIDS publicity plans; and, unpaid blood donation. The media and publicity departments also need to regularly broadcast and publish HIV/AIDS prevention messages, and promote unpaid blood donation. Central and local governments and publicity departments are required to strengthen HIV/AIDS prevention education, guidance and supervision… Culture and Industrial and Commercial Administrative departments are required to strengthen the management of entertainment settings. Entertainment settings are required to display posters and make available education materials on HIV/AIDS, and actively cooperate with relevant departments to conduct HIV prevention education. Civil society and mass organizations such as the Labor Union, Youth League, and Women’s Federation etc., are required to actively conduct HIV prevention education.”


Discussion questions:

- Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

- What are the cultural norms around prioritizing females and males for health care?

- To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

- What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

- Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

- What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people’s sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

- Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

- Is there a national monitoring and evaluation framework? Does it encourage data to
be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

- Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

- Overall, what difference does accessibility to services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

- How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

**PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS**
(human rights, representation, advocacy, participation in decision-making, etc)

**Key questions:**

41. Has the country signed the Convention on the Rights of the Child (CRC)?

   “China signed the CRC on August 29, 1990 and ratification was on March 2, 1992. “


42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

   “China signed CEDAW on July 17, 1980 and ratification was on November 4, 1980”


43. In the National AIDS Council (or equivalent) is there an individual or organisation that represents the interests of girls and young women?

   “To strengthen leadership over the work of AIDS prevention and control, mobilize the forces of all sectors, further improve the work of preventing and treating AIDS, China's AIDS prevention and control, the State Council agreed that the establishment of the State Council AIDS Working Committee. The relevant matters notice reads as follows: “……

   Committee Director: Wu Yi (Female, Vice Primer Minister)
   ……”


   “Vice-Premier and Minister of Health Wu Yi has called on all regions to speed up their efforts to prevent and treat HIV/AIDS, now a serious health problem in some parts of the nation. …… In her speech, dated April 6, the official called for implementing central policies and arrangements on the prevention of the deadly disease, studying the situation and preventive
measures, and looking for effective mechanism, to step up the efforts to control the disease timely and firmly curb the fast spreading of the disease in China. Wu called for further efforts to create public awareness about the issue; curbing the spread of HIV via blood; cracking down on crimes that cause the spreading of HIV, such as drug addiction and prostitution; monitoring the situation carefully; and implementing government policies and measures on treatment of HIV carriers and AIDS patients.”


“Center for Disease Control and Prevention The National Center for Women's and Children's Health (China WCH) of the Chinese Center for Disease Control and Prevention (China CDC) is a State-level professional organisation for women and children's health under the aegis of the China CDC. It is the national centre for the technical direction of women and children’s health care including maternal and child health (WCH/MCH). The core of the Center's work is to implement ‘Law of People's Republic of China on Maternal and Infant Health Care’, ‘Program for Development of Chinese Woman’ and ‘National Program of Action for Child Development in China’. Our guiding principles in this work are ‘with preventive care as the priority, around a core mission of health care and with the objective of guaranteeing reproductive health, to combine preventive health care and clinical practice to serve (at risk) groups and the grassroots’. Our mission is: ‘To provide scientific data and policy proposals to Chinese government drafting laws, regulations and policies on WCH/MCH; to set technical standards; and to provide guidance for the development of technical services in China’s national women and children health care. Through technical and policy research and with the aim of raising the overall standard of women and children health, carry out related work under the professional supervision of the Ministry of Health’s Division of Primary Health Care and Maternal and Child Health.

Center for Disease Control and Prevention The National Center for Women's and Children's Health (China WCH) web site, http://www.chinawch.org.cn/english/ (Date accessed 28/10/06))

44. In the National AIDS Council (or equivalent) is there an individual or organisation that represents the interests of people living with HIV/AIDS?

No information available.

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

“No, according to the Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010) issued in 1998, this plan was “made by Ministry of Public Health, National Planning Commission, Ministry of Science and Technology and Ministry of Finance…”

(China’s State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010), http://www.youandaids.org/unfiles/chinaplan.pdf#search='china%27s%20national%20hiv%2 Falids%20plan' (Date accessed 15/06/06))

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

“Center for Disease Control and Prevention The National Center for Women's and Children's Health (China WCH) of the Chinese Center for Disease Control and Prevention (China CDC) is a State-level professional organisation for women and children's health under the aegis of the China CDC. It is the national centre for the technical direction of women and children’s health care including maternal and child health (WCH/MCH). The core of the Center's work is to implement ‘Law of People's Republic of China on Maternal and Infant Health Care’, ‘Program for Development of Chinese Woman’ and ‘National Program of Action for Child Development in China’. Our guiding principles in this work are ‘with preventive care as the priority, around a core mission of health care and with the objective of guaranteeing reproductive health, to combine preventive health care and clinical practice to serve (at risk) groups and the grassroots’. Our mission is: ‘To provide scientific data and policy proposals to Chinese government drafting laws, regulations and policies on WCH/MCH; to set technical standards; and to provide guidance for the development of technical services in China’s national women and children health care. Through technical and policy research and with the aim of raising the overall standard of women and children health, carry out related work under the professional supervision of the Ministry of Health’s Division of Primary Health Care and Maternal and Child Health.

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groups and the grassroots’. Our mission is: ‘To provide scientific data and policy proposals to Chinese government drafting laws, regulations and policies on WCH/MCH; to set technical standards; and to provide guidance for the development of technical services in China's national women and children health care. Through technical and policy research and with the aim of raising the overall standard of women and children health, carry out related work under the professional supervision of the Ministry of Health's Division of Primary Health Care and Maternal and Child Health. Center for Disease Control and Prevention The National Center for Women's and Children's Health (China WCH) web site, http://www.chinawch.org.cn/english/ (Date accessed 28/10/06))

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention for girls and young women)?

“Center for Disease Control and Prevention The National Center for Women's and Children's Health (China WCH) of the Chinese Center for Disease Control and Prevention (China CDC) is a State-level professional organisation for women and children's health under the aegis of the China CDC. It is the national centre for the technical direction of women and children's health care including maternal and child health (WCH/MCH). The core of the Center's work is to implement 'Law of People's Republic of China on Maternal and Infant Health Care', 'Program for Development of Chinese Woman' and 'National Program of Action for Child Development in China'. Our guiding principles in this work are 'with preventive care as the priority, around a core mission of health care and with the objective of guaranteeing reproductive health, to combine preventive health care and clinical practice to serve (at risk) groups and the grassroots'. Our mission is: 'To provide scientific data and policy proposals to Chinese government drafting laws, regulations and policies on WCH/MCH; to set technical standards; and to provide guidance for the development of technical services in China's national women and children health care. Through technical and policy research and with the aim of raising the overall standard of women and children health, carry out related work under the professional supervision of the Ministry of Health's Division of Primary Health Care and Maternal and Child Health."

Center for Disease Control and Prevention The National Center for Women's and Children's Health (China WCH) web site, http://www.chinawch.org.cn/english/ (Date accessed 28/10/06))

48. Is the membership of the min network(s) for people living with HIV/AIDS open to young people, including girls and young women?

“Mangrove Support Group (MSG) is a group of people living with HIV/AIDS in China. It is run for and by people living with HIV/AIDS. Over the past couple of years MSG has been working towards establishing a network for PLWHA. MSG is committed to fight HIV/AIDS related stigma and discrimination. MSG addresses the issues related to people living with HIV/AIDS by conducting workshops and community participation. MSG provides support to those infected and affected by HIV/AIDS”

Mangrove Support Group, http://www.plwha.org/myCountries/China/MangroveSupportGroup/aboutus (Date accessed 29/10/06))

“The China HIV/AIDS Information Network (CHAIN) is an open and participatory organization which works on behalf of all relevant governmental and nongovernmental organizations, professionals and concerned individuals requiring access to the most current HIV/AIDS prevention and awareness information in China. Established in 2003 as an independent government organization, CHAIN is administratively attached to the Ministry of Health's (MOH) Chinese Center for Disease Control (CCDC) and physically located in the China Health Education Institute (IHE). CHAIN is a powerful national resource for the collection and dissemination of best practice HIV/AIDS information. As a national clearinghouse, CHAIN extensively collects, integrates, translates, edits and packages all available forms of HIV/AIDS relevant materials and information relating to public health policy initiatives, healthcare and treatment schemes, intervention program, and education. CHAIN makes available experiences learned from governmental and nongovernmental HIV/AIDS education programs, prevention and outreach
activities, and care programs throughout China. These collections are regularly updated and expanded as new information becomes available. In addition to assembling these collections, CHAIN makes them freely available through a variety of information services. CHAIN is developing a nation-wide network of domestic and international nongovernmental organizations, grassroots groups and concerned individuals. This network acts as a channel of communication between Chinese governmental, nongovernmental and grassroots organizations, as well as international stakeholders. CHAIN hopes to further strengthen the capacity of China’s non-governmental and grassroots HIV/AIDS organizations by networking China’s multi-sector response to HIV/AIDS.”

CHINA HIV/AIDS INFORMATION NETWORK (CHAIN), http://www.chain.net.cn/english/Aintroduction.php (Date accessed 30/10/06)

49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

- AIDS Concern is Hong-Kong’s first non-governmental AIDS service organization. Founded in 1990, it provides support services for people with HIV/AIDS and sets up outreach prevention programs. AIDS Concern also supports and facilitates community-participation in the planning and delivery of AIDS prevention and care services “

(China AIDS Surveys Links Page, http://www.casy.org/linkschina.htm (Date accessed 23/06/06))

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

- “Wang Guofeng (m) and Li Suzhi, husband and wife, were detained on 12 July when they were about to travel to Beijing. They were going to petition the national health department on why they had not received the treatment they had been promised. They were also protesting because the school their children attended had been closed down on 7 July. The school was set up by Li Dan, an HIV/AIDS activist, to educate children whose parents were HIV-positive or had died of AIDS. Li Dan had planned to travel to Bangkok to attend the 15th International HIV/AIDS Conference, but when he informed the Chinese authorities of his intentions they closed the school.

Two other people, whose names were unknown at the time but were later identified as Pan Zhongfeng and Fan Zhenbang, were also arrested when they tried to protest at a hospital, also in Shangqiu, where President Hu Jintao was rumoured to be visiting”


- “Exact figures are difficult to arrive at because government at local levels are very reticent to report on actual cases, a situation compounded by individuals who are reluctant to come forward because of discrimination.” - Qi Xiaoqiu, director of China's Department of Disease Control.

(China AIDS Survey- Avert website, Annabel Kanabus, with updates by Rob Noble, HIV and AIDS estimates, http://www.avert.org.uk/aidschina.htm (Date accessed 27/09/06))

Discussion questions:

- How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?

- Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?
• Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?

• Are HIV prevention programmes generally developed ‘for’ or ‘with’ girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as ‘implementers’ as well as ‘receivers’ of services?

• To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?

• How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?

• To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?

• How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?

• Overall, how are participation and rights applied in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

• How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?
PART 2:
IN-COUNTRY RESEARCH

Focus group discussion: 15-19 year olds
Prevention component 1: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

We can get the information about HIV/AIDS from community hospitals/clinics, schools, newspapers and bulletin/posters on the street or websites and from TV programs.

Some participants mentioned that they have joined the activities organized by different IDU/SWs dropping centres, where they have free condom and IEC distributions, moreover, needle exchange programs are going on in the same places.

Some participants have heard of HIV test and know CDC is responsible for the test.

Only three participants have watched the late-night TV advertisement programs about STI, and from which they learn information of STI and where to get the treatments.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

All the participants think boys and young men know more HIV prevention services than women’s do, since the society is more open to men than women at young age regarding to the issues related to sex in China, at the same time, young men might have exposed to virus more compare with young women, so they will use the HIV prevention services more than the girls.

Participants would suggest the young men use condoms during sex, and pay attention to hygiene during intercourse. They’d better not use drugs and if he is a drug addict, he should not share needles with others. Two participants emphasised that young men should not donate blood illegally, since they might be infected through this way. Another two participants said if young men have carried HIV, they should not have sex any more.

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

Reinforce the publicity of HIV knowledge in the community is the priority. HIV preventions service should cover the rural areas specially those poverty counties. The accessibility to free VCT service in the community is an urgent need. Public Security Bureau should try to diminish the sex industry in China. The correct and conceptualized information of HIV/AIDS should reach to the general population. The education of HIV/AIDS in school should be addressed.

“Why the boys and girls should be separated during the sex education class. We would like to discuss with each other in order to understand more clearly.”

“In our village, we do not know anything about HIV/AIDS, only when we come here (city) can we learn something about it but it is important in our life.”
“Sometimes we would like to exchange information with young men about sex and the relevant disease, but no opportunities and occasions…”

“Simply distribute IEC on the street is not an efficient way, since people might misunderstand the messages on it. Face to face counselling is necessary in community.”

**Prevention component 2: Accessibility of services**

**What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?**

All participants have experience of using HIV prevention service at least once but limited in receiving information and free condoms distribution. In general, they feel it is good but for the purpose to keep the confidentiality, they suggest to set up the hotline service for counselling. It would be ideal if they can have VCT service in the community.

**What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?**

The fear of being exposed to the acquaintances is the most barriers for the participants, second is the worries of the cost for the service, and the third is the attitude of the health workers and the sterilization in health facilities.

“I would like to have a test, but worries if other people find me there. If my family or other friends know I come for this test, I will lose my ‘fact’.”

“I only want to have a test but if the sterilization in hospital is not good, will I be infected there?”

“I don’t know how much I should pay if I am a patient, it will stop me to go for the service.”

**In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?**

It is not easy for rural women to receive the prevention services, since their education and access to health is limited compared with men in the village. Economic situation is another factor to make the difference for women to use the prevention service. Young girls in school have more opportunities to services than those out of school. Compulsory Premarital check is a good way to protect unmarried women from the possible virus infection, so we strongly suggest having this regulation issued.

HIV positive women and pregnant women nowadays can easily access to VCT, ARV and other supportive service. Marginalized population (SWs and IDUs) have been fully focused on, so they might have more services (condom use, clean needles) compare with the other girls and young women. Meanwhile, some SWs might not use condoms for earning more money from the clients.

**Prevention component 3: Participation and rights**

**Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?**

Eight participants have participated in the discussion of HIV prevention, although there are both young men and young women, but those activities are organized for everyone in the society, not specifically to create a dialogue for young men and young women. During those discussions, it has mainly focus on transmission routes of HIV and how to prevent it. For other five participants, it is their first time attending HIV related discussion.
What would encourage you to get more involved in HIV prevention in your community?

The more knowledge, the more protection to me is the main encourage for participants to involve in HIV prevention in the community, and secondly to help the friends around from virus infection is another consideration to encourage them participate the HIV prevention.

Prevention component 4: Legal provision

What do you know about laws in China that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

Half participants think that women can get married at age 20 and men can get married at 22, but half think women can get married at 22 and men should be at 24, according to the Marriage Law. However, they regard this age for marriage is too early, since both men and women are not physically and psychologically mature enough to have a healthy baby. In addition, the cost to raise-up a baby and the good education for baby is a big number; it takes time to get ready.

Abortion is legal in China. But if the girls go to public hospitals for abortion, usually it needs the parents accompany and signature. On the contrary, girls can get abortion without parents consent if they go to the private clinics for operation with money. There is an emergency hospitals deal with these “problem girls” if there have the unwanted pregnancy. To have sex relationship with a girl under 14 is illegal and it is considered as rape according to the law.

Prevention component 5: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

There are sex education course in two participants school, so they know a bit more than others including HIV knowledge. Two participants mentioned they have learnt how their body changed and what the menstruation in school is. Two participants from other provinces have been taught of reproductive organs and shown of how to use sanitation pad in school. Most of them know about HIV information through school Radio broadcasting, however, the ones from rural areas said they have never received any education about sex and AIDS in school.

What could the government of China do to fight fear about AIDS in your community?

The publicity campaign should be strengthened to the general population with a correct message of HIV/AIDS. During the campaign, it should be addressed that morality is not necessarily connected with HIV and everyone might catch the virus by the unsafe behaviour.

The government should encourage the research and study on the vaccine and treatment of HIV/AIDS.

The government should set up the public assisting centres for PWAs including both economic and psychological supporting.

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in China to protect themselves from HIV?
Gender equality and gender-oriented perspective should be addressed while making the regulations and rules of protecting women from HIV infection.

The free VCT should cover the general population but not limit among marginalized groups and people should be encouraged to participate in the counselling.

Should enforce the free protection service among young women, it includes free condoms distribution, IEC materials, psychological counselling and free testing. Compulsory premarital test should be required to protect both men and women ready for marriage.

Women in the rural areas should draw attention from upper level to the grass root level, since they have very limited education and access to health.

Focus group discussion: 20-24 year olds

Age group: 20-24 years
Number of participants: 12
Profile of participants: included some girls and young women who are: in-school; out-of-school; peer activists; from urban areas; from suburban areas; living with HIV; married and unmarried, IDUs/SWs
Place: Kunming, Yunnan, China

Prevention component 1: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

Girls and young women can get information through various channels, such as school education, TV programs, hospitals, newspapers, internet and community bulletins or some dropping centres for IDUS and SWs.

The married couples can get free condoms in their working units or through community service. Those condoms are distributed by National Family Planning Association. The SWs and IDUS can obtain condoms from the HIV/AIDS related programs, furthermore, people can get free condoms through the big campaign about drugs and HIV organized by both government sectors and NGOs in the Main Playground Centres. Condoms are easy to buy in the pharmacies and venue machines if you have got the money.

Regarding to the STI information, participants have addressed three areas where they find the relevant information, which are hospitals, mid-night TV programs and the TV advertisement in Public Buses. In principal, the participants have found these information are quite useful, on the other hand, they feel the channels to spread STI information is too limited, and the advertisement is too much emphasized the commercial profit but less client-oriented. In terms of the treatment, participants have shared the common view that only go to hospitals can they find the STI services. With the fear of being found by parents or people they know, or have to escape from the social ethics condemn, participants mainly select the private clinics to get the treatment, which might leads to the big loss of money and mistreatment.

“I used to work for TV station, some TV programs advertise STI information and treatment are not based on the real effect but lobbying the costumers with exaggerated words.”

“The cost of STI treatment is out of the pocket of the patients”
Some advertisement or education programs related to STI have made a reversed impression to us, since they are, in some respects; have misled the social judgements to STI patients.

Most participants have known that they can do HIV testing in CDC or Blood bank, but they are not sure whether they can do such a test in comprehensive hospitals.

**How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?**

Many participants think that boys and young men have known about HIV prevention services the same as they do, since the publicity campaign in community have covered everyone equally. Meanwhile, another four participants assume that boys and young men are not afraid of HIV/AIDS as girls and young women do, otherwise, they will not have multiple sexual partners but go for the prevention services.

Participants have the following suggestions in supporting HIV prevention for girls and young women: 1) Men’s awareness of self-hygiene during sexual behaviours; 2) IDUs should stop using drugs, if not, they should not share needles with others; 3) be faithful; 4) Use condom during sexual intercourse; 5) Once infected by HIV, should inform the partner; 6) if the women has been infected by HIV, men should not discriminate the women but keep the relationships; 7) share their information of HIV/AIDS with women.

**What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?**

The VCT service should be expanded to the community level and it should be promoted in a big scope with the message that simply counselling is welcome and the HIV testing is not necessarily required for everyone at each counselling.

Property Management Companies are located in each community, so that it’s easier for them to contact and communicate with the general population if they are able to take advantage of their roles in communities. Within this basement, it can also provide the psychological counselling service and conduct the big publicity campaign of HIV/AIDS information. The presentations by the famous experts in the universities on the aforementioned topics will attract a big mass attention too. One absent service concerning of HIV is the focus on the migrant workers; the participants hope it can cause the attention from the government sectors. It will be much helpful if the community can provide the job opportunities and ensure some warfare to the PLHIVs.

The service will help the girls and young women from unwanted pregnancy and it might postpone their first time of sexual intercourse, meantime, it will help young girls to aware of the importance of how to protect themselves as well as have a psychological preparation on what the problems they are going to encounter with.

**Prevention component 2: Accessibility of services**

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Each participant has acquired HIV information in the community. They all feel they have benefitted from knowing these knowledge. However, they would suggest bigger distribution of the relevant information to the communities located in the boundary areas between urban and suburban. Four participants emphasized the importance to deliver these in formations in the establishments and entertainment centres.

Condoms accessibility is another good experience that participants have used.
Critically, most participants have never received VCT service.

“I think some information should be highlighted and should be alert, for example, the traffic light can be used to promote condom use…”

“The publicity campaign is not enough and it should have a certain focus to the mobile population…”

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

Not sure where to use the testing service is the main barrier for participants to use the testing service, and the fear of the unaffordable cost is another barrier and worry about the attitude of health workers also prevent some participants from taking the service.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

The married women can get free condoms but girls and young women without marriage have to buy condoms by their own and it is morally accepted that married women enjoy more rights to discuss about sex.

Pregnant women are all included in the national HIV/AIDS prevention programs, so all of them can have free VCT and ARV drugs, plus free testing of CD4 and the future milk powder supplementary if they are tested as HIV positive.

HIV positive women can easily access to VCT, ARV and other supportive service. Marginalized population (SWs and IDUs) have been fully focused on, so they might have more services (condom use, clean needles) compare with the other girls and young women.

Prevention component 3: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

There are projects in the community to involve both men and women to discuss about HIV prevention but without gender sensitivity. It is for everyone or special groups (high risk groups) of people in general.

What would encourage you to get more involved in HIV prevention in your community?

The peers influence will encourage some participants to get more involved in HIV prevention; the awareness that more involvement will benefit me and not do any harm to others would encourage some participants’ involvements. Perceived it as a meaningful behaviour and will prevent the disease spreading has encouraged some participants.

Prevention component 4: Legal provision

What do you know about laws in China that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

The Marriage Law has regulated that women can get married at age 20 and men can get married at 22; but people get married at earlier age among ethnic groups, which is not
good for them. The government should promote late marriage and late delivery, in order to prevent the unwanted pregnancy.

Abortion is legal in China; girls can get abortion without parents consent if they go to the private clinics for operation with money. However, participants all agree that with parents company will less the fear and pain for girls during the abortion. There are specific hospitals providing service for those girls or young women when they suffer this situation. To have sexual intercourse with the girl under/included 14 years old is regarded as rape according to the Law in China.

**Prevention component 5: Policy provision:**

*What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?*

Participants do not receive the former education about sex and HIV/AIDS. But four of them have known about HIV/AIDS through the small campaign in school. Some get information in school - about reproductive organs and self hygiene in biology classes.

*What could the government of China do to fight fear about AIDS in your community?*

Reinforce and strengthen the community campaign, let more people know the spreading routes of HIV/AIDS, so that the fear of HIV can be reduced. Organize more presentations conducted by famous experts on HIV/AIDS and send working teams of health professions to base in communities, together with providing the VCT service there.

“Only three routes spreading HIV, so people should know kiss, hug and eat with PWA will not be infected. There should be no fear and worry about this.”

**Summary**

*What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in China to protect themselves from HIV?*

Government should enhance the publicity campaign in efficient ways. Fully and correct use of the mass mediums for the information distribution. The name and contacted numbers of testing sectors should be printed on the IEC materials. The community leaders should cooperate with property Management Company and health workers in the community based –level for a better service on HIV prevention.

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**One-to-one interview:**

**NGO manager (Male, college edu)**

**General**

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

The HIV Prevention work is getting better for girls and young women in China. The increasing consideration has been put on girls and young women, which can be seen from HIV prevention strategies and policies on pregnant women (not necessarily get married. It has indicated that all the pregnant women are provided not only free VCT service and free drugs for treatment if found to be infected, but also will have antenatal care along with milk supplement (under projects). Another evidence to show HIV prevention for girls
and young women has improved is a series of actions that government and NGOs taken for
SWs. HIV/AIDS intervention programs on sex workers have interfered with a big scope of
work such as training and education, prevention tools supporting and STI counselling and
treatment, etc.

Prevention component 1: Legal provision

2. In your opinion, what laws in China are making HIV prevention for girls and young
women better or worse? For example, what difference is made by legislation relating to
issues such as:
* Whether girls can get married at an early age?
* Whether sex work is legal?
* Whether girls or young women can have abortions?
* Whether girls and young women can use sexual and reproductive health services
without their parents’ consent?

In terms of the Marriage Law, Girls can get married at 20 years old, which I do not see a big
influence to HIV prevention for young women. Sex work in China is illegal. If we only take a
consideration of HIV Prevention for girls and young women, the illegitimate identity of SW is in
some degree a constrains for them to expose to the society. The more SWs expose to the
society, the more preventive precautions they can get. It is difficult to reach SWs when they are
hidden from the general. Abortion is legal in China. Suppose it is illegal, the rate of
condom use might increase and in this way, not only pregnancy but also some virus have
been prevented. Yes, young women can use sexual and reproductive health services
without their parents’ consent, which might lead to harm to the young women both
physically and psychologically.

3. How does legislation affect different types of girls and young women and their
vulnerability to HIV? For example how does its effects vary among those that are:
* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

Legislation has more protection to married women than that to unmarried, since the married
couples can receive free condom distribution and they can have more legal protection
and ethic support in terms of sexual relationship compare with the unmarried ones.
According to the legislation, Women living with HIV are equally treated as the men living
with HIV. Orphans can have free education and the family raise them up can receive
monthly allowance. Sex workers can have free VCT service and other benefits as mentioned
above.

4 Overall, what laws could the government change, abolish or introduce to bring the
greatest improvements to HIV prevention for girls and young women?

In general, the laws issued in HIV/AIDS field have been improved including those relevant to
girls and young women. However, how to make the enacted laws work effectively in the
reality remains a problem. For example, the law requires the gender equality to women and
there should be no discrimination and stigma to women but it can not be guaranteed in the
actual life.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care,
condoms or voluntary counselling and testing – make HIV prevention for girls and young
people in China better or worse?
Government now is promoting free VCT service, which is a big advantage for girls and young women. It will be good if the government can also consider to reduce or free the other relevant costs such as the cost for CD4 test and the cost for confirm test of HIV.

PMPCT is very effect to pregnant women and their children. But to make this policy known and used by more young women will be better.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

As far as I know, sexual and reproductive health issues are included in the curriculum from Grade five to university level.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The current policies have introduced gender perspectives but since it is just a start, we should make more exploring and development in order to bring greatest improvements to HIV prevention for girls and young women.

**Prevention component 3: Availability of services**

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   * Male and female condoms?
   * Information and treatment for sexually transmitted infections (STIs)?
   * Voluntary counselling and testing?
   * Antiretroviral drugs (for infants, children and adults)?
   * Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Male condoms, VCT service, ARV drugs (for infants, children and adults) and service and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children are available for girls and young women. Female condoms are not so popular, but could still be found from a few pharmacies and “adults’ shops”. Information and treatment for STI are found from mid-night TV programs and STI departments in each hospital.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   * Unmarried?
   * Out of school?
   * Involved in sex work?
   * Orphaned?
   * Injecting drug users?
   * Migrants?
   * Refugees?
   * HIV positive?

SWs, IDUs and gays can have HIV prevention services in “Women’s centres and dropping centres” which includes IECs, condoms, lubricants, free peer counselling and training and VCT referral. Some HIV positive have their own networks and groups activities, they can have the similar services as the aforementioned group do, in addition, they can have free ARV drugs. A few Migrants under l projects can have prevention services. The above mentioned prevention is supported by government and NGOs.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There is no specific prevention services and information for boys and young men unless they are homosexual. But women, especially young women are comparatively subordinate to
men sexually due to women’s passive role in society, so a publicity campaign on men’s responsibility and prevention services might help young women in HIV prevention.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

More attention should be put to SWs, since they are working as a “bridge” for HIV transmission. How to make an effective way to protect SWs as well as clients and their families is one of the urgent needs.

China has 56 ethnics groups and each with its own culture. Young women at the bordering areas with typical ethnic sexual cultures should be considered as one of the prevention target.

HIV Publicity among young women and living skills training for women positive are needed too.

**Prevention component 4: Accessibility of services**

12. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
   * Cultural norms, for example those prioritise the health of boys over the health of girls?

I think the main barriers to girls and young women using HIV prevention is the cost of the services. The other listed barriers also exist, but are comparatively easy to overcome compare with the economic reason.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is easier for in-school youth to access the services, since they have more opportunities to learn about HIV/AIDS. It is easier for HIV positive women to access the prevention services because free services and treatment are available to them rather than the others. Compare with urban women, women in the rural areas are lack of information, accessibility and availability to the prevention tools.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

To respect girls and young women; to be responsible; always use condoms when have sex; not use drugs; exchange HIV information with young women.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

To explore a good model of improve the accessibility to girls and young women in the rural areas, maybe can consider the advantages of the village doctors or the village leaders.

**Prevention component 5: Participation and rights**
16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

“How much does people know about these commitments? So nothing about application”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

Yes, in some respects. Marriage Law has stated that people (include women) living with HIV can get married. Women living with HIV can make their own choice of delivery.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

* Developing the National AIDS Plan?
* Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Women have definitely involved in developing the national AIDS Plan, but not the young women and girls, since their working and living experience are limited at their “younger” age.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Capacity building of girls and young women and create more opportunities for them to raise up the voices is the priority actions.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Raise awareness among leaders on gender perspective; Create successful SWs HIV prevention model and promote; work out strategies of HIV prevention among migrant women; more focus on rural women regarding to HIV prevention.

One-to-one interview:

Youth Peer educator (Women, junior education)

General

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

It is getting better. I have seen more and more networks of women living with HIV been set up in the recent one or two years. Many scenarios and trainings are women-oriented, and more and more women have attended such discussions. Some female core members have ever been abroad to learn their advanced technology and taken them back for us.

Prevention component 1: Legal provision
In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

* Whether girls can get married at an early age?
* Whether sex work is legal?
* Whether girls or young women can have abortions?
* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The current regulation of girls’ age to get married is no impact to HIV prevention. Sex work is illegal in China, I think the most importance for HIV prevention among sex workers is how much they know about HIV and the contraceptive tools they use, for example, condom use is very useful to prevent the virus. Girls and young women can have abortions and they can use sexual and reproductive health services without their parents’ consent if they have money.

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:

* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

Girls and young women in school have more rights to get information and education of HIV. There is not much difference for married/unmarried women. Girls and young women in rural areas are more vulnerable to HIV, since the accessibility and availability to primary health care and information of HIV are limited. Speaking on the legislation, women living with HIV have been protected and have the same right as the men do. Marginalised groups, I mean the ones under HIV/AIDS intervention program have had the prevention services too.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To learn from Thailand “CUP” policy and promote 100% condom use. To provide free physical examination for young women annually; highlight the importance of HIV prevention among girls and young women.

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

The free VCT service and PMPCT projects for women have made HIV prevention for girls and young women better. Condom social marketing and free condom distribution on World AIDS Days are the better service for young women nowadays.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

I heard that HIV knowledge has been included in universities’ curriculum but I am not sure of sexual and reproductive rights.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?
The implementation of the existing policies or protocols effectively; target groups’ participation in policy-decision; some leaders only know so-called target groups, but not really know who they are and what they need.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   * Male and female condoms?
   * Information and treatment for sexually transmitted infections (STIs)?
   * Voluntary counselling and testing?
   * Antiretroviral drugs (for infants, children and adults)?
   * Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Male condoms can buy everywhere and Family Planning Association is responsible to distribute condom freely to married couples. Have never seen a female condom; Private STI clinics are popular to patients since it can keep the confidentiality in most degree; but information and treatment for STI is very less and the cost is quite high in private clinics. VCT, ARV and drugs for PMPCT is available in China.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   * Unmarried?
   * Out of school?
   * Involved in sex work?
   * Orphaned?
   * Injecting drug users?
   * Migrants?
   * Refugees?
   * HIV positive?

HIV prevention has been focus on high risk groups for years, so that SWs, IDUs and gays can have HIV prevention services in many projects and from many GO and NGO organizations such as “Women’s centres and dropping centres”. The government attitude has shifted to HIV positive in recent one or two years, so the prevention service for us is good. There is a lack of service providing to migrant population, hope this can be changed in future.

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

In my opinion, HIV prevention services and information available for boys and young men has no difference from what are available for girls and young women. I think the training for young men on how to use condoms to protect themselves and their partners is important.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Enforce the publicity campaign and take a good use of mess medium on HIV/AIDS knowledge is most urgently needs. To train the boss and owner of establishment and entertainments about HIV information as well as the importance to use condom is another urgently need to improve HIV prevention for girls and young women.

Prevention component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
The lack of privacy at the services?  
The hours that the services are open?  
The language that the services use?  
The attitudes of the staff that run the services?  
The fear that confidentiality will be breached by the services?  
The attitudes of parents or friends?  
Cultural norms, for example those prioritise the health of boys over the health of girls?

The cost of the services, the lack of privacy at the services, the attitudes of the staff run the services, the attitudes of parents of friends and the service hours are all the barriers for young women using HIV prevention.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is easier for married women to access the sex information and contraceptive tools. The students in school have more opportunity to learn HIV knowledge. HIV positive women is under the law protection, so the services is easier for them too.

14 What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

To be faithful; To use condoms during intercourse.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

IEC of HIV should be available and accessible in private clinics; the prevention services should consider the migrant women’s needs; the prevention service should be accessible in communities.

Prevention component 5: Participation and rights

16 How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

“I have heard of these commitments in the training attended two days ago. But I do not know the situation of application.”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

The National response to AIDS should be “rights-based” and “human-oriented”, the current AIDS policy has recognized and address some sexual and reproductive health rights of women living with HIV, but there is a big gap between the real needs.

18. What extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

“I think it is still in an exploring process on how to let young women to involve in decision-making about AIDS at the national level. Maybe it is in western countries?!”
19 Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

I don’t know how to answer this question.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Reinforce the publicity campaign; Complete the education and training system; easier the accessibility to acquire the relevant information.

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**One-to-one interview:**

**PLHIV network coordinator**  (female, junior school education)

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**General**

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

I feel it is improved. The funding we have received from different donors or NGOs or government have more focus on girls and women, which have attracted more and more women living with HIV join our network and participate our activities.

**Prevention component 1: Legal provision**

2  
In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

* Whether girls can get married at an early age?
* Whether sex work is legal?
* Whether girls or young women can have abortions?
* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The early married age will make negative impact to girls and young women. The awareness of safe sex and HIV prevention tend to be low at the younger age, they do not know how to protect themselves.

Sex work is illegal in China. I think it is not good for HIV prevention among sex workers, since they are under the social and clients’ pressure without Law protection.

I think abortion in China is illegal. So the girls and young women have to go to the “illegal private clinics for abortion, this might harm the women’ bodies and make them infected by virus.”

It is not a matter whether should have the parents’ consent to use SR health services.

3  
How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:

* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?
I do not see much varies that the legislation does to affect different girls and young women and their vulnerability to HIV is similar.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

We should regulate men to use condoms whenever they have sex including marriage.

**Prevention component 2: Policy provision**

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

The current running programs on VCT and antenatal care make HIV prevention for girls and young people in China better. The programs focus on SWs and female IDUs have helped the marginalized women in terms of HIV prevention. The dropping centres and the Women’s centre have created a friendly environment for these women.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“I think the curriculum of sex education is the same for both boys and girls. I heard that sex education is started from junior school education till university period.”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Take a serious consideration in making the publicity campaign policy and put specific attention to women in the rural areas.

**Prevention component 3: Availability of services**

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   - Male and female condoms?
   - Information and treatment for sexually transmitted infections (STIs)?
   - Voluntary counselling and testing?
   - Antiretroviral drugs (for infants, children and adults)?
   - Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

I think all the mentioned services are available for girls and young women in cities, bit the accessibility and availability of HIV prevention services to women in rural areas is very limited.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   - Unmarried?
   - Out of school?
   - Involved in sex work?
   - Orphaned?
   - Injecting drug users?
   - Migrants?
   - Refugees?
   - HIV positive?

The prevention services for sex workers, IDUs, gay and HIV positive are similar. The training program, needle exchange program, contraceptive tools for safe sex, free VCT supports are
provided for these groups of people. In addition, HIV positive can have free ARV drugs 
supply. There is no specific service for unmarried and out of school people. Orphans have 
some kind of warfare.

10 What type and extent of HIV prevention services and information are available for boys 
and young men? How does this affect the situation for girls and young women?

I think no particular HIV prevention services and information for boys and young men. They 
are same as what provided for women. I don’t see this affect the situation for women and 
girls.

11. Overall, what type of services most urgently needs to be increased to improve HIV 
prevention for girls and young women?

Although ARV drugs are available to HIV positive people but many of them lack of the 
awareness and knowledge of CD4 and immune system, so some AIDS patients do not go for 
drugs and treatment. The policies should make the health education and health treatment 
known to HIV positive people and especially young women.

**Prevention component 4: Accessibility of services**

12 What are the main barriers to girls and young women using HIV prevention services in 
China? For example, is it:
* The cost of the services?
* The location of the services?
* The lack of privacy at the services?
* The hours that the services are open?
* The language that the services use?
* The attitudes of the staff that run the services?
* Fear that confidentiality will be breached by the services?
* The attitudes of parents or friends?
* Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barriers are the cost of the services, the lack of privacy at the services and the 
hours that the services are open.

13 Are HIV prevention services easier or harder for particular types of girls and young 
women to access? For example, is it easier or harder if they are: Married or unmarried? In 
school or out of school? HIV positive?

I think for the above mentioned groups of girls and young women, HIV prevention services 
are the same. But HIV prevention services for women in rural arrears are harder.

**Promote condoms use and encourage boys and young men to give more care and support 
to girls and young women.**

14 What role do boys and young men have in making HIV prevention services easier and 
better for girls and young women?

**Prevention component 5: Participation and rights**

15. Overall, what priority actions could be taken to make HIV prevention services more 
ablessicible to girls and young women?

To make the big publicity campaigns in schools and communities. Let people know what 
services are available and where they can access to these services. They are there, but 
many people do not know about this.
16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

I don’t know about this.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

I think in some way it is “right-based” such as HIV positive women can have choice for the baby and we should respect HIV positives. But it is far less than the real needs.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
* Developing the National AIDS Plan?
* Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

I guess there are girls and young women’s participation.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

I don’t know how to answer this question.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

They should learn how to diminish the stigma and discrimination to HIV positive people. They should learn how to respect women infected by HIV. They should call for the attention of the whole society that stigma and discrimination to people with HIV are unfair.

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One-to-one interview:

Doctor providing sexual and reproductive health to women (female, university edu.)

General

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

It is getting better. The gender sensitivities have been addressed more and more to HIV prevention. You can’t imagine girls and young women are able to receive so many benefits in the past.

Prevention component 1: Legal provision

2. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
* Whether girls can get married at an early age?
* Whether sex work is legal?
* Whether girls or young women can have abortions?
* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?
Women can get married at 20 years old. It should be fine from the reproductive perspective but to postpone the late marriage could in some respects postpone the first time of sex which will protect women from virus and disease invading in some respects at their younger years.

Sex work is illegal in China. Take the point of HIV prevention; it is more important to consider the importance of the management of sex industries and sex workers rather than simply talking about the legalization of sex work. The attention on regular physical examination and follow up the infected SW patients are more meaningful at this time.

Girls and young women can have abortion and they can use SR health service without their parents consent. I think it is good and rational for HIV prevention, for example, if young women catch STI, they would I select to hospital without notice to parents in order to keep her privacy.

3. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example, how does its effects vary among those that are:
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?

Girls and young women in rural areas are likely more vulnerable to HIV. They are lack of information and expertise once found to be infected.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The decision makers and the law makers should consider the voice from the girls and young women when talking about HIV prevention. They should shift their attitude from subjective to objective in making the law.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

Condoms have been required to put in the hotels is an effective way to protect women especially those engage in sex work. PMPCT projects have provided a great help for delivery women and their antenatal are. Free VCT service is not only available for men but all the women as well. Methadone replacement programs and needle exchange programs are good for girls and young women too.

6. Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

"It should be included into the curriculum by the Department of Education. But there is no gender difference as far as I know"

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To promote the "Four Free and One care" policy, and the PMPCT policy to the general population will bring the greatest improvements to HIV prevention for girls and young women.
Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   * Male and female condoms?
   * Information and treatment for sexually transmitted infections (STIs)?
   * Voluntary counselling and testing?
   * Antiretroviral drugs (for infants, children and adults)?
   * Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

These prevention services are all available in China but the ones in rural area might have less access to obtain them.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   * Unmarried?
   * Out of school?
   * Involved in sex work?
   * Orphaned?
   * Injecting drug users?
   * Migrants?
   * Refugees?
   * HIV positive?

There is no specific target on unmarried or those out of school, but these groups of women are part of general population, therefore they have had the HIV prevention services as others do.

A special attention have been given to marginalized population such as sex workers, IDUs, HIV positive people, the scope can be ranged from training, education, information to ARV drugs and treatments. Migrant program do not cover the whole country, in some provinces such as coast cities, but should be emphasized.

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

   It is the same for both men and women. Slightly differ maybe happen in MCH departments, there women can have more information and service than men.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

   The effectiveness of publicity campaign of HIV/AIDS for girls and young women, and the mechanism to deliver these information to girls and young women are urgently needs, we have lots of existing policies, information and drugs but how to let it be known remains a problem.

Prevention component 4: Accessibility of services

10. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barriers are the attitude of the health staff, the lack of privacy at the services and the service hours for rural women.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

I think for the above mentioned groups of girls and young women, HIV prevention services are the same. But HIV prevention services for women in rural areas are harder.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Men should be faithful to their partners; Men should remember to use condoms during sex.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Expand the accessibility and availability of HIV prevention service for women in rural areas by making policies and regulation or even can put it into daily work of the multiple sectors.

Prevention component 5: Participation and rights

16 How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

Based on the Convention on the Rights of the Child and the convention on the Elimination of all Forms of Discrimination against Women, China have developed two regulations namely Women and Children develop protocols and Children Development Protocols

17. To what extent is the national response to AIDS 'rights-based'? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

HIV positive women can have choice their own choice of the baby, people should respect HIV positives and VCT service is voluntary not compulsory are all addressed the rights of the women. But I hope can see more in the future.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

I don’t think girls and young women have participated into such big event. It is impossible at this stage for them to involve in the national law decision.

19 Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Raising self protection awareness and reinforce the publicity campaign national wide.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?
Three guarantees from each level: government should make the laws and policies work effectively. Donors should guarantee the funding investments for HIV projects. Community leaders should be responsible for running all the relevant projects in a good way.

| One-to-one interview: |
| Leader of Family Planning Association (male, college edu) |

**General**

1. **What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse ... and why?**

   It is getting better. We can find out from the policies such as “Four Free one Care” and “National AIDS Prevention Regulations”. Moreover, the projects on implementation also show the fact that issues related to women in HIV field have attracted more and more attention.

**Prevention component 1: Legal provision**

2. **In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:**
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

   I do not see much impact from the marriage age to HIV prevention for girls’ young women now.

   Sex work is illegal in China. In my opinion, it has set up the barrier to condom promotion among sex workers and clients. Thailand has made a good example for HIV prevention among sex workers.

   Without parents’ consent, girls and young women can have abortions and use other sexual and reproductive health services. I consider this as human-oriented regulations.

3. **How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:**
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?

   Students in school have had more access to learn about HIV and compare with those out of school, they are less vulnerable. The unmarried women are vulnerable to HIV if we put a comparison with married women, since they will expose to ethic condemns once they have encountered the sex related problems. Women from rural areas are the most vulnerable once, their accessibility and availability to HIV information and prevention tools are quite limited and their awareness of health is quite low. Women living with HIV would like to expose to the society, the current policies can provide them ARV drugs and free them from some other tests fees.
Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The laws should make a focus on women in the rural areas where HIV prevention is the urgent needed. Another approach is to take a fully use of the present education systems, let the students be trained in the school and they can spread the relevant HIV information to their family members without language constrains.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

It will make HIV prevention among women better if the present protocols and policies could include: Raise HIV awareness among leaders in various levels; try to reduce the stigma and discrimination among women; provide working opportunities to Women living with HIV.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Yes, the sex education has been greatly improved in school since 1999. The curriculum has been changing according to the actual needs in society. It has included the reproductive health issues but also HIV knowledge.

7. Overall, what policies or protocols could the government change, abolishes or introduces to bring the greatest improvements to HIV prevention for girls and young women?

The policies or protocols development should emphasize HIV prevention for women in the rural areas. And the input for HIV prevention for women should be more specially the funding support. For example, there are no condom venue machines in rural area or 24 hours groceries for selling, and even with it the traditional concept of sex will hamper men and women to get it in rural places, so it creates more opportunities for HIV transmission.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get?

* Male and female condoms?
* Information and treatment for sexually transmitted infections (STIs)?
* Voluntary counselling and testing?
* Antiretroviral drugs (for infants, children and adults)?
* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

The mentioned prevention services are available for girls and young women in cities but it is not difficult for them to use these services but most prevention services remain a problem for women in rural areas.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

* Unmarried?
* Out of school?
* Involved in sex work?
* Orphaned?
* Injecting drug users?
* Migrants?
* Refugees?
* HIV positive?
The initial HIV prevention focus has been put on risk groups such as sex workers, IDUs and HIV positive. Based on this situation, the services for women in the marginalized groups are available however, HIV control in migrants women are not easy, since China is so big and the number of domestic movements are increasing years after years. Unmarried and women out of school are part of the general population; the services are available for them equally to others.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

The information and services for boys and young men are almost the same as those for women. It should make some specific content for men and boys, since their dominate role in the society and they are more open to sex.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

To deeper the concept of HIV and the services related with prevention services among girls and young women; to enhance the publicity campaign of HIV among women and make the women in the rural areas learn this information; varies measures of how to deliver the service to different groups of people should be taken into considerations. The complex situation such as different ethnic languages and cultures, and prejudice come from the traditional ethic condemns should not be neglected.

Prevention component 4: Accessibility of services

12 That are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
   * Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barrier to girls and young women using HIV prevention services in city is the cost of the services. However, all the aforementioned barriers are the main barriers for women in the rural areas.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Women married, in school and HIV positive are easier to access HIV prevention services.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Boys and young men should be responsible for their behaviours. They should insist on condom use.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Set up more service centres; reinforce publicity-campaign in various levels; distribute more information and prevention tools to girls and young women.
Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

I have never heard of those commitments.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

It is recognize and address the sexual and reproductive health rights of women living with HIV, but it has not been highlighted.

18. What extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Not sure.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Not sure.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Three suggestions:
Take a full use of mess medium for HIV publicity campaign;
Conceptualize or re-conceptualize HIV among leaders in different levels;
Regulate HIV education and training and make specific attention to different groups.

One-to-one interview:

NGO manager (Male, college edu)

General

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

The HIV Prevention work is getting better for girls and young women in China. The increasing consideration has been put on girls and young women, which can be seen from HIV prevention strategies and policies on pregnant women (not necessarily get married. It has indicated that all the pregnant women are provided not only free VCT service and free drugs for treatment if found to be infected, but also will have antenatal care along with milk supplement (under projects). Another evidence to show HIV prevention for girls and young women has improved is a series of actions that government and NGOs taken for SWs. HIV/AIDS intervention programs on sex workers have interfered with a big scope of work such as training and education, prevention tools supporting and STI counselling and treatment, etc.
Prevention component 1: Legal provision

4. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

In terms of the Marriage Law, Girls can get married at 20 years old, which I do not see a big influence to HIV prevention for young women. Sex work in China is illegal. If we only take a consideration of HIV Prevention for girls and young women, the illegimate identity of SW is in some degree a constrains for them to expose to the society. The more SWs expose to the society, the more preventive precautions they can get. It is difficult to reach SWs when they are hidden from the general. Abortion is legal in China. Suppose it is illegal, the rate of condom use might increase and in this way, not only pregnancy but also some virus have been prevented. Yes, young women can use sexual and reproductive health services without their parents’ consent, which might lead to harm to the young women both physically and psychologically.

5. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?

Legislation has more protection to married women than that to unmarried, since the married couples can receive free condom distribution and they can have more legal protection and ethic support in terms of sexual relationship compare with the unmarried ones. According to the legislation, Women living with HIV are equally treated as the men living with HIV. Orphans can have free education and the family raise them up can receive monthly allowance. Sex workers can have free VCT service and other benefits as mentioned above.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

In general, the laws issued in HIV/AIDS field have been improved including those relevant to girls and young women. However, how to make the enacted laws work effectively in the reality remains a problem. For example, the law requires the gender equality to women and there should be no discrimination and stigma to women but it can not be guaranteed in the actual life.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

Government now is promoting free VCT service, which is a big advantage for girls and young women. It will be good if the government can also consider to reduce or free the other relevant costs such as the cost for CD4 test and the cost for confirm test of HIV.

PMPCT is very effect to pregnant women and their children. But to make this policy known and used by more young women will be better.
6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

As far as I know, sexual and reproductive health issues are included in the curriculum from Grade five to university level.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The current policies have introduced gender perspectives but since it is just a start, we should make more exploring and development in order to bring greatest improvements to HIV prevention for girls and young women.

Prevention component 3: Availability of services

11. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:

* Male and female condoms?
* Information and treatment for sexually transmitted infections (STIs)?
* Voluntary counselling and testing?
* Antiretroviral drugs (for infants, children and adults)?
* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Male condoms, VCT service, ARV drugs (for infants, children and adults) and service and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children are available for girls and young women. Female condoms are not so popular, but could still be found from a few pharmacies and “adults’ shops”. Information and treatment for STI are found from mid-night TV programs and STI departments in each hospital.

12. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

* Unmarried?
* Out of school?
* Involved in sex work?
* Orphaned?
* Injecting drug users?
* Migrants?
* Refugees?
* HIV positive?

SWs, IDUs and gays can have HIV prevention services in “Women’s centres and dropping centres” which includes IECs, condoms, lubricants, free peer counselling and training and VCT referral. Some HIV positive have their own networks and groups activities, they can have the similar services as the aforementioned group do, in addition, they can have free ARV drugs. A few Migrants under l projects can have prevention services. The above mentioned prevention is supported by government and NGOs.

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There is no specific prevention services and information for boys and young men unless they are homosexual. But women, especially young women are comparatively subordinate to men sexually due to women’s passive role in society, so a publicity campaign on men’s responsibility and prevention services might help young women in HIV prevention.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?
More attention should be put to SWs, since they are working as a “bridge” for HIV transmission. How to make an effective way to protect SWs as well as clients and their families is one of the urgent needs.

China has 56 ethnics groups and each with its own culture. Young women at the bordering areas with typical ethnic sexual cultures should be considered as one of the prevention target.

HIV Publicity among young women and living skills training for women positive are needed too.

Prevention component 4: Accessibility of services

13. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
   * Cultural norms, for example those prioritise the health of boys over the health of girls?

I think the main barriers to girls and young women using HIV prevention is the cost of the services. The other listed barriers also exist, but are comparatively easy to overcome compare with the economic reason.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is easier for in-school youth to access the services, since they have more opportunities to learn about HIV/AIDS. It is easier for HIV positive women to access the prevention services because free services and treatment are available to them rather than the others. Compare with urban women, women in the rural areas are lack of information, accessibility and availability to the prevention tools.

15. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

To respect girls and young women; to be responsible; always use condoms when have sex; not use drugs; exchange HIV information with young women;

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

To explore a good model of improve the accessibility to girls and young women in the rural areas, maybe can consider the advantages of the village doctors or the village leaders.

Prevention component 5: Participation and rights

16How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?
   “How much does people know about these commitments? So nothing about application”
17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

Yes, in some respects. Marriage Law has stated that people (include women) living with HIV can get married. Women living with HIV can make their own choice of delivery.

19. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Women have definitely involved in developing the national AIDS Plan, but not the young women and girls, since their working and living experience are limited at their “younger” age.

19 Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Capacity building of girls and young women and create more opportunities for them to raise up the voices is the priority actions.

**Summary**

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Raise awareness among leaders on gender perspective; Create successful SWs HIV prevention model and promote; work out strategies of HIV prevention among migrant women; more focus on rural women regarding to HIV prevention.

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**One-to-one interview:**

Youth Peer educator (Women, junior education)

**General**

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse ... and why?

It is getting better. I have seen more and more networks of women living with HIV been set up in the recent one or two years. Many scenarios and trainings are women-oriented, and more and more women have attended such discussions. Some female core members have ever been abroad to learn their advanced technology and taken them back for us.
Prevention component 1: Legal provision

3 In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The current regulation of girls’ age to get married is no impact to HIV prevention. Sex work is illegal in China, I think the most importance for HIV prevention among sex workers is how much they know about HIV and the contraceptive tools they use, for example, condom use is very useful to prevent the virus. Girls and young women can have abortions and they can use sexual and reproductive health services without their parents’ consent if they have money.

4. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?

Girls and young women in school have more rights to get information and education of HIV. There is not much difference for married/ unmarried women. Girls and young women in rural areas are more vulnerable to HIV, since the accessibility and availability to primary health care and information of HIV are limited. Speaking on the legislation, women living with HIV have been protected and have the same right as the men do. Marginalised groups, I mean the ones under HIV/AIDS intervention program have had the prevention services too.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To learn from Thailand “CUP” policy and promote 100% condom use. To provide free physical examination for young women annually; highlight the importance of HIV prevention among girls and young women.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

The free VCT service and PMPCT projects for women have made HIV prevention for girls and young women better. Condom social marketing and free condom distribution on World AIDS Days are the better service for young women nowadays.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

I heard that HIV knowledge has been included in universities’ curriculum but I am not sure of sexual and reproductive rights.
7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The implementation of the existing policies or protocols effectively; target groups’ participation in policy-decision; some leaders only know so-called target groups, but not really know who they are and what they need.

Prevention component 3: Availability of services

9. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   - Male and female condoms?
   - Information and treatment for sexually transmitted infections (STIs)?
   - Voluntary counselling and testing?
   - Antiretroviral drugs (for infants, children and adults)?
   - Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Male condoms can buy everywhere and Family Planning Association is responsible to distribute condom freely to married couples. Have never seen a female condom; Private STI clinics are popular to patients since it can keep the confidentiality in most degree; but information and treatment for STI is very less and the cost is quite high in private clinics. VCT, ARV and drugs for PMPCT is available in China.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   - Unmarried?
   - Out of school?
   - Involved in sex work?
   - Orphaned?
   - Injecting drug users?
   - Migrants?
   - Refugees?
   - HIV positive?

HIV prevention has been focus on high risk groups for years, so that SWs, IDUs and gays can have HIV prevention services in many projects and from many GO and NGO organizations such as “Women’s centres and dropping centres”. The government attitude has shifted to HIV positive in recent one or two years, so the prevention service for us is good. There is a lack of service providing to migrant population, hope this can be changed in future.

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

In my opinion, HIV prevention services and information available for boys and young men has no difference from what are available for girls and young women. I think the training for young men on how to use condoms to protect themselves and their partners is important.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Enforce the publicity campaign and take a good use of mess medium on HIV/AIDS knowledge is most urgently needs. To train the boss and owner of establishment and entertainments about HIV information as well as the importance to use condom is another urgently need to improve HIV prevention for girls and young women.

Prevention component 4: Accessibility of services
13. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentiality will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example those prioritise the health of boys over the health of girls?

The cost of the services, the lack of privacy at the services, the attitudes of the staff run the services, the attitudes of parents of friends and the service hours are all the barriers for young women using HIV prevention.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is easier for married women to access the sex information and contraceptive tools. The students in school have more opportunity to learn HIV knowledge. HIV positive women is under the law protection, so the services is easier for them too.

15. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

To be faithful; To use condoms during intercourse.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

IEC of HIV should be available and accessible in private clinics; the prevention services should consider the migrant women’s needs; the prevention service should be accessible in communities.

**Prevention component 5: Participation and rights**

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

“I have heard of these commitments in the training attended two days ago. But I do not know the situation of application.”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

The National response to AIDS should be “rights-based” and “human-oriented”, the current AIDS policy has recognized and address some sexual and reproductive health rights of women living with HIV, but there is a big gap between the real needs.

19. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?
I think it is still in an exploring process on how to let young women to involve in decision-making about AIDS at the national level. Maybe it is in western countries?!

19 Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

I don’t know how to answer this question.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Reinforce the publicity campaign; Complete the education and training system; easier the accessibility to acquire the relevant information.

<table>
<thead>
<tr>
<th>One-to-one interview:</th>
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<tr>
<td>PLWHIV network coordinator  (female, junior school education)</td>
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**General**

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

I feel it is improved. The funding we have received from different donors or NGOs or government have more focus on girls and women, which have attracted more and more women living with HIV join our network and participate our activities.

**Prevention component 1: Legal provision**

3. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The early married age will make negative impact to girls and young women. The awareness of safe sex and HIV prevention tend to be low at the younger age, they do not know how to protect themselves.

Sex work is illegal in China. I think it is not good for HIV prevention among sex workers, since they are under the social and clients’ pressure without Law protection.

I think abortion in China is illegal. So the girls and young women have to go to the “illegal private clinics for abortion, this might harm the women’ bodies and make them infected by virus.”

It is not a matter whether should have the parents’ consent to use SR health services.

5. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   * In/out of school?
Married/unmarried?
In rural/urban areas?
Living with HIV?
From marginalised groups (such as sex workers, migrants or orphans)?

I do not see much varies that the legislation does to affect different girls and young women and their vulnerability to HIV is similar.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

We should regulate men to use condoms whenever they have sex including marriage.

**Prevention component 2: Policy provision**

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

The current running programs on VCT and antenatal care make HIV prevention for girls and young people in China better. The programs focus on SWs and female IDUs have helped the marginalized women in terms of HIV prevention. The dropping centres and the Women’s centre have created a friendly environment for these women.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“I think the curriculum of sex education is the same for both boys and girls. I heard that sex education is started from junior school education till university period. ”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Take a serious consideration in making the publicity campaign policy and put specific attention to women in the rural areas.

**Prevention component 3: Availability of services**

10 What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:

* Male and female condoms?
* Information and treatment for sexually transmitted infections (STIs)?
* Voluntary counselling and testing?
* Antiretroviral drugs (for infants, children and adults)?
* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

I think all the mentioned services are available for girls and young women in cities, bit the accessibility and availability of HIV prevention services to women in rural areas is very limited.
10. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
* Unmarried?
* Out of school?
* Involved in sex work?
* Orphaned?
* Injecting drug users?
* Migrants?
* Refugees?
* HIV positive?*

The prevention services for sex workers, IDUs, gay and HIV positive are similar. The training program, needle exchange program, contraceptive tools for safe sex, free VCT supports are provided for these groups of people. In addition, HIV positive can have free ARV drugs supply. There is no specific service for unmarried and out of school people. Orphans have some kind of warfare.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

I think no particular HIV prevention services and information for boys and young men. They are same as what provided for women. I don’t see this affect the situation for women and girls.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Although ARV drugs are available to HIV positive people but many of them lack of the awareness and knowledge of CD4 and immune system, so some AIDS patients do not go for drugs and treatment. The policies should make the health education and health treatment known to HIV positive people and especially young women.

**Prevention component 4: Accessibility of services**

13. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
* The cost of the services?
* The location of the services?
* The lack of privacy at the services?
* The hours that the services are open?
* The language that the services use?
* The attitudes of the staff that run the services?
* Fear that confidentiality will be breached by the services?
* The attitudes of parents or friends?
* Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barriers are the cost of the services, the lack of privacy at the services and the hours that the services are open.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

I think for the above mentioned groups of girls and young women, HIV prevention services are the same. But HIV prevention services for women in rural areas are harder.
15. at role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Promote condoms use and encourage boys and young men to give more care and support to girls and young women.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

To make the big publicity campaigns in schools and communities. Let people know what services are available and where they can access to these services. They are there, but many people do not know about this.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

I don’t know about this.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

I think in some way it is “right-based” such as HIV positive women can have choice for the baby and we should respect HIV positives. But it is far less than the real needs.

19. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

I guess there are girls and young women’s participation.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

I don’t know how to answer this question.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

They should learn how to diminish the stigma and discrimination to HIV positive people. They should learn how to respect women infected by HIV. They should call for the attention of the whole society that stigma and discrimination to people with HIV are unfair.
1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

It is getting better. The gender sensitivities have been addressed more and more to HIV prevention. You can’t imagine girls and young women are able to receive so many benefits in the past.

Prevention component 1: Legal provision

4. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

Women can get married at 20 years old. It should be fine from the reproductive perspective but to postpone the late marriage could in some respects postpone the first time of sex which will protect women from virus and disease invading in some respects at their younger years.

Sex work is illegal in China. Take the point of HIV prevention; it is more important to consider the importance of the management of sex industries and sex workers rather than simply talking about the legalization of sex work. The attention on regular physical examination and follow up the infected SW patients are more meaningful at this time.

Girls and young women can have abortion and they can use SR health service without their parents consent. I think it is good and rational for HIV prevention, for example, if young women catch STI, they would I select to hospital without notice to parents in order to keep her privacy.

5. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?

Girls and young women in rural areas are likely more vulnerable to HIV. They are lack of information and expertise once found to be infected.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The decision makers and the law makers should consider the voice from the girls and young women when talking about HIV prevention. They should shift their attitude from subjective to objective in making the law.

Prevention component 2: Policy provision
5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

Condoms have been required to put in the hotels is an effective way to protect women especially those engage in sex work. PMPCT projects have provided a great help for delivery women and their antenatal are. Free VCT service is not only available for men but all the women as well. Methadone replacement programs and needle exchange programs are good for girls and young women too.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“it should be included into the curriculum by the Department of Education. But there is no gender difference as far as I know”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To promote the “Four Free and One care” policy, and the PMPCT policy to the general population will bring the greatest improvements to HIV prevention for girls and young women.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   * Male and female condoms?
   * Information and treatment for sexually transmitted infections (STIs)?
   * Voluntary counselling and testing?
   * Antiretroviral drugs (for infants, children and adults)?
   * Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

These prevention services are all available in China but the ones in rural area might have less access to obtain them.

10. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   * Unmarried?
   * Out of school?
   * Involved in sex work?
   * Orphaned?
   * Injecting drug users?
   * Migrants?
   * Refugees?
   * HIV positive?

There is no specific target on unmarried or those out of school, but these groups of women are part of general population, therefore they have had the HIV prevention services as others do.

A special attention have been given to marginalized population such as sex workers, IDUs, HIV positive people, the scope can be ranged from training, education, information to ARV drugs and treatments. Migrant program do not cover the whole country, in some provinces such as coast cities, but should be emphasized.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?
It is the same for both men and women. Slightly differ maybe happen in MCH departments, there women can have more information and service than men.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

The effectiveness of publicity campaign of HIV/AIDS for girls and young women, and the mechanism to deliver these information to girls and young women are urgently needs, we have lots of existing policies, information and drugs but how to let it be known remains a problem.

Prevention component 4: Accessibility of services

13. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
   * Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barriers are the attitude of the health staff, the lack of privacy at the services and the service hours for rural women.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

I think for the above mentioned groups of girls and young women, HIV prevention services are the same. But HIV prevention services for women in rural arrears are harder.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Men should be faithful to their partners; Men should remember to use condoms during sex.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Expand the accessibility and availability of HIV prevention service for women in rural areas by making policies and regulation or even can put it into daily work of the multiple sectors.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

Based on the Convention on the Rights of the Child and the convention on the Elimination of all Forms of Discrimination against Women, China have developed two regulations namely Women and Children develop protocols and Children Development Protocols.
17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

HIV positive women can have choice their own choice of the baby, people should respect HIV positives and VCT service is voluntary not compulsory are all addressed the rights of the women. But I hope can see more in the future.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   - Developing the National AIDS Plan?
   - Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

I don’t think girls and young women have participated into such big event. It is impossible at this stage for them to involve in the national law decision.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Raising self protection awareness and reinforce the publicity campaign national wide.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Three guarantees from each level: government should make the laws and policies work effectively. Donors should guarantee the funding investments for HIV projects. Community leaders should be responsible for running all the relevant projects in a good way.

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One-to-one interview:

NGO manager (Male, college edu)

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse ... and why?

The HIV Prevention work is getting better for girls and young women in China. The increasing consideration has been put on girls and young women, which can be seen from HIV prevention strategies and policies on pregnant women (not necessarily get married. It has indicated that all the pregnant women are provided not only free VCT service and free drugs for treatment if found to be infected, but also will have antenatal care along with milk supplement (under projects). Another evidence to show HIV prevention for girls and young women has improved is a series of actions that government and NGOs taken for SWs. HIV/AIDS intervention programs on sex workers have interfered with a big scope of work such as training and education, prevention tools supporting and STI counselling and treatment, etc.
Prevention component 1: Legal provision

6. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

In terms of the Marriage Law, Girls can get married at 20 years old, which I do not see a big influence to HIV prevention for young women. Sex work in China is illegal. If we only take a consideration of HIV Prevention for girls and young women, the illegitimate identity of SW is in some degree a constrains for them to expose to the society. The more SWs expose to the society, the more preventive precautions they can get. It is difficult to reach SWs when they are hidden from the general. Abortion is legal in China. Suppose it is illegal, the rate of condom use might increase and in this way, not only pregnancy but also some virus have been prevented. Yes, young women can use sexual and reproductive health services without their parents’ consent, which might lead to harm to the young women both physically and psychologically.

7. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?

Legislation has more protection to married women than that to unmarried, since the married couples can receive free condom distribution and they can have more legal protection and ethic support in terms of sexual relationship compare with the unmarried ones.
According to the legislation, Women living with HIV are equally treated as the men living with HIV. Orphans can have free education and the family raise them up can receive monthly allowance. Sex workers can have free VCT service and other benefits as mentioned above.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

In general, the laws issued in HIV/AIDS field have been improved including those relevant to girls and young women. However, how to make the enacted laws work effectively in the reality remains a problem. For example, the law requires the gender equality to women and there should be no discrimination and stigma to women but it can not be guaranteed in the actual life.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

Government now is promoting free VCT service, which is a big advantage for girls and young women. It will be good if the government can also consider to reduce or free the other relevant costs such as the cost for CD4 test and the cost for confirm test of HIV.

PMPCT is very effect to pregnant women and their children. But to make this policy known and used by more young women will be better.
6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

As far as I know, sexual and reproductive health issues are included in the curriculum from Grade five to university level.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The current policies have introduced gender perspectives but since it is just a start, we should make more exploring and development in order to bring greatest improvements to HIV prevention for girls and young women.

Prevention component 3: Availability of services

14. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   * Male and female condoms?
   * Information and treatment for sexually transmitted infections (STIs)?
   * Voluntary counselling and testing?
   * Antiretroviral drugs (for infants, children and adults)?
   * Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Male condoms, VCT service, ARV drugs (for infants, children and adults) and service and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children are available for girls and young women. Female condoms are not so popular, but could still be found from a few pharmacies and "adults' shops". Information and treatment for STI are found from mid-night TV programs and STI departments in each hospital.

15. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   * Unmarried?
   * Out of school?
   * Involved in sex work?
   * Orphaned?
   * Injecting drug users?
   * Migrants?
   * Refugees?
   * HIV positive*?

SWs, IDUs and gays can have HIV prevention services in "Women’s centres and dropping centres" which includes IECs, condoms, lubricants, free peer counselling and training and VCT referral. Some HIV positive have their own networks and groups activities, they can have the similar services as the aforementioned group do, in addition, they can have free ARV drugs. A few Migrants under l projects can have prevention services. The above mentioned prevention is supported by government and NGOs.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There is no specific prevention services and information for boys and young men unless they are homosexual. But women, especially young women are comparatively subordinate to men sexually due to women’s passive role in society, so a publicity campaign on men’s responsibility and prevention services might help young women in HIV prevention.
11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

More attention should be put to SWs, since they are working as a “bridge” for HIV transmission. How to make an effective way to protect SWs as well as clients and their families is one of the urgent needs.

HIV Publicity among young women and living skills training for women positive are needed too.

**Prevention component 4: Accessibility of services**

14. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
   * Cultural norms, for example those prioritise the health of boys over the health of girls?

I think the main barriers to girls and young women using HIV prevention is the cost of the services. The other listed barriers also exist, but are comparatively easy to overcome compared with the economic reason.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is easier for in-school youth to access the services, since they have more opportunities to learn about HIV/AIDS. It is easier for HIV positive women to access the prevention services because free services and treatment are available to them rather than the others. Compare with urban women, women in the rural areas are lack of information, accessibility and availability to the prevention tools.

16. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

To respect girls and young women; to be responsible; always use condoms when have sex; not use drugs; exchange HIV information with young women;

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

To explore a good model of improve the accessibility to girls and young women in the rural areas, maybe can consider the advantages of the village doctors or the village leaders.
Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China? “How much does people know about these commitments? So nothing about application”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

Yes, in some respects. Marriage Law has stated that people (include women) living with HIV can get married. Women living with HIV can make their own choice of delivery.

20. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Women have definitely involved in developing the national AIDS Plan, but not the young women and girls, since their working and living experience are limited at their “younger” age.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

   Capacity building of girls and young women and create more opportunities for them to raise up the voices is the priority actions.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Raise awareness among leaders on gender perspective; Create successful SWs HIV prevention model and promote; work out strategies of HIV prevention among migrant women; more focus on rural women regarding to HIV prevention.

One-to-one interview:
Youth Peer educator (Women, junior education)

General

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse ... and why?

   It is getting better. I have seen more and more networks of women living with HIV been set up in the recent one or two years. Many scenarios and trainings are women-oriented, and more and more women have attended such discussions. Some female core members have ever been abroad to learn their advanced technology and taken them back for us.

Prevention component 1: Legal provision
4 In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

* Whether girls can get married at an early age?
* Whether sex work is legal?
* Whether girls or young women can have abortions?
* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The current regulation of girls’ age to get married is no impact to HIV prevention. Sex work is illegal in China, I think the most importance for HIV prevention among sex workers is how much they know about HIV and the contraceptive tools they use, for example, condom use is very useful to prevent the virus. Girls and young women can have abortions and they can use sexual and reproductive health services without their parents’ consent if they have money.

5. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:

* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

Girls and young women in school have more rights to get information and education of HIV. There is not much difference for married/ unmarried women. Girls and young women in rural areas are more vulnerable to HIV, since the accessibility and availability to primary health care and information of HIV are limited. Speaking on the legislation, women living with HIV have been protected and have the same right as the men do. Marginalised groups, I mean the ones under HIV/AIDS intervention program have had the prevention services too.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To learn from Thailand “CUP” policy and promote 100% condom use. To provide free physical examination for young women annually; highlight the importance of HIV prevention among girls and young women.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

The free VCT service and PMPCT projects for women have made HIV prevention for girls and young women better. Condom social marketing and free condom distribution on World AIDS Days are the better service for young women nowadays.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

I heard that HIV knowledge has been included in universities’ curriculum but I am not sure of sexual and reproductive rights.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?
The implementation of the existing policies or protocols effectively; target groups’ participation in policy-decision; some leaders only know so-called target groups, but not really know who they are and what they need.

Prevention component 3: Availability of services

10. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:
   
   * Male and female condoms?
   * Information and treatment for sexually transmitted infections (STIs)?
   * Voluntary counselling and testing?
   * Antiretroviral drugs (for infants, children and adults)?
   * Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Male condoms can buy everywhere and Family Planning Association is responsible to distribute condom freely to married couples. Have never seen a female condom; Private STI clinics are popular to patients since it can keep the confidentiality in most degree; but information and treatment for STI is very less and the cost is quite high in private clinics. VCT, ARV and drugs for PMPCT is available in China.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   
   * Unmarried?
   * Out of school?
   * Involved in sex work?
   * Orphaned?
   * Injecting drug users?
   * Migrants?
   * Refugees?
   * HIV positive?

HIV prevention has been focus on high risk groups for years, so that SWs, IDUs and gays can have HIV prevention services in many projects and from many GO and NGO organizations such as “Women’s centres and dropping centres”. The government attitude has shifted to HIV positive in recent one or two years, so the prevention service for us is good. There is a lack of service providing to migrant population, hope this can be changed in future.

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

In my opinion, HIV prevention services and information available for boys and young men has no difference from what are available for girls and young women. I think the training for young men on how to use condoms to protect themselves and their partners is important.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Enforce the publicity campaign and take a good use of mess medium on HIV/AIDS knowledge is most urgently needs. To train the boss and owner of establishment and entertainments about HIV information as well as the importance to use condom is another urgently need to improve HIV prevention for girls and young women.

Prevention component 4: Accessibility of services

14. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   
   * The cost of the services?
   * The location of the services?
* The lack of privacy at the services?
* The hours that the services are open?
* The language that the services use?
* The attitudes of the staff that run the services?
* Fear that confidentiality will be breached by the services?
* The attitudes of parents or friends?
* Cultural norms, for example those prioritise the health of boys over the health of girls?

The cost of the services, the lack of privacy at the services, the attitudes of the staff run the services, the attitudes of parents of friends and the service hours are all the barriers for young women using HIV prevention.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

It is easier for married women to access the sex information and contraceptive tools. The students in school have more opportunity to learn HIV knowledge. HIV positive women is under the law protection, so the services is easier for them too.

16 What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

To be faithful; To use condoms during intercourse.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

IEC of HIV should be available and accessible in private clinics; the prevention services should consider the migrant women’s needs; the prevention service should be accessible in communities.

Prevention component 5: Participation and rights

16 How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

“I have heard of these commitments in the training attended two days ago. But I do not know the situation of application.”

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

The National response to AIDS should be “rights-based” and “human-oriented”, the current AIDS policy has recognized and address some sexual and reproductive health rights of women living with HIV, but there is a big gap between the real needs.

20. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

* Developing the National AIDS Plan?
* Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

“I think it is still in an exploring process on how to let young women to involve in decision-making about AIDS at the national level. Maybe it is in western countries?!”
Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

I don’t know how to answer this question.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Reinforce the publicity campaign; Complete the education and training system; easier the accessibility to acquire the relevant information.

One-to-one interview:

PLHIV network coordinator  (female, junior school education)

General

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

I feel it is improved. The funding we have received from different donors or NGOs or government have more focus on girls and women, which have attracted more and more women living with HIV join our network and participate our activities.

Prevention component 1: Legal provision

4 In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   * Whether girls can get married at an early age?
   * Whether sex work is legal?
   * Whether girls or young women can have abortions?
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The early married age will make negative impact to girls and young women. The awareness of safe sex and HIV prevention tend to be low at the younger age, they do not know how to protect themselves.

Sex work is illegal in China. I think it is not good for HIV prevention among sex workers, since they are under the social and clients’ pressure without Law protection.

I think abortion in China is illegal. So the girls and young women have to go to the “illegal private clinics for abortion, this might harm the women’ bodies and make them infected by virus.”

It is not a matter whether should have the parents’ consent to use SR health services.

6 How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   * In/out of school?
   * Married/unmarried?
   * In rural/urban areas?
   * Living with HIV?
   * From marginalised groups (such as sex workers, migrants or orphans)?
I do not see much varies that the legislation does to affect different girls and young women and their vulnerability to HIV is similar.

**4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?**

We should regulate men to use condoms whenever they have sex including marriage.

**Prevention component 2: Policy provision**

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

The current running programs on VCT and antenatal care make HIV prevention for girls and young people in China better. The programs focus on SWs and female IDUs have helped the marginalized women in terms of HIV prevention. The dropping centres and the Women’s centre have created a friendly environment for these women.

**6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?**

“I think the curriculum of sex education is the same for both boys and girls. I heard that sex education is started from junior school education till university period.”

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Take a serious consideration in making the publicity campaign policy and put specific attention to women in the rural areas.

**Prevention component 3: Availability of services**

11. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get:

* Male and female condoms?
* Information and treatment for sexually transmitted infections (STIs)?
* Voluntary counselling and testing?
* Antiretroviral drugs (for infants, children and adults)?
* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

I think all the mentioned services are available for girls and young women in cities, bit the accessibility and availability of HIV prevention services to women in rural areas is very limited.

11. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

* Unmarried?
* Out of school?
* Involved in sex work?
* Orphaned?
* Injecting drug users?
* Migrants?
* Refugees?
* HIV positive?

The prevention services for sex workers, IDUs, gay and HIV positive are similar. The training program, needle exchange program, contraceptive tools for safe sex, free VCT supports are
provided for these groups of people. In addition, HIV positive can have free ARV drugs supply. There is no specific service for unmarried and out of school people. Orphans have some kind of warfare.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

I think no particular HIV prevention services and information for boys and young men. They are same as what provided for women. I don’t see this affect the situation for women and girls.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Although ARV drugs are available to HIV positive people but many of them lack of the awareness and knowledge of CD4 and immune system, so some AIDS patients do not go for drugs and treatment. The policies should make the health education and health treatment known to HIV positive people and especially young women.

Prevention component 4: Accessibility of services

14 What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
   * The cost of the services?
   * The location of the services?
   * The lack of privacy at the services?
   * The hours that the services are open?
   * The language that the services use?
   * The attitudes of the staff that run the services?
   * Fear that confidentiality will be breached by the services?
   * The attitudes of parents or friends?
   * Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barriers are the cost of the services, the lack of privacy at the services and the hours that the services are open.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

I think for the above mentioned groups of girls and young women, HIV prevention services are the same. But HIV prevention services for women in rural arrears are harder.

16 At role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Promote condoms use and encourage boys and young men to give more care and support to girls and young women.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

To make the big publicity campaigns in schools and communities. Let people know what services are available and where they can access to these services. They are there, but many people do not know about this.

Prevention component 5: Participation and rights
16 How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

I don’t know about this.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

I think in some way it is “right-based” such as HIV positive women can have choice for the baby and we should respect HIV positives. But it is far less than the real needs.

20 To what extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
  - Developing the National AIDS Plan?
  - Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

I guess there are girls and young women’s participation.

19 Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

I don’t know how to answer this question.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

They should learn how to diminish the stigma and discrimination to HIV positive people. They should learn how to respect women infected by HIV. They should call for the attention of the whole society that stigma and discrimination to people with HIV are unfair.

One-to-one interview:

Doctor providing sexual and reproductive health to women (female, university edu.)

General

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse … and why?

It is getting better. The gender sensitivities have been addressed more and more to HIV prevention. You can’t imagine girls and young women are able to receive so many benefits in the past.

Prevention component 1: Legal provision
6. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

* Whether girls can get married at an early age?
* Whether sex work is legal?
* Whether girls or young women can have abortions?
* Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

Women can get married at 20 years old. It should be fine from the reproductive perspective but to postpone the late marriage could in some respects postpone the first time of sex which will protect women from virus and disease invading in some respects at their younger years.

Sex work is illegal in China. Take the point of HIV prevention; it is more important to consider the importance of the management of sex industries and sex workers rather than simply talking about the legalization of sex work. The attention on regular physical examination and follow up the infected SW patients are more meaningful at this time.

Girls and young women can have abortion and they can use SR health service without their parents consent. I think it is good and rational for HIV prevention, for example, if young women catch STI, they would select to hospital without notice to parents in order to keep her privacy.

7. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:

* In/out of school?
* Married/unmarried?
* In rural/urban areas?
* Living with HIV?
* From marginalised groups (such as sex workers, migrants or orphans)?

Girls and young women in rural areas are likely more vulnerable to HIV. They are lack of information and expertise once found to be infected.

4 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The decision makers and the law makers should consider the voice from the girls and young women when talking about HIV prevention. They should shift their attitude from subjective to objective in making the law.

**Prevention component 2: Policy provision**

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

Condoms have been required to put in the hotels is an effective way to protect women especially those engage in sex work. PMPCT projects have provided a great help for delivery women and their antenatal care. Free VCT service is not only available for men but all the women as well. Methadone replacement programs and needle exchange programs are good for girls and young women too.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“It should be included into the curriculum by the Department of Education. But there is no gender difference as far as I know”
To promote the “Four Free and One care” policy, and the PMPCT policy to the general population will bring the greatest improvements to HIV prevention for girls and young women.

Prevention component 3: Availability of services

- Male and female condoms?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counselling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children?

These prevention services are all available in China but the ones in rural area might have less access to obtain them.

11. What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
   - Unmarried?
   - Out of school?
   - Involved in sex work?
   - Orphaned?
   - Injecting drug users?
   - Migrants?
   - Refugees?
   - HIV positive?

There is no specific target on unmarried or those out of school, but these groups of women are part of general population, therefore they have had the HIV prevention services as others do.

A special attention have been given to marginalized population such as sex workers, IDUs, HIV positive people, the scope can be ranged from training, education, information to ARV drugs and treatments. Migrant program do not cover the whole country, in some provinces such as coast cities, but should be emphasized.

10. What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

It is the same for both men and women. Slightly differ maybe happen in MCH departments, there women can have more information and service than men.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

The effectiveness of publicity campaign of HIV/AIDS for girls and young women, and the mechanism to deliver these information to girls and young women are urgently needs, we have lots of existing policies, information and drugs but how to let it be known remains a problem.

Prevention component 4: Accessibility of services

16. What are the main barriers to girls and young women using HIV prevention services in China? For example, is it:
The cost of the services?
* The location of the services?
* The lack of privacy at the services?
* The hours that the services are open?
* The language that the services use?
* The attitudes of the staff that run the services?
* Fear that confidentiality will be breached by the services?
* The attitudes of parents or friends?
* Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barriers are the attitude of the health staff, the lack of privacy at the services and the service hours for rural women.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

I think for the above mentioned groups of girls and young women, HIV prevention services are the same. But HIV prevention services for women in rural areas are harder.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Men should be faithful to their partners; Men should remember to use condoms during sex.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Expand the accessibility and availability of HIV prevention service for women in rural areas by making policies and regulation or even can put it into daily work of the multiple sectors.

Prevention component 5: Participation and rights

16 How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

Based on the Convention on the Rights of the Child and the convention on the Elimination of all Forms of Discrimination against Women, China have developed two regulations namely Women and Children development protocols and Children Development Protocols.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

HIV positive women can have choice their own choice of the baby, people should respect HIV positives and VCT service is voluntary not compulsory are all addressed the rights of the women. But I hope can see more in the future.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

I don’t think girls and young women have participated into such big event. It is impossible at this stage for them to involve in the national law decision.
19 Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Raising self protection awareness and reinforce the publicity campaign national wide.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Three guarantees from each level: government should make the laws and policies work effectively. Donors should guarantee the funding investments for HIV projects. Community leaders should be responsible for running all the relevant projects in a good way.

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**One-to-one interview:**

Leader of Family Planning Association (male, college edu)

**General**

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse ... and why?

It is getting better. We can find out from the policies such as "Four Free one Care" and "National AIDS Prevention Regulations". Moreover, the projects on implementation also show the fact that issues related to women in HIV field have attracted more and more attention.

**Prevention component 1: Legal provision**

4. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:  
   * Whether girls can get married at an early age?  
   * Whether sex work is legal?  
   * Whether girls or young women can have abortions?  
   * Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

I do not see much impact from the marriage age to HIV prevention for girls’ young women now.

Sex work is illegal in China. In my opinion, it has set up the barrier to condom promotion among sex workers and clients. Thailand has made a good example for HIV prevention among sex workers.

Without parents’ consent, girls and young women can have abortions and use other sexual and reproductive health services. I consider this as human-oriented regulations.

5. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:  
   * In/out of school?  
   * Married/unmarried?  
   * In rural/urban areas?  
   * Living with HIV?  
   * From marginalised groups (such as sex workers, migrants or orphans)?
Students in school have had more access to learn about HIV and compare with those out of school, they are less vulnerable. The unmarried women are vulnerable to HIV if we put a comparison with married women, since they will expose to ethic condemns once they have encountered the sex related problems. Women from rural areas are the most vulnerable once, their accessibility and availability to HIV information and prevention tools are quite limited and their awareness of health is quite low. Women living with HIV would like to expose to the society, the current policies can provide them ARV drugs and free them from some other tests fees.

7 Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The laws should make a focus on women in the rural areas where HIV prevention is the urgent needed. Another approach is to take a fully use of the present education systems, let the students be trained in the school and they can spread the relevant HIV information to their family members without language constrains.

Prevention component 2: Policy provision

5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

It will make HIV prevention among women better if the present protocols and policies could include: Raise HIV awareness among leaders in various levels; try to reduce the stigma and discrimination among women; provide working opportunities to Women living with HIV.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Yes, the sex education has been greatly improved in school since 1999. The curriculum has been changing according to the actual needs in society. It has included the reproductive health issues but also HIV knowledge.

7. Overall, what policies or protocols could the government change, abolishes or introduces to bring the greatest improvements to HIV prevention for girls and young women?

The policies or protocols development should emphasize HIV prevention for women in the rural areas. And the input for HIV prevention for women should be more specially the funding support. For example, there are no condom venue machines in rural area or 24 hours groceries for selling, and even with it the traditional concept of sex will hamper men and women to get it in rural places, so it creates more opportunities for HIV transmission.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get?

* Male and female condoms?
* Information and treatment for sexually transmitted infections (STIs)?
* Voluntary counselling and testing?
* Antiretroviral drugs (for infants, children and adults)?
* Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children?

The mentioned prevention services are available for girls and young women in cities but it is not difficult for them to use these services but most prevention services remain a problem for women in rural areas.

12 What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
The initial HIV prevention focus has been put on risk groups such as sex workers, IDUs and HIV positive. Based on this situation, the services for women in the marginalized groups are available however, HIV control in migrants women are not easy, since China is so big and the number of domestic movements are increasing years after years. Unmarried and women out of school are part of the general population; the services are available for them equally to others.

10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

The information and services for boys and young men are almost the same as those for women. It should make some specific content for men and boys, since their dominate role in the society and they are more open to sex.

11 Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

To deeper the concept of HIV and the services related with prevention services among girls and young women; to enhance the publicity campaign of HIV among women and make the women in the rural areas learn this information; varies measures of how to deliver the service to different groups of people should be taken into considerations. The complex situation such as different ethnic languages and cultures, and prejudice come from the traditional ethic condemns should not be neglected,

Prevention component 4: Accessibility of services

13 That are the main barriers to girls and young women using HIV prevention services in China? For example, is it:

- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentiality will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example those prioritise the health of boys over the health of girls?

The main barrier to girls and young women using HIV prevention services in city is the cost of the services. However, all the aforementioned barriers are the main barriers for women in the rural areas.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Women married, in school and HIV positive are easier to access HIV prevention services.

14 What role do boys and young men have in making HIV prevention services easier and better for girls and young women?
Boys and young men should be responsible for their behaviours. They should insist on condom use.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Set up more service centres; reinforce publicity-campaign in various levels; distribute more information and prevention tools to girls and young women.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

I have never heard of those commitments.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

It is recognize and address the sexual and reproductive health rights of women living with HIV, but it has not been highlighted.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Not sure.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Not sure.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

Three suggestions: Take a full use of mess medium for HIV publicity campaign; Conceptualize or re-conceptualize HIV among leaders in different levels; Regulate HIV education and training and make specific attention to different groups.
One-to-one interview:  
HIV Project Officer from UNFPA  (Female, University edu)

**General**

1. What is your impression about the general situation of HIV prevention for girls and young women in China? Are things getting better or worse ... and why?

Currently, an impression about the general situation of HIV prevention for girls and young women in China is not in a good situation. Since there is a trend that HIV prevalence among women is increasing rapidly, in particular, young women. The main reasons may include: (1) lack of knowledge and awareness on HIV prevention. (2) lack of safer behavior and negotiating skills among the vulnerable groups such as sex workers, and those who sell sex due to the poverty and life pressure, or those who may make money through selling sex and to use drugs. (3) It may also have the potential risk of transmission from their sexual partners.

**Prevention component 1: Legal provision**

2. In your opinion, what laws in China are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
   - Whether girls can get married at an early age?
   - Whether sex work is legal?
   - Whether girls or young women can have abortions?
   - Whether girls and young women can use sexual and reproductive health services without their parents' consent?

HIV/AIDS Prevention Regulation (Item 6, 17) are making HIV prevention for girls and young women better, however, it strongly recommends that when implementing HIV prevention program for them, it needs to integrate with some knowledge or information on legislation relating to issues mentioned in the question 2. Otherwise, the HIV/AIDS Prevention Regulation has nothing relation to the legislation relating to issues mentioned.

3. How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:
   - In/out of school?
   - Married/unmarried?
   - In rural/urban areas?
   - Living with HIV?
   - From marginalised groups (such as sex workers, migrants or orphans)?

The HIV/AIDS Prevention Action Plan (2006-2010) specified targeted prevention for high risk groups, such as condom promotion together with standardized STI services provision, mostly focusing on those who are out of schools, married/unmarried, living with HIV in rural or urban areas.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The HIV/AIDS Prevention Action Plan (2006-2010) and HIV Regulation may make the government bring the greatest improvements to HIV prevention for girls and young women, however, it needs to be well planned and implemented, not only at the policy level.

**Prevention component 2: Policy provision**
5. What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counselling and testing – make HIV prevention for girls and young people in China better or worse?

HIV/AIDS Prevention Action Plan (2006-2010) and HIV/AIDS Prevention Regulation make HIV prevention for girls and young people in China better in relation to antenatal care, condoms, or VCT. It needs to upscale not only on a pilot process.

6. Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

“Schooling Health Regulation” (1990) and “China HIV/AIDS Prevention and Control Long and Mid-Term Plan” (1998-2010) addressed that HIV/AIDS and STI knowledge should be included in the general health education curriculum which consist of puberty and sexuality while in school. However, it seems that there are no clear operational guidelines on what should be taught to whom and at what levels, hence, the courses need to be evaluated.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Currently, it is difficult to say what policies or protocols could bring the greatest improvements to HIV prevention for girls and young women, due to lacking of an effective evaluation indicator.

**Prevention component 3: Availability of services**

8. What type and scale of HIV prevention services are available for girls and young women in China? For example, to what extent is it possible for them to get?

- Male and female condoms?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counselling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Now the comprehensive services for HIV prevention are available for girls and young women in China, for example, get male condoms (it seems that female condoms are too expensive; and difficult to get them from the clinics and drug stores), STI services and information, VCT, ARV services. These services could be accessible at local CDC, STI clinics and etc.

9. What type and scale of HIV prevention services are available for particular types of girls and young women? For example, what services are there for those who are:

- Unmarried?
- Out of school?
- Involved in sex work?
- Orphaned?
- Injecting drug users?
- Migrants?
- Refugees?
- *HIV positive*?

The initial HIV prevention focus has been put on risk groups such as sex workers, IDUs and HIV positive. Based on this situation, the services for women in the marginalized groups are available however, HIV control in migrants women are not easy, since China is so big and the number of domestic movements are increasing years after years. Unmarried and women out of school are part of the general population; the services are available for them equally to others.
10 What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Mostly important is that there is a lack of policies relating to ASRH soonest, and targeted and appropriate provision of RH services for girls and young women should be determined.

11. Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Major barriers for HIV prevention services may include lack of privacy, attitudes of service providers, parents or friends, as well as lack of confidentiality.

**Prevention component 4: Accessibility of services**

12 That are the main barriers to girls and young women using HIV prevention services in China? For example, is it:

- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentiality will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example those prioritise the health of boys over the health of girls?

The services are easier for all the groups mentioned in this question at the project level. It depends on the local situation.

13 Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

Women married, in school and HIV positive are easier to access HIV prevention services.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Priority actions include accessible information, STI and RH services and available condoms, as well as VCT services.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

N/A.

**Prevention component 5: Participation and rights**

16 How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in China?

Not very specify for women living with HIV.

17. To what extent is the national response to AIDS ‘rights-based’? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

There are representatives who are living with HIV participating in CCM for the GFATM,
most of them are young men, not young women.

18. What extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:
   * Developing the National AIDS Plan?
   * Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Not sure.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Firstly, it needs to advocate national decision makers, and create opportunities to setup communications between them.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders - that would bring the biggest improvements to HIV prevention for girls and young women in China?

3-4 Key actions: (1) Mobilize leadership, to promote changes in attitude and understanding of HIV prevention for girls and young women. (2) Improve the national evaluation system on this issue and advocate for policy making. (3) Integrate social resources on HIV, ARH and women and girls programs. (4) Hear voices from NGOs and themselves.