Perceptions and Attitudes Regarding Sex and Condom Use Among Chinese College Students: A Qualitative Study

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INTRODUCTION

Human immunodeficiency virus (HIV) infection presents a growing threat to China. The first patient with acquired immunodeficiency syndrome (AIDS) in China was diagnosed in 1985. By the end of 2000, infected individuals had been identified in all 31 administrative regions (i.e., provinces, autonomous regions, and municipalities) in China (Grusky et al., 2002). As of June 2003, 45,092 seropositive cases and 3,532 AIDS patients had been reported (China Ministry of Health and UN Theme Group on HIV/AIDS in China, 2003). Of reported cases, approximately three-fourths are men and 81% are 20–39 years of age (Qi, 2002). While the actual HIV seroprevalence in China is uncertain, the current official estimate of HIV infection by the Chinese government exceeds 840,000, with 80,000 AIDS patients (China Ministry of Health and UN Theme Group on HIV/AIDS in China, 2003). In the absence of effective prevention strategies, it is predicted that 10 million Chinese people will carry HIV by 2010 (Qi, 2002).

While injection drug users and former plasma donors constitute the sources of the majority of seropositive cases, there is also evidence for the role of sexual transmission in the epidemic (China Ministry of Health and UN Theme Group on HIV/AIDS in China, 2003; Qi, 2002). The proportion of sexually transmitted HIV infections increased from 5.5% in 1997 to 10.9% by the end of 2002 (China Ministry of Health and UN Theme Group on HIV/AIDS in China, 2003). Most of the sexual transmissions have been reported from high-risk populations such as commercial sex workers and
individuals with sexually transmitted diseases (STDs) (Lu et al., 2002). China has an estimated 10 million commercial sex workers (Shafer, 2003). Recent studies among Chinese female sex workers in Guangxi (Qu et al., 2002), Shenzhen (Luo et al., 2002), and Beijing (Rogers et al., 2002) indicated that most of them were unmarried and young (in their 20s). Data from a national population sample in China suggested that the most of the clients of commercial sex workers are educated, middle-class men less than 35 years of age (Parish, 2002). HIV infection rates among sentinel commercial sex workers increased from 6% in 1999 to 11% in 2000 (UNAIDS, 2002). Nationwide, the incidence of STDs increased 420% among women and 390% among men from 1990 to 1998 (Zhang and Ma, 2002).

Sexual behaviors and sexual attitudes among the general Chinese population have been changing rapidly over the last two decades (Zhang et al., 1999). Many young and educated people view pre-marital sex, extramarital sex, multiple sexual partners, and homosexuality as acceptable behaviors (Gil, 1994; Grusky et al., 2002; Kaufman and Jing, 2002; Zhang et al., 1999). However, Chinese youth, including college students, appear to have limited knowledge about HIV/AIDS and sexual health (Gao et al., 2001). In two surveys conducted among college students in Beijing, only one-half of them knew that use of a condom could reduce the risk of HIV/STD infection (Niu et al., 1999; Sun et al., 1999). The comorbidity of injection drug use, sex trade, and STDs, in combination with changing sexual attitudes and an absence of prevention knowledge among adolescents and young adults, raises the specter of a potential sexual epidemic of HIV/AIDS in the world’s most populous nation (Qu et al., 2002; van den Hoek et al., 2001).

In response, the Chinese government has established education and prevention among adolescents and young adults as one of its top strategies for combatting the HIV/STD epidemic (China Ministry of Health, 2001). Given the size of its population and limited financial resources, there has been a growing interest in China in devising effective, affordable, and culturally appropriate behavioral prevention strategies (Watanabe, 1999; Wu, 2002), particularly for its younger generation (Wu, 2002). However, there have been limited systematic behavioral prevention efforts to date in China. There is substantial evidence from Western countries that HIV/AIDS prevention efforts can reduce risk behaviors if certain guiding principles are followed (Kim et al., 1997; Kirby, 1995). Given the resources and time required to develop and to evaluate effective HIV/AIDS prevention programs, it would be expedient to adapt interventions that have been shown to be successful in other settings for use in China. However, the conflicting epidemiologic trends—rapidly rising rates of sexual transmission of HIV/STD in the context of low rates of sexual activity—present a dilemma for efforts to adapt HIV/STD prevention programs among adolescents and young adults. Compared to most Western countries (Starkman and Rajani, 2002) and many African countries (Aggleton et al., 1994), rates of sexual experience among even late adolescents in China are low. A 1989 study reported that 13% of male and 6% of female college students (mostly 18–22 years of age) were sexually experienced. In 1992 percentages had increased only marginally for male students (19%) and were somewhat increased for female students (17%) (Zhang, 1993). The rates remained essentially unchanged in 1998 among 1,689 undergraduate students in Beijing (15% male and 13% female) (Li et al., 2000). Data from the European Union–China program on STD and HIV/AIDS indicated that 10.5% of college students in Beijing were sexually experienced (Stewart et al., 2000). While prevention efforts are most effective prior to the onset of an epidemic (Kirby, 1995; Kirby et al., 1994), and effective prevention programs do exist (Kim et al., 1997), these prevention efforts were designed for populations experiencing much higher rates of adolescent sexual activity and for different cultures. For example, one prevention intervention program, “Focus on Kids,” was designed for use among low-income, urban African-American youth 9–15 years of age, among whom 36% were sexually experienced at baseline with a mean age of 12 years (Stanton et al., 1996). While this intervention was successfully adapted in a different cultural setting (Namibia, Africa), the baseline rates of sexual activity were even higher (48%) than those in the American setting (Stanton et al., 1999). Therefore, while prevention interventions are needed, and these measures have been developed and proven effective in settings with higher rates of sexual activity, these prevention intervention approaches may need to be substantially reconfigured for settings with different cultures and HIV risk exposures such as China. Because there are limited data regarding HIV-related perceptions and exposures among Chinese adolescents and young adults including college students, a good understanding of HIV-related risk perceptions and exposure in the context of Chinese culture will be a necessary step toward a successful cultural adaptation of a prevention intervention program developed.