

MSM Communities

昆明男男性行为者社区调查

MSM Communities in Kunming



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**Family Health
International**
家庭健康国际



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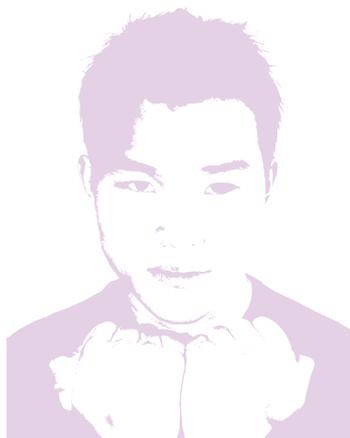
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词汇表

- BF – 男朋友
- BSS – 行为监测调查
- CST – 关怀、支持和治疗
- FGD – 专题小组讨论
- FHI – 家庭健康国际
- IDI – 深入访谈
- MARP – 高危人群
- MB – 以男同性恋者为商业性交易对象的男性（指男性性工作者）
- MSM – 男男性行为者
- MSW – 男性性工作者
- PLHA – 艾滋病病毒感染者 / 艾滋病病人
- SBC – 策略行为交流
- STI – 性传播感染
- TG – 跨性人
- VCT – 自愿咨询检测

昆明市的男男性行为者项目

春雨同心工作组 – 在家庭健康国际的支持下与昆明市健康教育所开展合作项目

七彩天空工作组 – 云南省健康教育所支持开展的项目

云南同志网 – 个人开办的男同性恋网站，宣传艾滋病预防和健康生活信息，同时开展其他活动



报告提要

中国的艾滋病防治项目开始加大对男男性行为者的干预力度，但由于对造成男男性行为者的性取向和高危行为的价值观和信仰缺乏了解，项目很难接触到这一人群。以往针对中国男男性行为者所做的调查研究表明，男男性行为者的艾滋病知识水平较高，但在肛交中的安全套使用率很低。尽管已经开展了多年以知识为导向的行为改变干预，但中国男男性行为者中的危险行为仍然普遍存在，他们认识不到自身面临的危险；艾滋病预防工作要想取得重大突破，就有必要了解这种现状的深层次原因。

调查集中关注造成男男性行为者危险认知低和安全套使用率低的价值观和信仰，评估男男性行为者对卫生服务和艾滋病病毒感染者的态度。本次调查的产出将用于开发更有效的行为改变宣传信息，从而推动中国针对男男性行为者的性病艾滋病预防和关怀项目。

评估活动包括对男男性行为者的 91 份深入访谈和五批专题小组讨论，内容涉及生活经历、未来计划、危险认知、性行为、求医行为和价值观。调查组成员包括家庭健康国际（FHI）的三名工作人员、春雨同心工作组的五名男男性行为者同伴教育工作者（负责招募调查对象）和云南大学的五名社会工作系学生（负责开展访谈）。

主要结论和建议

尽管男男性行为者的艾滋病知识水平较高，但他们仍然从事高危行为，没有认识到自身面临的感染危险。出现这种情况的原因主要有两点，第一点是价值观问题，即认为只有特定类型的人群才会感染艾滋病病毒；第二点是观念问题，即错误地相信某些预防措施能保证万无一失。这类价值观同时还导致男男性行为者对艾滋病病毒感染者持极端的负面态度。调查人员针对这种情况提出以下三点建议：

1. 针对男男性行为者的行为改变宣传信息不应仅仅局限于艾滋病基本知识的传播，还应解决促成高危行为的人群价值观。尤其应该将安全套和润滑剂使用与男男性行为者人群的正面价值观联系起来，包括对男性和女性性伴之间的纯洁、爱、忠诚和责任等形象。应该特别注意解决固定性伴之间的安全套使用，因为固定性伴通常认为安全套是恐惧、不信任或关系破裂的表现。应该重新定义安全套，将其表达为两个人之间的爱意和亲密，体现了两个人互相保护对方、关心对方的美好愿望。

2. 应该开发反歧视宣传信息，并与预防宣传信息一起传播，减少关于“干净性伴”以及“不干净性伴”的错误认识，增加对艾滋病病毒感染者的同情和支持。

3. 行为改变宣传信息不应仅仅将男男性行为者作为目标人群来关注他们的性行为，还应将他们看作普通男人，提出他们的需求和渴望。安全套使用、性病治疗和筛查以及自愿咨询检测等宣传信息不仅应强调对男男性行为者的好处、有利于维持他们的长期关系和推动社会对整个男男性行为者人群的接受程度，还应强调有利于履行家庭责任、生育健康的孩子和供养家人。

本次调查面向昆明现有的男男性行为者人群，虽然该人群还没有形成正式的社会网络，但还是应该调动他们来增强预防和关怀项目、减少歧视和为艾滋病病毒感染者提供支持，这个方案完全可行。

除了应解决更广泛的社会价值观和认知之外，还应加强对基本事实的了解，这方面还存在着一个很大的缺口。虽然男男性行为者非常熟悉艾滋病病毒的传播途径，也知道安全套能有效地预防感染，但他们普遍认为清洗是一项有效的预防措施。该人群对性病的认识较低，宣传信息应该强调性病和艾滋病病毒感染危险之间的联系。

卫生服务宣传信息还应同时解决艾滋病相关歧视问题。服务的推广应该注重培养男男性行为者人群的爱心和同情心。鼓励艾滋病病毒感染者参与同伴外展活动、活动中心活动和交流活动，这样有助于消除歧视、纠正错误认识和促进安全行为。

重要发现：男男性行为者在性病艾滋病预防 关怀和治疗方面的价值观、信仰和实践

I. 社区价值观和规范

调查表明中国确实存在一个同性恋社区，该社区虽然结构比较松散，但具有相同的价值观、信仰、渴望、社会网络和行为。本次调查中的大多数男性将自己和其他人称为同志，该词的字面意思是指“志同道合”。按照调查对象的说法，作为同志，就意味着在同志人群内的交往有着共同的责任、价值观和支持网络。相同的价值观强调纯洁的情感、爱情、信任和身体、形象两方面的洁净。

II. 健康观念

调查对象从三个方面定义了健康这个词，即生理、行为和心理。在健康概念的每个方面，身体和形象上的“干净”都是一个关键的决定因素。从身体角度来讲，调查对象将健康人描述为不仅没有病，而且看起来强健和洁净。从行为角度来讲，调查对象将健康人描述为过着“干净”生活方式、不从事经常性的商业性行为和临时性行为的人。调查对象还将心理健康描述为没有“不正当”的个人欲望，主要是指性欲——例如对离奇的性行为感兴趣，像性虐待 / 性受虐狂或身体束缚。

III. 危险认知

调查对象一致提到“干净”行为的艾滋病病毒传播危险低，而“不干净”行为的危险性高。干净行为和不干净行为的界定反映了多种错误认识：固定性伴被认为比临时性伴更安全，即使调查对象认识到男朋友之间的单配现象非常少见。还有一些人被认为较安全，如社会地位好的人、教育程度高的人、讲卫生的人（如开始性行为之前和结束性行为之后洗手）。男性工作者被认为是传播性病艾滋病的“危险分子”，因为他们“不干净”，缺乏正确的价值观和行为。虽然所有调查对象都证明自己知道安全套能预防艾滋病病毒，但大多数并不经常使用安全套，他们详细地解释了自己与各类“干净的”、“舒适的”和相对安全的性伴不使用安全套的原因。

IV. 预防行为

调查对象报告自己采取了许多行为来降低艾滋病病毒感染的危险。值得注意的是，在最开始被问到安全套使用问题时，大多数调查对象报告自己与所有性伴坚持使用安全套；但在后来的访谈和进一步提问中，大部分人更改或澄清了自己的说法。最主要的预防方法是选择看起来很干净的性伴。安全套使用率在固定性伴之间尤其低，安全套被看作是信任和亲密的绊脚石。

除了选择适当的性伴之外，调查对象普遍相信性行为前后清洗身体和生殖器能有效预防性病和艾滋病病毒感染。一些调查对象除了使用水和香皂之外，还使用特殊的药物性洗涤剂或消毒剂来清洗自己。许多调查对象报告说在没有安全套或认为不需要使用安全套的情况下，清洗是一项可靠的预防措施。

V. 渴望

大多数调查对象尽量在两个矛盾的对立面间平衡着自己的生活和个人关系，一方面是与男朋友维持长期关系，另一方面是通过结婚生子来履行个人、家庭和社会责任。多个调查对象表示自己既希望能维持长期的同性关系，也希望能结婚生子。在谈到将来计划时，调查对象普遍认为最理想的情况是将同性性伴融入传统的家庭结构中。

VI. 求医行为：性病诊疗、自愿咨询检测以及关怀、支持和治疗服务

虽然调查对象的艾滋病知识水平较高，但他们对性病的认识存在着一些主要的误解，调查对象基本上都相信：1) 所有性病都有明显的症状；2) 所有性病都可治愈；3) 性病和艾滋病病毒之间没有任何联系。这些错误观念意味着男性不接受定期的、无症状的性健康筛查，而且不太关心性病的危险。此外，虽然调查对象知道有自愿咨询检测服务，但很多人没有接受过检测，因为他们认识不到自身的危险、害怕寻求这类服务会遭到歧视，而且他们认为阳性结果等于死亡宣判。调查对象一般都不知道针对艾滋病病毒感染者/艾滋病病人的关怀、支持和/或治疗服务；即使有些人知道有这些服务，他们仍然怀疑服务的有效性和可及性。

VII. 对艾滋病病毒感染者/艾滋病病人的态度

调查对象对艾滋病病毒感染者/艾滋病病人持极端的负面态度，从他们自身的价值观体系和对艾滋病危险行为的认知角度来评价艾滋病病毒感染者/艾滋病病人。调查对象认为艾滋病病毒感染者/艾滋病病人不干净、性乱和不道德，其中许多人说艾滋病病毒感染者是咎由自取。调查对象普遍认为关怀、治疗和支持对艾滋病病毒感染者不会有多大的帮助作用，结局只能是坐等死亡。

简介

虽然中国一般人群中的 HIV 现患率仍然很低 (0.07%)，但 HIV 感染者 / 艾滋病病例报告数在过去几年中大幅上升，证据表明艾滋病病毒经性传播的比例也在逐渐增加。注射吸毒在现有感染病例中占最大比例，但 2005 年的估计值显示性行为比其他危险行为导致了更多的新感染病例。到 2005 年年底，中国全部 31 个省市自治区都发现了艾滋病病毒感染者，估计总数达到了 65 万。其中估计有 4.7 万人是男男性行为者，占有感染者的 7.3%。¹

与中国艾滋病预防和关怀干预当前面向的其他高危人群相比，男男性行为者人群仍然没有受到足够的重视。一个原因是大多数中国男男性行为者以前经历过不利的政治气候，这种政治气氛导致男男性行为者项目吃力不讨好，而且迫使男男性行为者转入地下，使得仅有的少数服务很难接触到该人群。虽然政治限制在最近几年已经放宽了很多，但不利的政治气候所带来的后果仍然存在，主要表现为许多男男性行为者不信任政府开展的艾滋病干预和服务。同时，政府继续限制民间团体的发展壮大，导致以社区为基础的干预实施起来问题很多。男男性行为者项目不仅面临着政治障碍，而且中国人对男男性行为的態度也使得项目很难调动男男性行为者的参与。尽管经常有一些人提到中国历史上曾经表现出对同性性行为的容忍，当代中国人一般都认为男男性行为不正常，有悖于中国的传统和文化，属于堕落的行为。

虽然存在上述障碍，但随着政治气候的变化以及通信和网络的发展，中国最近几年开始出现了一个同性恋社区。各种同性恋组织像雨后春笋一样在中国涌现，有些是由当地人自发建立，有些是在国际非政府组织的支持下建立，这是对艾滋病疫情的知晓率不断提升的结果。

云南省

云南省目前的 HIV 感染者 / 艾滋病病例报告数已经达到了 3 万人，在中国 31 个省市自治区中居首位。² 事实上，云南省艾滋病防治委员会的专家估计说实际数字可能超过 8.5 万，其中有一万人死于艾滋病。³ 艾滋病疫情最初是在该省与越南、老挝和缅甸相邻的边境地区出现，主要是在注射吸毒人群中传播，迄今为止，大多数艾滋病干预工作都将注射吸毒者作为目标人群。云南省政府已经积极地制定艾滋病防治相关法规，同时鼓励国际社会资助该省的艾滋病预防工作，但一直到最近，男男性行为者项目仍然非常薄弱。当前的五年行动计划没有将男男性行为者作为一种特定的目标人群。美国国际开发署支持的综合分析与倡导 (A²) 项目开展了一项分析工作，结果表明 2004 年云南省所有的艾滋病预防资金只有 0.7% 被用于男男性行为者项目，这是最新的可用数据，其中包括政府机构、国际非政府组织等投入的资金。分析报告还指出，如果保持当前的现状不变，到 2020 年，男男性行为者中的新感染病例数将远远超过女性性工作者和注射吸毒人群中的新感染病例数。⁴

1 《2005 年中国艾滋病疫情与防治工作进展》，中国卫生部、联合国艾滋病规划署、世界卫生组织，2006 年 1 月 24 日。

2 《2005 年中国艾滋病疫情与防治工作进展》，中国卫生部、联合国艾滋病规划署、世界卫生组织，2006 年 1 月 24 日。

3 “政策简报 - 云南省的艾滋病疫情：流行病学和经济学分析”，综合分析与倡导项目——云南艾滋病防治工作委员会办公室、云南省疾病预防控制中心、美国国际开发署 / 卫生政策项目任务单 1。

4 “政策简报 - 云南省的艾滋病疫情：流行病学和经济学分析”，综合分析与倡导项目——云南艾滋病防治工作委员会办公室、云南省疾病预防控制中心、美国国际开发署 / 卫生政策项目任务单 1。

不过，情况正在开始有所改变，男男性行为者受到的关注越来越多。典型的示例之一就是2005年春雨同心工作组的成立。春雨同心工作组在昆明开展同伴教育、外展活动、性病转介、自愿咨询检测和其他卫生服务。春雨同心工作组与其他男男性行为者组织合作，如七彩天空工作组（由国际艾滋病联盟支持）和云南同志网，共同致力于



提高男男性行为者的艾滋病知识、预防技能和自我保护能力，鼓励更多的人接受关怀服务。

中英艾滋病项目在2003年开展了一项调查，得出结论说昆明总共有约5千名男男性行为者，不过实际数字到2006年要高得多。昆明市健康教育所在2005年开展了一项分布图调查，结果表明当地的男男性行为者人群包括各种年龄段和各种社会经济背景的人，他们经常在各种聚集场所寻找性伴，如公园、广场、公厕以及同性恋桑拿浴室和酒吧。调查表明男男性行为者人群中存在着各种不同的小群体，各

群体之间存在着非常明显的社会分隔。

与春雨同伴教育工作者、业主和男男性行为者开展了多次讨论，结果表明面向中国男男性行为者的干预工作有一个主要的弱点，那就是缺乏对该社区的理解。外展工作和策略行为交流宣传信息继续以性病艾滋病基本知识和预防知识为主，而事实上云南省健康教育所在2004年末开展的一项行为监测调查表明，昆明的男男性行为者已经有了较高的知识水平。在224名调查对象中，76.6%的人有正确的相关知识，86%的人知道使用安全套能预防感染。不过仍然存在多项错误认识，主要包括蚊虫叮咬会传播艾滋病病毒、能从表面看出性伴是否有危险、性行为前后清洗有预防效果。

2004年的行为监测调查还表明，尽管调查对象的性病艾滋病知识水平相对较高，但在商业性行为中的安全套坚持使用率（即“每次都使用”）只有45%，非商业性肛交中的安全套坚持使用率只有32%。危险认知率非常低：76.5%的调查对象说自己很少会或根本不会感染艾滋病病毒。相当比例的调查对象与女性性伴有性行为，因此存在着将艾滋病病毒传播给女性性伴的潜在危险。59%的调查对象曾经与女性发生过性行为，其中23%的人在过去六个月内与女性有过性行为。调查没有区分不同类型的女性性伴。

国际艾滋病联盟在2004年针对男男性行为者开展了一项定性调查，就知识和行为之间的这种不一致提出了一些原因。调查发现大多数男男性行为者从来不知道或从来没有听说过自己的社会网络中有任何人感染了艾滋病病毒，艾滋病主要被认为是注射吸毒者才得的一种疾病。调查还指出男男性行为者在使用安全套方面存在着一些社会障碍，主要与自尊心不强和性伴之间相互信任等问题有关。

本次调查的目的在于深入探讨昆明的男男性行为者为什么不愿意使用安全套和寻求性病治疗及自愿咨询检测等服务。调查集中关注男男性行为者社区的规范和价值观、个人生活史，找出他们面临的问题和性健康需求。调查结果将用于开发适当的主题、宣传信息和激励因子，作为改进交流策略的基础，从而扩展预防工作的范围、增加覆盖面和提高质量。

方法

本次调查在定性调查指南的基础上开展了深入访谈和专题小组讨论。调查组包括云南大学的五名社会工作系学生（接受了定性访谈技巧的培训）和春雨同心工作组的五名男男性行为同伴教育工作者。调查组成员参加了一次培训，内容包括基本访谈技能、调查程序和对男男性行为者关注的敏感性。

调查的时间是从 2006 年的 1 月份到 6 月份，分为三个阶段。1 月份和 2 月份是准备阶段，内容包括最终确定调查目标、设计方案和调查问卷，选择和培训深入访谈调查员和专题小组讨论主持人。3 月份到 5 月份是数据收集和翻译阶段（从中文翻译成英文）。6 月份是分析阶段。

数据收集

在此次调查过程中，总共对 50 名男男性行为者进行了深入访谈（18 名被访谈者的年龄为 18 岁到 30 岁，25 名被访谈者年龄为 31 岁及以上，另外 7 名是男性性工作者）。此外，41 名男男性行为者参加了专题小组讨论。调查对象由男男性行为同伴教育工作者招募，招募地点包括家庭健康国际支持的社区活动中心、各种聚集场所（如公园和公厕）和互联网。同伴教育工作者负责与将要调查的对象建立联系，解释访谈的目的和形式，获得口头知情同意。在开始访谈之前，调查对象被问及是否曾经与其他男性发生过性行为（插入式肛交），以及是否满 18 岁。每个被访谈者都得到了一个“礼品袋”，里面有一件家庭健康国际 T 恤、艾滋病预防信息和安全套，还获得了一份小额交通补助（约 2.5 美元）。访谈人员在访谈结束时提供了健康教育、咨询和其他服务转介。在到达访谈地点后，没有被访谈者拒绝接受访谈，不过在分析阶段剔除了 7 名被访谈者，原因是数据的质量太差。上面的调查对象总人数没有包括这 7 名被访谈者。

在每次收集数据之前，访谈人员都向被访谈者强调保密性，并将首席调查员的联系方式告诉被访谈者，让被访谈者遇到任何问题时联系首席调查员。访谈过程中没有收集姓名或其他身份信息。深入访谈由两人小组负责开展，包括一名接受过培训的社会工作系学生（负责访谈工作）和一名同伴教育工作者（协助作记录），深入访谈为半结构式访谈，时间为一个小时到一个半小时，内容有生活、经历、将来计划、危险认知、性行为和求医行为。调查期间还开展了一系列专题小组讨论，每组包括五到十名男男性行为者，内容主要是人群的认知、规范和价值观。在征得被访谈者的同意后，所有数据收集活动都进行了录音，然后调查员将录音带的内容翻译成英文并做了总结。每次数据收集活动结束后，数据收集材料都被提交给首席调查员，锁进家庭健康国际办公室的文件柜中。录音带在数据分析结束后都被销毁。

在本次调查中，男男性行为者人群被分成三个小群体，即年轻的男男性行为者（18 到 30 岁）、年长的男男性行为者（31 岁及以上）和男性性工作者。同伴教育工作者根据多种入选条件招募调查对象，包括社会经济地位、教育程度和聚集场所。通过社区活动中心开展的深入访谈活动对 43 名男男性行为者进行了访谈，并在家庭健康国际工作人员的辅导下组织 33 名男男性行为者参加了五批专题小组讨论。此外，在当地的同性恋娱乐场所对 7 名男性性工作者进行了单独的访谈，以此来保护他们的隐私。在一次专题小组讨论上访谈了 8 名跨性性工作者。

数据分析

在数据翻译阶段开展了初步的数据分析。由于时间和资金有限，没有对深入访谈的录音带进行逐字转录，而是由一名调查员用英语总结出来。总结内容按照调查主题的顺序排列，要点或重要经历被抽取出来进行逐字转录，排除了无关的信息。

调查组花了一个星期的时间来完成主要的数据分析任务。收集的所有数据由相应的调查组成员进行审核，在此期间确定了主题和分主题。每个主题和下面的分主题被单独列在一张纸上，然后从个人访谈记录中找出并抽取支持信息。两名分析人员负责写出初步的调查结果，所有结果被纳入一份报告中。最后与调查组、关键人物和男男性行为者一起对调查结果进行验证。

局限性

本次调查的结果可能会受到了各种局限性的影响。首先，调查对象是通过同伴教育网络招募的，一般具有某些类似的人口学特征（社会地位、少数民族等）和社会模式，使得他们更容易被同伴教育工作者找到。更值得注意的是，这种招募方法

容易忽略从来不去聚集场所的男男性行为者，这些人通常在互联网上或在私人住宅内与同伴交流。调查人员尝试了通过现有的同性恋网站来招募调查对象，但网上提供的联系方式一般都不太可靠。

其次，招募调查对象的地点是在以往社区分布图制作活动中确定的聚集场所。但是，最近一次针对昆明男男性行为者的规模估计也是在几年前，而且数据的可靠性尚不可知；本次调查由于时间和人力有限，不可能开展新的分布图绘制或规模估计活动，也不可能使用更科学的严格抽样方法来获得整个人群中具有代表性的各类样本。

最后，由于时间和资金有限，本次调查不可能完整地将每份访谈的结果都转录成中文，然后再翻译成英文。因此，个人访谈的录音带内容由熟悉调查目标的一名双语调查人员直接用英文进行了审核和总结，调查组的其他成员负责定期核对总结的结果。重要的谈话内容被逐字逐句翻译了出来，不过在总结和翻译过程中可能会丢失调查数据的一些丰富意义。



结果

昆明的男男性行为者身份和社区

男男性行为者社区中的术语

调查对象使用各种词来描述自己的同性性行为 and 身份。最常见也是最受同性恋者青睐的词是同志。该词的字面意思是指“志同道合”，最初被中国共产党和国民党用来称呼已经加入共产党 / 国民革命的个人。据 Chou Wah-Shah 介绍，该词最先在 1997 年被香港的男同性恋者和女同性恋者引用，希望在社会关系的基础上重新定义中国的同性恋身份，从而使同性恋人群不被排除在主流的异性恋社会之外。按照 Chou Wah-Shah 的说法，这个新词不仅驳斥了将性行为作为身份象征的观念，而且还驳斥了将同性恋与异性恋严格分开的观念。⁵ 调查对象也说他们更喜欢用同志来称呼同伴，而不太喜欢以前经常被使用的同性恋一词。他们解释说同志这个词不带有同性恋一词的负面意义，因为非同性恋者不会将同志这个词与同性性行为联系起来。该词还可以让他们在公共场所称呼自己的同伴，而不会让人们联想到他们的同性性行为。

调查对象经常使用的其他词包括英文词“MB”，即 money boy（男性性工作者）的缩写，该词已经普遍地被年轻男性用来形容向其他男性提供性服务的男性。年轻男性还经常使用英文词“gay”（同性恋），调查对象说他们主要在互联网上聊天时使用该词。年长的人对这两个词都不太熟悉。

此外，调查对象经常使用花心一词来指称频繁更换男朋友的男性，同时使用乱交来形容有多个临时性伴的行为（被认为不安全）。调查对象一般将与自己发生一夜情的男性称为临时性伴，大多数年轻的调查对象用“419”来指代一夜情。之所以使用中文词“419”，是因为英文中“four one nine”非常接近“for one night”（一夜情）的发音。

男男性行为者人群的观念

调查对象描述了“进入同志社区”和将自己认同为同志之间的直接联系。虽然大多数调查对象都指出自己生来就对其他男性有欲望，并且有时候会从事同性性行为，但他们一般都在同志社区内体验到长期的友情和社会关系后才将自己认同为同志。他们指出，将自己认同为同志是社交的结果，而不是源于内心深层次的归属感。

“有些认为他们进入同志圈子以后才算是同志。” (YM20)

“‘同志’这个词语的意思是已经进入到我们圈子的人。” (FGD)

5 “Homosexuality and the Cultural Politics of Tongzhi in Chinese Societies.” Wah-Shan, Chou. *Journal of Homosexuality* (Harrington Park Press, an imprint of TheHaworth Press, Inc.) Vol. 40, No. 3/4, 2001, pp. 27-46.

有几个调查问题是关于男男性行为者在多大程度上将自己认同为同志社区的一分子。调查对象几乎都使用了圈子一词来指代同性社会网络，这个词是指“社会群体”。中文“社区”一词是“community”的最常见译法，它通常指特定的人群，他们都生活在有着明确界限的同一个生活空间内，例如住宅区或居民区。然而，在本报告的英文版中圈子被翻译为“community”（社区），因为其含义较为接近西方的“社会社区”概念（有着共同的背景、兴趣、生活方式、价值观和渴望）。如果将中国同性恋男性人群简单地称为一个“社会圈”，则低估了该人群的成员身份对于各成员的重要意义。

同志社区的价值观和规范

调查对象将男男性行为者社区描述为有着同性性欲望以及相同的价值观、渴望和顾虑的男性所组成的网络。同志社区还被描绘为一个社会圈子，在其中男性可以互相依靠，获得社会支持和安慰，并且可以从事自由和“自然”的交流。同志社区还被描述为一个有些危险的圈子，在其中支撑“正常”社会秩序的社会规范和行为规范被打破。



调查对象经常将认同自己为同志当作是进入一个社会环境的切入点，在该社会环境中，他们可以与别人进行开放、诚恳的社交。在这个社区里，他们可以获得接受和安慰，并且可以释放他们在大社会中经常感受到的压力和负担。

“我最担心的是没有朋友，失去好多的朋友。因为我觉得我和这个圈子里的朋友有很多共同语言。我曾经试探过，和正常人在一起没有什么可说的。和这种朋友在一起却很高兴，有很多共同语言。所以和正常人在一起就没有什么……所以我害怕失去很多朋友，因为我不知道和正常的朋友要怎么说。”（YM8）

“我觉得跟异性恋交流就像对牛弹琴，没有意思。我比较相信我们这个圈子里的人。”（FGDYM）

40至75岁之间的年纪较大的男性（大都已婚）在描述同志社区时，往往强调其危险的因素，包括经常发生勒索和偷窃。虽然在同志社区里发生这类行为的频率相对较高，但这些男性同时指出他们的朋友也会保护他们免遭这类不利因素。

“不能说这人有些毛病不好，不太好心，介绍给他，他吃了亏了等等，那我也有责任，是吧？但我事先去了解，在我头上起这个心，到了他头上起这个心，拿着你说也说不清。就明显就阴险了。另外和老师相处也几十年了，性格温和，大家和的笼，说的笼，知知心的，美美妥妥的，安安全全的，每个人都是这样。虽然你也懂性的方面，我也懂，他也懂，大家心里有数，美美妥妥的玩，就是这样一个意思了。不要上当受骗，一一要慎重。”（FGDOM）

“那时我才出道没多久，就是一年左右吧。就遇到这个事情。才出道嘛，不懂这些事情。就带到家里面去，然后完了，他就问我要一千块钱，我说我没有。他说你不给，我就赖着不走，我就告诉你家人。我没办法。最后拿一百块钱给他，他走了。——如果遇到现在的话，我可能会报警。因为现在基本上我已瞧了，资料这些方面我都可以瞧了。我可能会报警。退一步说，就是家里面知道这个事情，我也不会再叫苦，就是这样。” (IDIOM24)

“有些只是听说，他爱过你了，他爱过我了。就管我要钱。假设是这么说的，你拿不拿钱，不拿钱我就跟你老婆说，我就跟你小孩说。说你有这个形象。就是侮辱了嘛，让家人看不起自己。” (FGDOM2)

年纪较小和较大的男性都强调：社区正在变得越来越复杂和混乱。他们将男人在公共浴室和公厕骗钱、勒索和偷窃的情形描述为乱或复杂。“乱”一词在中文中指社会和道德的混乱状况，与组织有序的、系统的、稳定的社会相对立。这个词往往用于描述社会和经济发生巨变的时期，例如中国历史上频繁出现的变革和混战时期，而文化大革命则是最近的例子。“乱”根本算不上是中性词，对于许多中国人而言，它指的是最可怕的情形：社会、道德观和文明的崩溃。年纪较大的男性往往将当前时代的“乱”与变革前的中国进行比照，在那时对其他男人有欲望的男性会相互支持、保护彼此的隐私，将友情看得比物质利益重要。

“拿我们老年人来讲，在这方面，因为自己亲身过来，互相在一起就交换一下意见，要注意一下，这下面比较复杂，骗人的多，诈骗的多，上当受骗的就从这方面开始。” (FGDOM)

共同的价值观

调查对象特别看重保持长期关系的重要性，而现实情况是社区内的许多男人都是“花心”的，即他们不能与一个性伴保持很长的关系，经常要“尝鲜”。年纪较小的男性往往对找到能“真正爱和关心自己”的男性寄予厚望，而年纪较大的男性则往往强调保持长期友情的重要性，不论是否包括性行为方面。

单配性被认为是一种理想，与一夜情相对，调查对象认为一夜情虽然普遍，但却是不正当的行为。

“我个人认为，我来看嘛，我觉得我需要的是一辈子的东西。不是暂时、或者是一夜情啊，这些我完完全全受不了。不光是要钱，不光是卖也好，不卖也好，反正只要说是他真心，就说是不想跟你相处的话，我觉得就是不好跟他发生关系。我觉得我要的东西不止这些。不是这方面的东西。这些对我来说，哪怕说是他存在，但对我来说是不存在的东西。因为我从来就不去接触这些东西。” (FGDYM)

调查对象往往将忠诚视为男性性伴间的关键要素，但他们认为这种关系是一种理想，而不是现实。在价值观的另一个极端是男性性工作者通过卖淫挣钱，以及为了对临时性伴进行勒索或偷窃从事性行为。

“我觉得 MB 我不喜欢。因为对他来说，只是注重金钱，物质方面的东西。他从来不会看重感情，也不会看重别人的感受。这种人，对于我们来说，我是绝对反对这种方式。” (FGDYM)

在同志社区内的另一种常见的价值观是就业。有固定工作的男性不论其薪水和地位如何，都被视为社区的良好分子。与这类男性相对应的，是不工作或地位不明确的男性，这些人总是在公园、桑拿浴室和公共场所游荡，寻找从男人那里挣钱的机会。较为年轻的男性往往对男性性工作者和利用性来赚钱的其他男性表现出强烈的鄙视，而年纪较大的男性则强调诚恳，他们对于卖淫的男性表现出较多的宽容，尤其是对于以直接和诚恳的方式卖淫的男性。

“这就是社会的问题。有的没工作了，年龄小了，有的好吃懒做，什么样的情况都有。” (FGDYM)

调查对象高度赞许保持良好外表的男性，包括穿常规、洁净衣服的男性，而讨厌不修边幅、衣服脏兮兮的男性。调查对象特别看重满足家庭的社会义务和生计责任。这既包括通过工作满足家庭需求，也包括结婚生子、延续家族香火。

不正常与正常

调查对象往往将同志社区内的男性的社会关系和性关系与“正常社会里的正常男性”的社会关系和性关系相比较。正常男性与女性建立关系；他们结婚、生孩子。调查对象暗示：同志社区里的男性认为他们自己是不正常的，但他们也非常重视结婚、延续家族，以及让家人不会因自己是同性恋而遭受歧视和羞辱。

虽然同志在同志社区里找到了自然的空间，但他们也认识到自己有义务履行他们在“正常社会”里的责任。在处理这些相抵触的目标和义务时，大多数男性都致力于尽力实现双重目标：既要保持他们在同志社区内的关系，也要努力实现他们对家庭和社会的义务。通常，这往往要通过与其他男性保持隐秘的关系、同时公开寻求异性婚姻和家庭来实现。某些情况下，这需要努力将同性性关系融入传统的中国家族和社会结构，常见的做法是让男性性伴作为叔叔或“好友”以便获得家人的接受。

正面的价值观和规范	负面的价值观和规范
单纯、公开	复杂、“乱”
友情	欺诈、偷窃和勒索
单配性和与“男朋友”的“真爱”	一夜情 (“419”)
对“男朋友”保持忠诚的男性	“花心”的男人
有固定工作的男性	工作不确定的男性——男性性工作者等
外表整洁的男性	外表肮脏的男性
满足家庭的社会和物质需求以及义务的男性	让家庭蒙羞和不能满足家人需求的男性

调查对象谈到了过去生活中的共同经历或大事件，这些经历或大事件使得他们变成同志。尽管年龄、经济状况、教育和籍贯不同，他们描述了类似的既往经历、困境和障碍。这些体验帮助他们更多地了解同志社区的价值观，以及某些性伴的艾滋病病毒传播危险较低、某些性伴则较高的根本原因。



对同性欲望的认知

在描述自己的儿童期时，调查对象经常谈到自己感觉到对其他男性的特殊兴趣，但当时并没有意识到这是同性欲望。

“16岁以后，应该是初中已经毕业了，高一下学期发生了第一一次性行为。当时看见长得比较好看的男生就会被他吸引，会呆呆的看着他。但是在漂亮的女生和我说话我都不会怎样。” (YM11)

“在16岁以前，我只是喜欢看。到厕所里面喜欢看这些男人不大不小，可我不知道为什么……” (OM10)

初次同性性行为体验

觉察自己对其他男性有着不同寻常的兴趣或关注后，通常接下来会发生同性性行为。40岁以上的男性和40岁以下的男性在初次性行为体验方面存在较大的区别。年纪较大的男性一般都说自己的初次性行为体验是由一位年长的亲属、圈内人或老师引导。调查对象几乎都是在受到年长的、更受尊重的社会成员的诱惑之后，才发现了自己对男性的渴望。

昆明一位44岁的男性说自己在16岁时第一次发现有同性性行为。

“我的第一次，那时我什么都不知道，那天夜里，当我躺在床上时，所有我能想到的只是老师对我所做的一切，我开始想也许这是一些我可以接受并去享受的。老师带走了我和我的另外两个朋友，因为我们经常去锻炼，我们有很多的体形，而且我们在课堂上也很活跃。他摸我们的根部生殖器，还告诉我们需要锻炼才能保持我们的体形。我发现他也和我们其他的朋友们发生性关系。当他邀请我们其中的三个人去一个当地湖里泡澡……老师也会时常带同学回去睡觉，他喜欢口交尽管他也会和我们发生肛交。有些时候我们还会嫉妒其他同学，因为我们认为老师是最开始和我们有这些关系的，后来，我们也发现他和其他的同学也发生性的关系。” (OM13)

“当时第一次的时候我有点反感，因为想他是自己的叔叔。后来就见到他就躲避他。但是他家和我家是门对门的，像他们那个年龄，18、9岁，我叔叔身体又好。那个时候是毛泽东时代，男女关系比较严重，又不像现在这样可以有地方发泄。我叔叔家养了一窝小猫，他问我要不要小猫，我说要金黄色的那只，他就说可以，但是要我听他的话。当时我没有反应过来，也没有想到。所以我就说可以。结果他就搂着我，我刚开始想到自己的叔叔没有想到这些。后来发现他越搂我越紧。我就问他要做什么。他就说太难过了，你让我发泄一下可不可以？我回答说不可以，但是虽然口头上是这么说的，但是心里面最后还是没有动。当时这种情况的确是没有这种见过，当时他让我和他口交，我觉得很脏，就把他推开就跑开了，以后再也不理他了。十天以后，他又问我小猫还要不要，如果不要就要给别人了。后来我又想要那个小猫，而且虽然心里还是很反感，但是又有些好奇，所以我就想管他的。他都不怕我还怕什么。后来我就过去了，我说太脏了，他说他洗过澡了。而且那天他的确洗过澡了，所以没有闻到那个味道。但是我还是不适应的，当时搞得我很恶心，后来慢慢的我就习惯了。最后可能保持了两年的这种关系吧，直到他结婚。” (OM3)

较为年轻的男性一般都说自己是与同伴一起体验的初次性行为，可能是受到国内外对同性性行为的讨论的影响，因为这种讨论越来越多。在这些情况下，性欲被看成是身体的一种本能需求，但只有在性行为体验之后才被意识到。

“我的第一次？我刚来这里的时候，可以说是我们刚开业的第一天，挺忙的。我对这里的人也不是很熟，话也很少说。我们都住那边的宿舍。晚上下了班之后很多人就在那边的宿舍。因为住那边大宿舍的人特别多，有7、8个在一起聊天，吹牛打闹。然后到睡觉的时候他们喜欢谁就跑去跟谁睡。跑的时候然后我睡上床，我开始就睡的，他们闹的时候我也在乎过的一个，他就把我的被子给抢走了，然后说他没床就到我床上我们两个就睡了。当时我自己给我自己定位我对男人应该不可能有这样的需要，当我们睡着他就搂着我抱着我，慢慢的他就会摸我。摸摸我就觉得做一个男人我下身就有个反应，就是一种性方面的冲动。下身就有了想做的感觉。” (MB3)

在初次性行为体验之后，调查对象都提到自己开始进入同志社区，将自己看作是该社区的一分子，圈内人拥有类似的想法和共同的语言。

“跟他们在一起我就感觉很开心，他们挺热闹。从认识他们之后我感觉好像自己换了一个世界……发现跟他们在一起和跟我以前的朋友一起完全是不同的感觉。我怎么说？反正认识他们之后在一起就可以什么话不怕地说。大家都很值的，可以把心里的掏出来说话。” (MB3)

少数调查对象说自己是在与网友偶尔接触后才出现了同性欲望。

“第一次啊，十七岁都过掉了。十七岁半左右。---我是上网吧，上网在网站上看到的。当时看到同志这个词嘛，我还说是同志怎么会有这个词语。然后当时很奇异嘛，就登上网站上去看。然后慢慢就觉得我好像也就是这种人了。” (YM11)

与男朋友的关系

除了认识到自己的同性欲望之外，调查对象还提到很难找到合适的男性并与他们保持长期的关系，这方面的困难和障碍很多。他们都提到有男朋友之后的最初欢愉，尤其是情感和身体两方面的亲密关系，但接下来通常会有一些失望的情绪。

“有朋友的好处一般的就是，我们好像说得来。一般就是感情上面说得来。好像就是兴趣、爱好都差不多。有时候在一块，也不一定就是这方面的事，对吧。就是象下下棋呀，这样。性格也差不多。也是和我差不多。也是内向的性格。

我的朋友不错，真的，他性格更温和。有时候做菜的时候，我说他两句，他也不吱声。做完以后，吃完饭以后，他说，哎呀，我今天做的不好，下一次我吃你做的。这样，矛盾什么都解决了。有时候我病了以后，那真是，端茶倒水啊，什么的，我感到比那个男女之间夫妻还好。真的。” (OM2)

“我是找到一个能跟我说话的一个人？了解我吧。因为大家都是同志，所以有一些共同的语言。” (MB1)

调查对象经常提到关系的恶化，尤其是男朋友的不忠诚。

“我觉得同志有花心。两个男孩子在一起不可以天长地久。” (MB1)

“我曾经遇到一个歌手、并对他一见钟情。开始我们相处得很好，但是一个月后他开始找别人。我全身心地投入，结果他还是把我甩了。他很花心。所有花心的男人都是骗子。” (YM16)

一些调查对象表示在主要关系之外有一定程度的性活动完全可以接受。

“同志圈里的人的感情都比较脆弱，然后人也是比较花一点。然后比较会容易见异思迁。——当你和你 BF 吵架的时候，或者是你心情特别烦的时候，再或者是你找 419 的对象那个人特别特别能吸引你，能打动你，特别特别能让你喜欢。这些因素都促使你去 419。——（会否影响和 BF 的关系）有些不会，有些会。——很多朋友都跟我说，假如两个人在一起，他出去 419，就那么一回，就是 419 的次数少嘛，次数不多。然后他可以接受。但是如果他移情别恋，和他好着，然后再和另一个人同时好着，这样的就不能接受了。” (YM20)

处理男朋友和家庭之间的关系

到目前为止，维持与男朋友的长期关系所面临的最大挑战是很难处理好男朋友和家庭之间的关系，一方面需要履行家庭责任，即结婚生子，另一方面需要保持与男朋友的紧密联系，有时甚至需要与男朋友住在一起。虽然许多调查对象说他们希望与一位男性性伴保持长期关系，但大部分人同时也说他们希望自己有一天能够结婚。一些调查对象说他们将来或许能通过一种“适当的方式”来让父母接受自己的同性关系。“适当的方式”指让男性性伴逐渐地融入合法的家庭结构中。男性性伴可以被认作兄弟、叔伯或甚至儿子。

“男人与男人结婚也没必要，我觉得。因为男的结婚的话，两个同志在一起结婚的话，那肯定人家知道了就是一件丑闻。我觉得就是两个也不公开，就像很好很好的朋友一样，如果他的年龄比我实在大，你就把他当成自己的干爹啊、叔叔啊。” (OM21)

调查对象最常选择的方案是结婚生子，同时保持与男朋友的关系或定期寻求临时性伴，尤其是 30 岁以上的男性。

“不知道，家里知道不得了。肯定不好嘛，你能就说你——她就说，我老婆家那文



化又低，她是、她还是个初中生。她是个平凡的工人，假如知道的话，她说你是变态。反正她也察觉到我，从去年我进到这个圈子以后，她就察觉到。比如说，睡觉的时候吧，以前嘛有这种性行为，现在好像对这种女人的、好像进这个圈子就对这种女人的、都没多大感兴趣。她就说，她说我，你——反正我们村子还是可以——她说你什么古古怪怪的。她觉得。她说我古古怪怪的，还对我有些看法。有看法就是，我现在找的那个小儿子嘛，她都是知道的，现在上班。但是嘛，他到我家里来的时

候呐，我老婆前一段时间对他还是很好的，看，我们（可能）一迁居后呢，都认识能有了一年了。当时嘛前几个月对他还很好，现在对他都不太好，都反感。” (OM18)

男性性工作者

尽管男性性工作者经常被认为给同志人群带来了最坏的影响，但男性性工作者对自己以及自己与男朋友和家庭的关系的形容通常与其他男性性行为者类似。男性性工作者都在不同程度上将自己看作是同志社区的一部分；他们像其他男男性行为者一样有着类似的男性间初次性行为体验，而且也在维持和男朋友的关系与结婚生子的压力之间左右为难。男性性工作者基本上与其他男男性行为者一样，主要的区别在于他们利用性交易赚钱。他们一般都将性工作作为满足家人的食物、教育和其他物质需求的手段。

“我是两年前在杭州开始的。我第一次做完以后我自己跑到卫生间去洗澡，感觉自己很委屈因为面对自己不想，不喜欢的一个人，强言欢笑，然后和他做，拿到一点钱。心里就特别委屈，但是这种委屈不能和别人说。然后把这些钱寄给家里面，然后给家里面带来很多好处，所以我就一直做下来，慢慢就习惯了。一个城市接一个城市做。我达到我想要的，客人达到他们想要的。不要有太大的压力。所以朋友间谈到也就习惯了。对 MB 这一行就习惯了。” (MB1)

“我开始做 MB 时是因为我家庭困难的原因，家里所有的人都住在一间房子，我想这个工作可以改善他们的生存条件……家里的人不知道我的钱是从什么地方来的，我告诉他们我去卖海鲜，他们从来没有来过南方……。如果他们知道我做的是什么呢他们一定会疯的。” (MB5)

所有的调查对象都是在酒吧上班的男性性工作者，他们说自己很少在一个城市呆到两个月以上，他们不断地从一个城市换到另一个城市，主要是因为在一个城市呆的时间长了就会失去新面孔的优势。男性性工作者报告说他们根据同伴提供的信息来决定新的去处，同伴提供的信息包括其他城市的妈咪的姓名和联系方式。他们到达新城市后，会与当地的妈咪联系，请求妈咪允许他们在娱乐场所开始上班。

男性性工作者通常吃住都在酒吧内，每个星期给酒吧交生活费。每个酒吧都有一位协调员或“妈咪”，负责管理男性性工作者和将他们介绍给客户。妈咪能从酒吧的收入中获得 30% 的提成。此外，调查对象提到他们在娱乐场所之外还有大量的住宅式交易场所，在妈咪的协调下提供性服务。还有一些男性性工作者属于自由职业者，他们在公园、公厕和桑拿浴室等场所寻找客户和进行性交易。

对艾滋病病毒感染者 / 艾滋病病人的态度

大多数调查对象都对艾滋病病毒感染者 / 艾滋病病人持负面态度。许多调查对象开始说如果自己朋友感染了艾滋病病毒，他们可能会照顾朋友，如给朋友提供食物或药品。但是，他们在之后的谈话中通常都对艾滋病病毒感染者持负面看法。常见的态度和陈述包括：

- 他们会与感染者保持距离。
- 他们认为偶然接触也可能会传播病毒。
- 如果性伴感染了艾滋病病毒，他们不再与该性伴发生性行为。
- 他们认为感染了艾滋病病毒就等于死亡宣判，什么也帮不了感染者。
- 他们认为艾滋病病毒感染者通常是因为有过不适宜、不干净的行为，因此是咎由自取。

“如果我知道我有朋友得了艾滋病，我感觉我会和他绝交。不光是保持性关系，根本就见都不会见他。人们知道握手和普通接触不会感染艾滋病，但是人有时候就是比较矛盾的。” (YM18)

调查对象经常提到艾滋病病毒感染者是因为做了不道德或“不干净”的事情，如与太多的性伴发生性行为、与错误的性伴发生性行为或发生性行为的场所不对等，因此是咎由自取。

“第一点我会觉得很刺激，然后我会觉得他很可怜。我会跟他接触少一些。” (MB1)

“我曾经遇到过一个（艾滋病病毒感染者），他就是这样跟我说——他说，有什么平常……痒嘛。他说到东京去治，治一次管一个星期、半个月的，后来我就听他们说，他就得的是这个病。——（怎么对待他）我觉得，说穿了，也是他自己活该。怪他自己不检点。——如果是因为输血得上的，这种人应该去关爱，不要去歧视人家，可是如果是因为性交那就是应得的。” (OM11)

一位感染了艾滋病病毒的调查对象描述了自己作为感染者在社区中的经历。他描述了自己感染艾滋病病毒的消息是如何在社区内传播的，以及他如何很快就受到大家的排斥等方面。

“我去和一些老头。老太太打牌，然后，就有人告诉他们不要和我一起玩牌，因为我有艾滋病……我和他们一直打牌打到了6点，这个人告诉他们要把我们玩过的牌的扔掉。这个人怎么可以这样做呢？——他参加过春雨的许多培训，他参加的到底是一些什么样的培训？他曾是我最好的朋友……我真的是倒霉，自己的朋友这样来对待自己。” (OM25)

渴望、希望和恐惧

总体而言，调查对象不愿意探讨对未来的希望和打算；年纪较大的男性往往认为他们的一辈子也就这样了，而年纪较小的男性往往怀疑在飞速变化的社会中做打算是否有用。由于在过去的一个世纪里发生的快速的变迁甚至动荡改变了整个中国社会，许多男性对未来充满忧虑和恐惧，他们说自己宁愿关注于解决当前的问题，过一天是一天。

“如果我在这个圈子里面，我就不想未来，只想眼前的。因为未来太远太可怕了，过完了今天你都不知道明天会发生什么事情。都是些你想象不到的事情，现在有压力，我只能让自己尽量保持乐观一点。就是只能说今天发生的无论开心的不开心的我都尽量开心地去解决。以后嘛，自己也不想去想，也没有能耐去想。” (MB7)

绝大多数未婚男性报告说他们打算将来与女性结婚、生孩子，原因包括他们在同性恋人群内部和外部承受的家人和朋友的压力，以及生计上的顾虑和中国文化传统的压力，中国文化传统要求男性承担责任、养育后代来传承家业。不过，有必要指出许多调查对象不认为自己被迫结婚，他们也很希望结婚，以便实现“正常”的社会职能，以及履行社会所认可和期望的角色和义务。然而，这并不意味着他们打算脱离同性恋群体。

“我会选择跟我家人喜欢的女孩子在一起。因为我觉得对中国人来说，别人不可以说我什么。我很想要一个正常的生活。为什么呢？因为我觉得同志以后，变老就会很孤独。我也不想单独生活。” (MB1)

“但是我认为的话，我结婚还是要结婚的。因为我这方面的行为吧，作为一个男孩子，要给父母一个圆满的答复。如果结完婚以后，我可以和这个圈子保持一定的距离，但是踏出这个圈子已经是不可能。我是从小有生以来就有这种行为了的，而不是后天才有这种行为的。我不可能说是有了妻子以后就可以把这些事情淡忘了。我只能说是结婚以后尽量以家庭为重。但是这对于我的妻子来说是会有影响的。我肯定不会满足她的性需求的。只能隐瞒她。如果真的让别人知道的话真的不知道怎么办了。所以能隐瞒的话就隐瞒一辈子。这并不是什么公平不公平的问题；这就是中国的传统，一个人也改不了。这就是现实。传宗接代是中国的文化而不能改变。” (MB7)

如果没有继承人，则意味着家族的终结，根据中国传统观念，这样就无法对父辈和祖先尽到责任。之所以要养育继承人，也有较为实际的原因：在中国，老年人很少从国家政府获得养老金，因此年纪大的人大都不依赖于自己的孩子。

“我根本就没有往后面去想，因为不要想的太多了吧，人还是过一天是一天，不要往后面去想，想的越多心越烦，——走一步算一步吧。应该去找女朋友。女朋友肯定是要找的，一个是一定要结婚的。结婚，是传统的，要结婚的。（自己想不想结婚）想。若不结婚，一辈子怎么过？如果一个人过的话，以后孩子怎么办？”（YM10）

“是同志就是同志。可是我知道群内的很多这种想的，因为他们怕以后老了。然后还有一个叫传宗接代，还要想它什么的。他们就想找一个女的，先结婚然后有一个小孩就离婚。”（YM2）

许多调查对象都说他们希望未来能找到一个忠诚的男性性伴侣，与他建立单一性的长期关系，类似于异性夫妇的婚姻。然而，调查对象大都怀疑男性是否有能力建立这样的长期关系，因为他们说男人的本性是花心的，还因为同性性关系不受法律认可和保护，法律只帮助异性性关系的保持。然而，不仅如此，两个男人生活在一起的模式在有些男男性行为者自己看来也是不合法的家庭结构。

“我个人的希望是能找到一个我爱的人和他永远的在一起，但是我知道那会是很困难的，因为每一个人都是花心。如果一个人和我呆在一起他也许会对我好2-3年，但最后他们会不再新鲜感，他们就会重新找另一个，慢慢地疏远我。我现在的这个伴侣，他也说他爱我，但是，事实上，我知道他还想着其他人。”（YM18）

“我觉得，比如说要成个家了嘛，我觉得男人跟女人在一起了嘛还是好。因为毕竟——只是一条，我觉得就是，毕竟是有个家、有个娃娃，然后才是个家。跟个男人在一起，我觉得还是缺少一点什么，不像个家。就算你俩过的再好，就算你两个再养个娃娃，我觉得是也不像个家。因为是那样，在家中可以看到还好，但是出门了，你就看见了不像一个家。”（OM22）

调查对象表达了某种程度的希望的一个方面是：他们希望政府和社会更多地接受同性恋社区。大多数男性感觉社会变得越来越开放，人们也越来越接受同性恋社区，因此最终政府会不得不认可他们的存在，并保护他们免遭歧视，从法律上以及其他利益方面认可男男性关系。人们普遍认为在西方国家社会和法律对同性恋者较为认可。然而，虽然许多调查对象认为中国也正在缓慢地向这个方向发展，但他们同时强调同性恋者的权利发展在本国必须遵循不同的模式。

“社会会慢慢的会接纳、想着会默认，你并不想象会像外国人那样的可以游行啊，可以发表言论，或者干什么。在中国是不行的。这是不可能的。我在想着半公开化呢、半透明式呢，或者是，就当没看见。但这毕竟是以中国为例。像一些外国人那样，有人权。我觉得是没有那样问题。虽然中国也提倡有人权，但是我现在我觉得，中国的人权，给你感觉到是看得见吧？是吧，看不见。我觉得，十年后也许是什么样子，默认中国人、政府怎么讲默认，我们也不会怎么样给你胡发话，你不相信。中国人传统，不像外国人放得开，各种教育它先给你灌输。中国人它就不可能在课堂上灌输哪样哪样，灌输给你带来一种信心，它是不可能的。所以一传统，所以我们这些男人就，就是有一种压抑感。问题是，不可能冲国家来，我们全都上街游行去，上政府门上去闹去。是不？怎么获得个权。”（OM22）

除了对于异性和同性性关系的担心外，大多数调查对象表达出来的主要顾虑是对于自己将来的生计和支撑家庭的顾虑。许多调查对象说他们将来的首要目标是找到一份“稳定”的工作或者自己做生意，为自己的将来存钱和赡养父母。许多男性都来自贫穷的农村，他们担心的是自己没法给家里赚足够的钱来改善父母的生活。男性性工作者尤其如此。

“我为什么现在做MB？因为我知道我会挣很多钱。我为了我以后，我的家以后能过得更幸福。趁我现在还年轻我做MB挣一些钱。我结婚以后我和我的老婆可以做一些其他的事。” (MB1)

健康观念

总体而言，调查对象对于健康的概念可以分为三类。实际上这三个类别往往重叠，不同的调查对象给健康人下的定义涉及不同的类别。在界定健康时，每类概念的一个要素都是干净，包括身体和形象上的干净。

调查对象首先倾向于从身体状况方面界定健康，包括正面的含义——有强健的体魄和英俊的外表，以及负面的含义——无病。虽然有些男性说他们从外表上无法判断一个人是否没有病，但许多男性说从外表上可以做出判断，包括是否肮脏，是否不健康，例如肤色不好、过于苍白、生殖器部位有不正常的肿块或皮疹，以及总体而言无精打采。

除了身体健康外，调查对象还根据人的心理状况界定健康。一些男性指出健康人总体而言应该有积极、乐观的精神状态，还有几名调查对象说健康人应该没有任何心理“障碍”。最后，调查对象还指出了健康的行为层面，包括不从事他们所认为的不健康行为，例如有多个性伴、经常发生一夜情、从事性交易，或者光顾“不干净”的公共场所，例如桑拿浴室和公厕。调查对象还指出，他们认为身穿干净、整洁的衣服并且有“体面”的工作的男性是健康的。对于大多数调查对象而言，干净实际上是健康的象征，因为干净意味着洁净的生活乃至健康的生活。干净和健康之间的这种紧密联系往往构成了男性对于危险行为的许多臆断的基础，如下文所述。



调查对象提及的保持健康的方法主要包括：锻炼身体，注意饮食，保持个人清洁，以及从事安全性行为。他们给安全性行为下的定义比较广泛，包括使用安全套、减少性伴以及选择健康、风险不高的性伴。

总体而言，调查对象指出健康对于他们极其重要，因为如果失去健康，他们就不能实现任何目标。

“中国有句俗话就是说：身体是革命的本钱。你身体不好了，那你什么事都干不了。” (YM2)

调查对象还往往认为他们的健康是自己和家庭生计的基础。从赡养父母和妻儿的角度来讲，保持个人健康是养家者的一大责任。此外，较年轻的男性指出，作为独生子，他们有责任让家族延续，为此，必须保持健康。

“因为自己还年轻，所以觉得自己要对自己的健康负责。尤其是我是有家的人，我在家没有姐，没有妹，是个独生子。健康对于我爸爸妈妈都有好处，虽然我是个同志，但是我对我爸我妈还是负责的。以后我还是会处理他们的的事情。” (YM6)

“用我们中国话来说就是：留得青山在，不怕没柴烧。意思就是，只要我们身体好，不管我们现在怎么样，都还有机会。如果我的身体不好，我老是生病的话，可能这个人就已经废了。生病了，对家里面也是一个累赘。” (MB1)

危险认知

调查对象经常按性行为的类型或性伴的类型来判断感染艾滋病 / 性病的危险。总体而言，他们认为肛交和口交是危险性行为——某些情况下口交被认为与肛交一样危险，甚至比肛交更危险，因为他们普遍认为口交很“脏”。许多男性说他们尽量避免从事口交。

不过，除了性行为的类型外，调查对象还往往根据他们与性伴的关系来判断危险程度。性伴被分为三大类：固定性伴（有时被成为男朋友或“BF”），临时性伴，以及商业性行为性伴。调查对象认为固定性伴危险最低，他们一般都“了解”固定性伴，感觉更适应。固定性伴之所以较为安全，是因为他们被认为比较干净，而且更亲密和值得信任。当进一步询问时，大多数调查对象还指出他们实际上怀疑自己的性伴不只跟他们保持性关系。

“我一般跟 BF 都不用套子，除了他晚回家。有时候就是他约会，那他就会晚上三、四点钟回家……然后他会要一次。我会觉得不放心，就会采取一些措施，用一下安全套。如果不要安全套，和他做了以后，我也不知道他去和朋友做什么了。如果他和同性朋友作了以后不用安全套，那么我今晚又和他做，染上病就可怕了。” (YM4)

然而，尽管总体而言缺乏信任，男男性行为者说他们有时候不好意思要求固定性伴使用安全套，因为这样会暗示固定性伴可能不安全，或者因为与固定性伴使用安全套有损于亲密关系和舒适度。

“你和喜欢的人就不戴套。你不喜欢的，他又喜欢你，硬是要和你做那就戴套。”

(YM4)

“（在圈子里，润滑剂和安全套使用率比较低的原因）就是有些，性交的时候你看你戴上安全套以后，他就说你看不起他。” (OM24)

“因为现在的人对这种东西太敏感了，他们觉得带着这种东西太肮脏了，带这种东西的人太乱……一般你真的喜欢一个人，并想和他长期相处而不是相处几天或者玩 419 的话，都是不带的。带着套子就像穿着袜子洗脚一样。” (YM14)

大多数调查对象说他们大部分性伴为固定性伴（男朋友），此外，他们还往往有较多的短期固定男朋友，与他们很少使用安全套。除了固定性伴外，调查对象还有临时性伴。他们往往将与自己发生不止一次性行为的任何性伴都界定为固定性伴，而将临时性伴界定为与自己发生一夜情的人（419）。他们认为临时性伴危险性要高得多，而且男男性行为人群普遍都鄙视经常发生一夜情的人。然而，男性往往将自己描述成处于这样的困境的人：他们希望与男性性伴保持单一的长期关系，但苦于找不到或无法保持这种关系。他们经常说自己被迫发生临时性关系——尽管他们知道这样做将面临健康风险和鄙视，但他们不得不释放情感压力和满足生理需求。

“健康可以说对每个人都很重要，可是我偶尔会出去乱搞一下，这样就是不健康。这就是一种生理需要。我不是说想不想都可以，我不想的话也不行。”（MB7）

除了一夜情外，一些调查对象还报告自己与男性性工作发生性交易。这种性伴被认为危险性最高，因为调查对象认为男性性工作以赚钱为动机，有许多性伴儿，而且较少使用安全套。男男性行为者人群普遍看不起男性性工作，认为他们是下层人、肮脏和危险。

“这个圈子应该是个很正常的，应该是这样子。如果是把那些都混进来，这个圈就变成一个乱七八糟的圈，五彩圈。不能算在圈里。他们在圈里就会把这里混成一潭浑水。这样就会把一些不正常的，应该受到法律保护的都会玷污。”（OM2）

总体而言，在判断潜在的性伴是否健康和安全性时，干净和注重卫生被男性视为最重要的依据。调查对象认为经常洗澡、衣服干净和整洁的男性危险性较低，他们指出自己更有可能与这样的男性发生无保护的性行为。

“就像那天吧，我在上网的时候，就在网上碰上一个，他是一一的老总。他说过来接我，但是恰好那阵子他比较讲卫生，有时候看见那个车门的时候，都拿那个塑料袋套在手上开车门。上车的时候、开水龙头的时候，都用透明的塑料袋子套在手上。那天晚上，洗完澡以后，我开那个水龙头的时候，他就看见我没戴那个塑料套，他说：马上把手洗掉。然后把那个塑料袋蒙在手上。之后我说，你身上有没有避孕套，他这个人很少出来玩的，很讲卫生的。一一最后我们就没戴。”（YM16）

除了干净和注重卫生外，调查对象还往往认为自己可以通过身体状况来判断潜在的性伴是否健康。他们认为强健、精力充沛并且没有明显感染症状（包括肤色或生殖器部位的异常）的男性是安全的。

“有个男的他说要不我戴个保险套。我说不准戴。戴了摩擦力不好。直接不要戴保险套，两个人玩的还是高兴的。一一不戴，一向不戴。只是一次有一个提过，我不给他戴。他拿了过来，我说不戴，戴了我就不跟你玩了。他只有服从我。一一我没有考虑（艾滋病之类），我不担心这些。只要当时我高兴就行了。我不考虑这些。但我总觉得他没这种病，我觉得是。他好好的嘛，身体滑滑的，也没什么皮肤病，也没什么反映，也没有看到说病啊什么的，一一体强力壮的，喘气不臭的，一一我就喜欢这样。”（OM14）

调查对象指出，自己还有可能根据个人社会地位来判断危险程度，总体而言他们认为社会地位低的人比社会地位高的人危险性高。例如，他们认为受过良好教育并且有体面工作的男性比教育水平低且从事底层工作甚至没有工作的男性危险性要低。这种观点有时候被用于确认自己处于较低的危险中——调查对象认为只要自己不与“那类人”接触，就是安全的。

“就是那些在那种工作单位上的、在那些机关单位的那些，可能不容易感染。（因为）他们不出来乱嘛。就是他们不到这个圈子里面来，很不踏入这个圈子，接触这些人很少。”（OM10）

“我觉得（最危险的人）是跟一些没有职业的、天天在街上就是乱转啦，反正是不稳定，今天在这里，明天在那里，当成一种职业性。我觉得是这种人。因为它毕竟是在传播，为什么是这样说，因为他来到这个省，来到这个地方，他哪有亲人去？就住外边，你又不晓得会有什么病。”（OM22）

“我觉得我的男朋友也不会反对用安全套。因为他的性格也是比较——他念的书比我多，再一个，文化层次他也高。朋友他知道的多，我知道的，真的，在他面前吧，我像是傻乎乎的。”（OM2）

最后，调查对象还将从事某些行为的人认定为高危性伴，包括注射吸毒者、在“肮脏”场所（例如桑拿浴室和公厕）寻找性伴的人，以及有多个性伴的人。不过，值得注意的是：调查对象一般都将有多个性伴的人描述为乱交或经常从事临时性行为的人。他们将花心的人视为破坏了建立长期、稳定关系的社会规范，但没有特别指出这样的行为是 HIV 感染危险行为，尽管调查对象大都倾向于与固定性伴而非临时性伴发生无保护的性行为。

总体而言，调查对象往往将他们对危险的认知建立在同性恋社区的价值观和规范的基础上（“好”人比较安全，“坏”人比较危险），而不是建立在特定行为或性病艾滋病传播知识的基础上，因此他们会认为自己处于比较低的风险中。调查对象还指出，通过采取某些做法，他们进一步降低了性病艾滋病传播风险。除了根据上述假定来决定是否使用安全套外，调查对象普遍坚信在性行为前后洗澡以及使用药物或消毒水清洗可以有效预防病毒传播。他们有时候会运用这样的策略来取代安全套的使用。



“没有套子吃点药。晚了就来点啤酒洗一下。”（YM3）

一些调查对象还认为：除了安全性行为外，另外有一些因素导致人们面临感染 HIV 或性传播感染的风险。这些因素包括运气和命运的概念，以及对于艾滋病病毒传播途径不了解。

“没有必要可怕的，的确没什么可怕的。它要得病，你就是不干什么都要得病。它不要，你就是干什么都不得。如果你什么都怕，那一样都干不成。”（OM24）

“有没有用套子和艾滋病传染是两回事情。跟他在一起，不管怎么样，都会有接触的。接触的时候，无意间，无论是挂伤啊，在一起，一下子无意间就传染上了。”（YM10）

还应当注意到: 绝大多数调查对象在访谈开始时都指出自己与所有性伴都坚持使用安全套, 只有到展开深入讨论后, 他们才开始讨论自己不使用安全套的各种情形。对于许多男性而言, 有关坚持使用安全套的问题指的是与处于危险中的性伴使用安全套, 而不是与每个性伴每次都使用安全套。

求医行为

调查对象都知道同性恋社区中性病患病率高, 也明白自己作为男男性行为者的易感性。许多调查对象说自己有朋友曾经得过性病, 但男男性行为者社区普遍对性病存在一些主要的错误观念。大多数调查对象认为性病都能通过身体检查看出来, 主要是生殖器检查, 还认为所有性病都能治愈。

“我记得, 我还在大学的时候, 我看过一些故事是关于人们一起游泳、洗澡、住在同一个酒店里便感染上了, 所以我就十分的害怕。我知道一个感染上性病的人, 一如果在同志社区里有人感染上艾滋病, 这样的消息会传得很快, 但是如果一个人感染上性病, 没有人会听到, 因为性病是很容易治愈的。” (OM16)

此外, 大多数调查对象不知道性病和艾滋病之间有着密切的联系。

虽然少数调查对象报告了自己买药治疗, 但大多数调查对象说他们在遇到性病相关问题时会寻求医疗指导和治疗。在现有的各种服务中, 调查对象说他们希望能有一所大型的标准化公立医院, 因为他们认为这样的医院会有最好的医生、能提供最好的诊疗服务。他们还认为这类医院值得信任, 在出现问题时能承担起责任。

调查对象往往是医疗服务的良好消费者。在选择某项服务时, 调查对象说他们会首先考虑同伴的经验和建议, 还可能会比较几个不同服务机构的服务和费用, 然后再做决定。调查对象基本上不喜欢或不会到小型的私人诊所寻求服务, 他们认为这类诊所的服务质量不高, 医生容易做出错误的诊断或提供不当的治疗, 因为“医生关心的是怎样赚钱, 而不是如何治疗患者。”调查对象还说私人诊所在出现问题后不会负责任。

一般而言, 调查对象在性病治疗方面最关心治疗费用和治疗效果。虽然个体诊所的前期费用可能会低一些, 但调查对象仍然不愿意去小型的个体诊所, 因为在个体诊所接受治疗通常会花较长的时间, 而且效果不佳, 最后总费用会更高。

“最好的看病的地方应该是昆明一些大型的医院。肯定要去好的医院看, 才能彻底了解你的病情, 好得才能更快一些。当一个人身体不健康的时候做什么都可以。所以宁愿多付出一点也要注意身体健康。如果我的朋友生病的话, 我肯定会推荐他去政府医院看病。因为大的医院看病的准确度会高一些。它也有好处的, 假如小的医院看不好, 又花费很多钱, 精力什么的都花费很多。肯定好的医院要好一些。” (YM5)

其次，调查对象认为对男男性行为者关注的保密和敏感十分重要。其次调查对象提到的一个顾虑是医生会问及性行为方面一些太过私人的问题，他们说自己不太可能诚实地回答这些问题。调查对象认为医生最好不要提出这些问题。

“医生还是蛮好的，也没有就是因为你有这种病就歧视你或怎么着。然后就是说以后要小心，不要再那个了，不要再感染了。她就问我有没有发生性关系，可是我没有直接回答。我们没有讨论同性恋的问题，而如果她问我不会愿意回答，因为这个算是个人隐私吧，因为很多时候不能接受的话，就会不会轻易暴露自己是同性恋。”

(YM20)

大多数调查对象知道有自愿咨询检测服务，但许多人从来没有接受过检测。一部分人说他们不知道什么地方提供检测服务，或者认为检测的费用会非常高。没有接受过检测的调查对象解释了自己不愿意接受检测的原因，如利用检测服务容易遭受歧视、害怕出现阳性结果、了解自己的 HIV 感染状况没有任何实质性的好处等。

歧视是导致许多调查对象不愿意接受 HIV 检测的主要因素。首先，利用检测服务会受到歧视，因为只有性乱的“坏”人才被认为需要这项服务。此外，阳性结果也会带来严重的歧视和恐惧，许多调查对象说他们想接受检测，但害怕阳性结果会给自己将来带来不可预知的影响。大多数调查对象说如果他们发现自己感染了艾滋病病毒，他们的生活会被完全颠覆，因此他们认为不值得拿自己的人生作赌注去接受检测。

“我很怕不检测，一样怕做检测。如果去检测出来如果万一真的有的话活的还有没有意思？去检测也怕不去检测也怕。如果去检测万一检测出来，怎么办了？活着特别折磨的。” (MB3)

“自己去检测的话，想是想去，带着这个卡去，免费检测，那也好。但是他就考虑他的经济原因，最大的方面就是经济方面。如果我不去的话，模模糊糊的，心里压力也没有。不用担心，如果去检测了，阴性还好，阳性的话心情很沉重的。又没有钱，连吃饭的钱都没有，叫他如何承受。我也害怕，我做这个工作，虽然是为这个人群大家好，但是我每天要考虑一些东西，万一做出来他是这个，来找我，就麻烦了，是不是？但是如果有些人一定要去的，我们都会告诉他们这些相关的条件，告诉他们要去检测的话心里要想好，要有心理准备。检测是阴性还好，是阳性的话你们不能来找我们的麻烦，我们只是做工作。” (OM3)

调查对象还多半不知道自愿咨询检测的好处。虽然许多调查对象说知道自己的感染状况会有好处，但大部分人认为感染了艾滋病病毒就等于死亡宣判，他们说一旦被诊断出感染了艾滋病病毒，就会失去所有的朋友和家人，只能无助地等待死亡。许多人说如果自己感染了艾滋病病毒就会自杀。调查对象一般都对艾滋病病毒感染者 / 艾滋病病人能获得的服务知之甚少或完全不知道，包括支持小组、抗病毒治疗和中国政府的“四免一关怀”政策。即使有些调查对象知道这些服务，他们还是对这些服务的有效性表示“怀疑”。

“这地方有一个朋友去检测的时候，第一次收费，收他 200 块钱。——这方面的收费太高了以后，哪怕是我有了，我想着，哎呀，要死就死了，何必花那 200 块钱呢？这 200 块钱可以买好几条鱼吃呢。——国家在宣传方面好像很多东西都是免费的是吧？在这方面又免费为他们治病。告诉人们不要歧视他们，要——怎么说吧，在这方面好像是很关注他们。但是在具体的做的时候，怎么回事啊，就不明白。” (OM2)

推广自愿咨询检测服务的另一个主要障碍是男男性行为者人群的危险认知水平低，上文已经讨论了这个问题。

“我没去过（做艾滋病检测）。没想过。自己又没病。我各方面都很健康。我跟的人也很健康，所以就没必要。下体一般没病就没病了。眼睛看上去，很正常。有病的没病的一看就知道。” (OM26)

跨性人

中国男男性行为者社区中的跨性人有很多不同的称呼。技术术语包括跨性人或变性人，不过更常用的通俗称呼包括人妖、同性恋。贬损的称呼包括不男不女、假女人或妖精。跨性人自己喜欢用女人这个词。

跨性人像许多其他男男性行为者一样，通常来自农村地区，到城市来躲避家庭和社会的压力，利用市中心区更好隐蔽的优势。跨性人一般都与传统家庭结构完全决裂，说她们不会与女女性结婚，因为她们自己就是女性。她们用跨性人“姐妹”家庭来代替传统的中国家庭单元。这一点与其他男男性行为者社区不同，其他群体要么同时在同性恋社区和传统中国社会中保留不同的生活和身份（即在结婚的同时保留一位秘密的男朋友），要么将同性关系融入传统家庭结构中。

“我是来自红河州的，离这里可能就是 3、4 个小时的车。我在家里面已经是最小的，然后随着一天天长大嘛，现在是二十六七。家里面就说，怎么这么大还不谈女朋友，还不结婚。反正旁边的那些老大妈、那些邻居就会经常问这个问题，就是怎么这么奇怪，这个小伙子怎么这么大了，跟他同龄的那些都结婚了，都有孩子了，他就是怎么不成家。他们倒是没发现我，只是说我可能有这方面的倾向。跟旁边的人议论嘛，他说是不是喜欢男人啊，怎么这么大了还不找女朋友。我就赶快跑到了昆明，昆明嘛，毕竟还是比较大一点。我都不敢在我那个小地方呆了。”

“(同志)对女人没感觉，我们简直是一点都没有。他们只是没感觉，我们是完全不感兴趣。一个女人睡在我旁边，就像姐妹一样的，没想着去碰她一下。”

“我觉得我们这几个姐妹还是相处的很好，好像就像一家人一样，也没有什么嫉妒啊，比如说她有服装好看一点的，她会介绍给你，甚至会送给你。”

跨性人一般都不看好自己的男子特征，认为自己与其他男性相比处于不利地位。她们认为变成女人的想法有吸引力，但有些过份。她们心目中的理想女性特征主要基于传统的女性模式，她们想让男性关心自己和照顾自己。在本次调查中，跨性人说她们穿女装的最初动机是想让人们



们将自己看作女人，她们描述了成为一个女人的完整过程，即吸引“正常的”男性、与男性发生性行为、得到男性的关心，这些使得她们感觉自己被接受，从而增加了自己的成就感。这一点与调查中的其他男男性行为者不同，其他男男性行为者通过成为同志社区的一分子来定义自己的身份，而不一定非得与其他男性发生性行为。

“像我们都是那种很女性、就是那种没有男人气质是不是？然后就是自己喜欢那种男人味重一点的。然后同性恋圈呢，那种同志有百分之六七十都是有一点女人味，所以呢，要找吧，差不多都一样的怕不行吧，都喜欢正常男人那种。自己化妆出去，把自己打扮得很女人，那些男人不知道你是男的，像女人一样呵护你，爱护你的那种感觉——说不出来。”

“做女人挺好的，就是比方说是，你出去哪里玩啊，什么什么的，比方说有些男人他喜欢你，对你好，你就心里面很舒服。还是很幸福的。甚至觉得我们已经成功了，知道吗。已经扮演比较成功了。他没有发现自己是男孩子。这说明是自己的化妆啊、自己的服装啊，各方面都接近女性化了。是这样的感觉，心里面很高兴。”

尽管跨性人渴望被看作是女人，但大多数跨性人说她们对变性手术不感兴趣。大部分人说这类手术的费用非常高；据她们估计至少要 10 万元人民币。她们还提到了社会压力和对这类手术副作用的顾虑。

“你说是叫我们去做变性手术呢，一呢，为什么不做变性手术，资金有限；二呢，变性，变了性以后，说的难听一点，可能她的寿命没有正常男孩子的寿命那么长。在泰国就是，那人妖就是最多 40 岁或者 45 岁，她的生命就结束了。你说正规男孩子他可以达到 60 岁、70 岁。所以说我们不愿意做变性手术，因为生命太短暂了，舍不得离开这世界。”

除了想让人们将自己看作女人之外，许多跨性人说她们还穿女装来获得经济收益。跨性人通常都提到先是对男性的吸引力，然后才是有兴趣扮演更女性化的角色，最后发现她们在这种角色中不仅能吸引自己喜欢的性伴，而且能赚钱来维持自己的生活。

“刚开始的时候，要怎么弄才像女人是吧，那比如说，开始就是学化妆啊，学着买女人衣服，鞋子，买假发之类的。刚开始出来的时候，大街上走都不敢走，很吓人。就是自己认为吓着人了，都不好意思。比如说对面来人了，就是这样——要么就是找个黑一点的地方躲在那里不敢出来，等人走了再自己出来。都是这样子。”

“那时候我们应该是天天到酒吧。那个刚开始的时候就是化的丑一点，天天到酒吧跳舞，天天去那种地方。有男的他不知道你是男人，来请你喝酒，然后叫你跟他出去，然后他给你钱。像我们这样叫小费，是吧。就是他给你小费。从那时候起你就想了，我自己一个男人，做成女人，还可以赚钱，还可以找个那么帅的男人陪自己，心里面很舒服。从那开始，就知道用这个方式去找钱。”

跨性人的性工作不像男男性行为者社区中的其他群体那样有组织性，跨性人没有管理者和固定的场所，他们主要在异性恋酒吧和舞厅中寻找顾客。晚上，她们可以在酒吧陪各种顾客喝酒而得到报酬，如果幸运的话，还可以陪某个顾客回家。她们等着顾客来主动接近自己，因为让对方接近是巩固她们的“女性魅力”的一种方式。顾客一般都在三十多岁或更大年龄，通常经验不足。跨性人说有经验的男性很快就能看出她们是跨性人。如果有人过来搭讪，跨性人会告诉顾客如果想让自己陪着喝酒，需要先支付 100 到 200 元人民币的“小费”，将变性工作者带回家的顾客有时需要付 300 到 500 元人民币的报酬。不过，跨性人补充说，如果她们遇到了自己喜欢的男性，会不要任何报酬就陪该男性回家。

跨性人利用各种方法来避免让性伴发现自己是男性，包括进行口交和声称身体不舒服来避免肛交。当性伴发现跨性人是男性时，有的人能够接受，有的人则不能接受。

“只要你跟他进去，要上床之前，只要他喊你脱衣，你就说先不忙脱，是吧。就先喊那个嫖客，我说你先把你的衣服、裤子都先脱光掉了，我说我先自己不忙脱，因为我们不忙脱的原因就是害怕他发现。他发现了之后，假如你没有跟他发生性爱关系，他是不会付钱的，对吧。但是，假如你先把他脱光，就是给他吹啊，给他做啊，做完之后假如他发现我是男的，我就说我是人妖，你要接受就接受，你要不接受，反正你也做了，你也都得付钱。你一接受我就可以陪到天亮。假如你不愿意接受，反正已发生了性关系，你也会给我钱。然后自己就走了。”

“最起码的是给他口交。他认为你是女人，他要做你下面，然后你就告诉他说身体不舒服啊，——让他不要分心，我们就这样吃着，来月经啦，身体不舒服啦，来红啦，只能做后面不能做前面啦，就这样跟他说明。”

在有些情况下，顾客发现跨性人是男性后，表示他们很想知道两个男性之间的性行为是什么样子；但在另外一些情况下，顾客在发现变性人的性别后会变得很生气或出现暴力行为。此外，跨性人说她们面临着警察搜捕性工作者的危险，多个跨性人说她们进过拘留所，因为警察尝试教她们如何做“真正”的男人。在这些时候，跨性人说自己感觉很无助，因为她们无法找到合法权利来保护自己。

“去年吧，去年我呆过劳教所。去里边，那种人的那种眼神、那种嘲笑是吧，我肯定也接受不了。进去的时候，刚去的时候，那好多人就说：哇，来了个人妖。那一千多人围着我看的感觉是个什么感觉。我自己认为我就像圆通山动物园那些动物一样的。那么多人围观，就看着我。”

“像那些（警察），他把我送进去，他也是一片好心吧。他把你送去，他看你这样子，不男不女的，想把你变回来。所以就是去那种男人多的地方，或许你就可以找到男人的感觉。或许你就会改变自己，脱胎换骨。其实，像我们这种，可能是那种天生的吧，天生的是改变不了的。就像我们这边有句古话、老话就是：天生的骡子变成马。可能就是天生就是有点女人味的，所以呢，你想做个真正的男人是不可能的。你就没有这种气质。”

“中国的法律就不像外国的那样健全，有好多漏洞。但是，但他要说是卖淫，他也说不成。他也说不出个什么所以然来。——但是，他只知道，他说是，我们这里的法律就是这样，你跟那个男人谈了价钱，就谈了钱，只要有金钱交易，他就是卖淫嫖娼。管你有没有发生性爱关系，他不管。他不注重事实。假如——我也不太懂，在外国的法律，它是要注重事实的对吧。没有事实的根据，他不可能乱判。但是中国的法律就

是有很多漏洞，很多空洞。他没有拿到你性行为（的证据），他也说你跟他有金钱交易，就可以定我们的卖淫罪。——但是我们是弱势群体，我们没有办法反抗。我们没有能力，——假如我们是很强的，假如我们有很多的、假如我们有几百万的资产，我就可以跟你打官司。但是我们没有这个能力。所以不能打官司。反正这里的法律就是你把我抓去了，反正乱判，我也只能认了。因为我们是弱势群体，没有能力反抗他。”



结论和建议

本次调查显示昆明存在着一群以同志互称的男性（男男性行为者），尽管他们关于艾滋病病毒传播和预防的知识水平较高，但仍然继续从事频繁的高危行为，很少会考虑到自身的HIV感染危险。男男性行为者社区拥有相同的价值观，这些价值观将整个人群分成两大类，一类是干净、努力工作、诚实和安全的人，另一类是肮脏、性乱、不诚实和不安全的人。

肛交中的安全套使用被普遍认为是合理的，能有效预防艾滋病病毒的传播，但男男性行为者通常都认为安全套不利于建立亲密的、互相信任的关系，而所有调查对象都说他们渴望与性伴建立这种关系。有鉴于此，大多数调查对象仅在与“不太合意”的性伴（如男性性工作者和性乱男性）发生临时性行为时才使用安全套，这一点似乎很合乎逻辑。

如果继续在安全套使用宣传信息中只注重传播和预防知识，则很难促成行为改变。相反，

项目应该解决男男性行为者社区中普遍存在的价值观，这些价值观简单地将性伴分成两大类，即安全的性伴和不安全的性伴，从而让男男性行为者产生一种不切实际的安全感。事实上，所有调查对象都解释说他们与固定性伴不使用安全套，因为他们觉得这些性伴比其他性伴要“安全得多”，其他性伴指从事不安全、“肮脏”行为的性伴。调查对象通常将自己与男朋友不使用安全套说成是亲密和愉悦的表现，但事实上大多数调查对象也相信在他们的圈子里几乎不可能做到一对一的忠诚。必须将危险认知与所有类型的无保护肛交联系起来，而不是仅仅考虑与所谓“肮脏的”或更危险的性伴发生的性行为。尤其需要指出的是，艾滋病预防教育的重点应该从强调“419”（一夜情）的危险性转向排斥所有其他类型的性行为，因为强调“419”（一夜情）的危险性可能会放纵与所有其他性伴的无保护性行为。必须重新将安全套使用定义为男男性行为者社区中的积极价值观，如信任、忠诚、道德观和身体洁净，而不是成为实现这些理想的障碍。



面向男男性行为者的所有交流活动都应包括消除歧视的宣传信息。这类宣传信息一方面能提高男男性行为者的认识，让他们了解到任何性伴都有潜在的HIV传播危险，另一方面能改善男男性行为者对艾滋病病毒感染者/艾滋病病人的态度，鼓励他们更多地利用自愿咨询检测、关怀和支持服务。这些宣传信息应该特别指出干净的、健康的、教育程度高的和经济收入好的男性也有感染HIV的危险，同时强调艾滋病病毒感染者只要接受适当的教育和服务，也能过上健康的、幸福的和有意义的生活。

信息宣传还应纠正男男性行为者社区中普遍存在的一种错误观念，即认为清洗能预防HIV感染。这种错误的观念既可能来自该人群在“干净”和“肮脏”两个对立价值观方面的态度，也可能是因为他们完全误解了艾滋病病毒到底是什么。同时，还应加强有关性病知识的宣传，男男性行为者继续认为性病虽然治疗起来费用高但很容易治愈，而没有真正地重视性病对健康的威胁。

所有信息宣传活动和行为改变宣传信息应该有一个共同点，那就是将它们与男男性行为者社区中普遍存在的正面价值观和渴望联系起来。面向男男性行为者的行为改变宣传信息应该不光是关注他们的性取向，还应将他们作为中国的普通男性看待，解决他们在文化和社会认同方面的需求。有关安全套使用的宣传信息不应仅仅强调男男性行为者面临的 HIV 感染危险，还应强调男男性行为者作为赡养父母和供养家人的支柱有必要保护自己的健康。性病预防信息不仅应该讨论性病和艾滋病之间的联系，还应讨论将性病传播给妻子和孩子的潜在威胁。调查对象着重指出的一个主要生活理想是结婚生子来延续香火。因此，宣传信息应该相应地提醒男男性行为者性病艾滋病会威胁到他们生育健康的下一代的能力，同时还会威胁到他们供养后代的能力。

还应采取措施来动员新兴的同志人群和跨性人群体更积极地参与预防和关怀工作，尤其应注意发挥同伴教育的优势。此外，项目规划人员应该考虑同志、跨性人和男性性工作群体之间的明显区别，考虑到有必要开发不同的同伴教育网络来接触这些不同的群体。本次调查显示各群体之间存在着严重的偏见，因此任何通用的外展和同伴教育方法都不可能成为有效的行为改变策略。此外，各群体有着与自身价值观和渴望相关的不同的性认同，这意味着需要制定不同的策略来有效地促进各群体的行为改变。

应该鼓励这些群体参与到新交流策略的规划和实施过程中，新交流策略主要是重新定义一些造成高危行为的社会价值观。应该将求医行为重新定义为男男性行为者社区中象征干净、亲密、信任和责任的核心价值观，求医行为包括使用安全套、寻求适当的性病治疗和利用咨询检测服务。同样，艾滋病病毒感染者的关怀和支持也应与同情、诚实和感情纯洁等共同价值观联系起来，这些价值观不仅是理想的男男性行为者关系的主要特征，同时也是主流社会的主要特征。最终，人群中影响行为的价值观不仅有助于减少高危行为，而且还有助于感染了HIV的男男性行为者获得所需的关怀和支持。

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Glossary Of Terms

BF-Boyfriend
BSS-Behavioral Surveillance Survey
CST-Care, Support and Treatment
FGD-Focus Group Discussion
FHI-Family Health International
IDI-In-depth Interview
MARP-Most-at-risk population
MB-Money Boy (refers to MSW)
MSM-Men Who Have Sex With Men
MSW-Male Sex Worker
PLHA-People Living With HIV/AIDS
SBC-Strategic Behavior Change
STI-Sexually Transmitted Infection
TG-Transgender
VCT-Voluntary Counseling and Testing

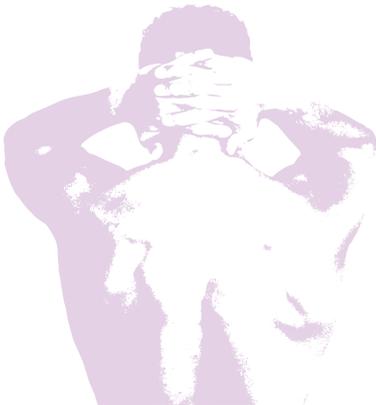


MSM Programs in Kunming City

Spring Rain Workgroup-supported by FHI in partnership with the Kunming Institute for Health Education

Colorful Sky Workgroup-supported by the Yunnan Institute for Health Education

Yunnan Tongzhi Net-privately operated, gay themed website which among other activities disseminates HIV prevention and healthy living information



Executive Summary

HIV/AIDS programs are increasingly targeting MSM in China but they are hindered by insufficient understanding of the values and beliefs that shape MSM behavior and give rise to high-risk behaviors. Previous research among Chinese MSM has documented high levels of HIV/AIDS knowledge accompanied by low levels of condom usage in anal sex. Despite many years of knowledge-based behavior change, risk behavior remains high and risk perception low among Chinese MSM; for HIV prevention efforts to move forward it is necessary to understand why this remains the case.

The study investigates the values and beliefs contributing to low levels of risk perception and condom usage among Chinese MSM and assesses common attitudes toward health services and people who are HIV positive. The output of this study will be used to develop more effective behavior change messages for HIV/STI prevention and care programs for MSM in China.

The assessment was carried out through 91 in-depth interviews and five focus group discussions with MSM on personal history, future plans, risk perception, sexual behavior, health-seeking behavior, and values. The research team consisted of three staff of Family Health International (FHI), five MSM peer educators, working for the Spring Rain Workgroup, who were responsible for recruitment of respondents, and five social work students from Yunnan University responsible for conducting interviews.

Primary Conclusions and Recommendations

Despite high levels of HIV-related knowledge, members of the MSM community continue to engage in high-risk behaviors while failing to perceive their own risk of infection. This appears to be the result of value-based assumptions regarding the kinds of people at risk of HIV infection as well as misconceptions regarding the efficacy of certain preventative measures. These value-based assumptions also give rise to highly negative views toward people who are HIV positive. It is recommended that:

1. Behavior change messages for MSM move beyond dissemination of basic HIV-related information and address the community values which give rise to high risk behaviors. Condom and lubricant use in particular needs to be re-associated with positive values prevalent in the MSM community, including images of cleanliness, love, honesty and responsibility to male and female partners. Special attention should be paid to addressing condom use among regular partners, where condoms are typically seen as a sign of fear, distrust or the failure of a relationship. Condoms need to be redefined as an expression of love and intimacy between two people who want to protect and care for one another.
2. Anti-stigma messages need to be developed and communicated simultaneously with prevention messages to reduce misperceptions regarding so-called clean and unclean partners and to increase empathy and support for those infected with the virus.
3. Behavior change messages should not only address the target group as MSM but also address their needs and aspirations as Chinese men in general. Condom usage, STI treatment and screening, and access to VCT should be promoted as beneficial for achieving the goals of fulfilling family obligations, producing healthy children and providing for family members, in addition to stressing the benefits for MSM, their long-term relationships and their emerging community.

This research identifies an existing MSM community in Kunming which, while relatively undeveloped beyond an informal social network, can and should be mobilized to strengthen prevention and care programs, reduce stigma and provide support for HIV positive people.

In addition to addressing broader social values and perceptions, there remain important gaps in basic factual understanding that should be addressed. While members of the MSM community are familiar with the routes for HIV transmission, and the effectiveness of condoms in preventing infection, there remains a widespread belief in the efficacy of washing as a prevention strategy. STI knowledge is low and information needs to focus on the link between STIs and HIV risk.

Health service promotion messages should also simultaneously address HIV-related stigma. The availability of services should be promoted in a way that fosters care and compassion within the MSM community. Involving HIV-positive people in peer outreach, drop-in center activities and communication events will assist in eroding stigma, correcting misperceptions and promoting safer behaviors.

Key Findings Regarding MSM Values, Beliefs and Practices Relating to HIV/STI Prevention, Care and Treatment

I. Community Values and Norms

Research indicates the existence of a recognized, albeit loosely structured, same-sex community in China with common values, beliefs, aspirations, social networks and behaviors. Most men in this study labeled themselves and others as *tongzhi* or comrade, a communist term which translates as Tong (same or homo) and Zhi (goal, spirit, orientation). According to the men of the study, identifying as a *tongzhi* was synonymous with social interaction in the *tongzhi* community with shared obligations, values and support networks. Common values included emphasis on purity in emotions, love, trust and cleanliness, in both the physical and symbolic senses.

II. Health Vision

Men in the study defined health in three broad categories: physical, behavioral and psychological. Within each of these three conceptions of health, the notion of cleanliness, whether physical or symbolic, was a key defining feature. In the physical sense, participants described healthy people not only as being free of disease but also as appearing strong, fit and clean. In the behavioral sense, participants described healthy people as those who lived “clean” lifestyles and avoided frequent commercial and casual sex. Participants also described psychological health as being free of “improper” personal desires, largely sexual - for instance interest in more esoteric sexual practices like sadism/masochism or bondage.

III. Risk Perception

The men in the study consistently described “clean” behaviors as having a low risk for HIV transmission and “dirty” behaviors as high risk. The identification of clean and dirty behaviors showed numerous misperceptions: stable partners were deemed safer than casual partners, even though respondents recognized that monogamy between boyfriends was rare. People of high social status, people who were well educated and people who appeared to engage in hygienic behavior, such as washing hands and genitals before and after sex, were also considered safe. Male sex workers were considered “dangerous” for STIs and HIV/AIDS because they were considered to be fundamentally “dirty”, lacking in proper

values and behaviors. While practically all respondents demonstrated that they understood condoms could prevent HIV, most noted in great detail why they often did not use condoms with various types of partners who they often considered “clean”, “comfortable” and relatively safe.

IV. Prevention Behavior

Men in the study reported a number of behaviors intended to limit their risk of HIV infection. It should be noted that, upon initial questioning, the majority of men in this study did report consistent condom use with all partners; most modified or clarified their statements later in the interview and under further questioning. The primary prevention approach was to select partners who were considered clean. Condom use was especially low between regular partners and was seen as a barrier to trust and intimacy.

In addition to selecting appropriate partners, there was a widespread belief in the efficacy of washing the body and genitals, both before and after sex, to prevent STI and HIV infection. In addition to water and soap, some men reported using special medicinal washes or disinfectants to clean themselves. Many study participants said that in cases where condoms were not available, or where condom use was viewed as undesirable, washing was a reliable prevention strategy.

V. Aspirations

Most men in the study balanced their lives and personal relationships between two contradictory goals of having a long-term relationship with a boyfriend and fulfilling personal, familial and social obligations to marry and carry on the family line. Several participants expressed a desire to maintain a long-term, same-sex relationship but also to marry and produce a child. Ideal scenarios for the future often included hopes of integrating same sex partners into their traditional family structures.

VI. Health-Seeking Behavior: STI, VCT and CST Services

While general HIV knowledge was high among men in the study, important misconceptions remained regarding STIs: participants by and large believed that 1) all STIs had visible symptoms; 2) all STIs were curable; and 3) there was no link between STIs and HIV. These misconceptions meant that men did not undergo regular, asymptomatic sexual health screenings and tended to be fairly blasé regarding the risk of STIs. In addition, while participants were aware of the existence of VCT services, many had not been tested because they were unaware of their risk, afraid of the stigma attached to users of the service, and tended to view a positive test result as a death sentence. Participants were largely unaware of care, support and/or treatment services available to PLHA and, if they were aware, they doubted the effectiveness and accessibility of these services.

VII. Attitudes toward PLHA

The men in the study expressed highly negative views toward people with HIV/AIDS and described them in ways which were in line with their overall value system and perceptions of HIV risk behaviors. People with HIV/AIDS were described as dirty, promiscuous and immoral, and many respondents said that HIV-positive people deserved to be infected. The men of the study expressed a common belief that there was little that could be done to help people with HIV in terms of care, treatment and support. The major expected outcome was simply to wait for death.

INTRODUCTION

While the national HIV prevalence rate among the general population in China remains low (0.07%), the number of reported cases has increased significantly in the past several years, and there is evidence that the proportion of sexually transmitted infections is also increasing. Injecting drug use accounts for the greatest proportion of existing infections, but in 2005 estimates showed that more new cases of infection had resulted from sexual transmission than any other risk behavior. There were an estimated 650,000 HIV cases in China at the end of 2005, spread across all 31 provinces, including municipalities and autonomous regions. Of those, an estimated 47,000 are men who have sex with men (MSM), accounting for 7.3% of overall infections¹.

Compared to other most-at-risk populations (MARPs) in China currently being targeted with HIV prevention and care interventions, MSM remain relatively overlooked. One reason for this neglect is the political climate in which most Chinese MSM previously lived, which made MSM programming politically unpalatable while also driving members of the community underground and beyond the reach of what few services did exist. While political restraints have relaxed considerably in recent years, the lingering effects can be seen in the distrust many MSM display toward government-affiliated HIV interventions and services. At the same time, the government's continued restrictions on civil society development make the organization of community-based interventions problematic. It should be added, however, that leaving aside political barriers to MSM programming, Chinese attitudes toward male-male sexual behavior remain an obstacle to engaging this group. Despite the oft-cited tolerance for homosexual behavior as it existed in earlier periods of Chinese history, modern China by and large views male-male sexual behavior as aberrant, perverse and opposed to Chinese traditions and culture.

Despite these barriers, in recent years a nascent gay community in China has begun to emerge, spurred by the changing political climate and greater ease of communication and networking. Various gay groups have sprung up around the country, organized either locally or with the support of international non-governmental organizations (INGOs), often in response to a growing awareness of the HIV/AIDS epidemic.

Yunnan Province

There are currently 30,000 reported cases of HIV in Yunnan Province, the most of any of China's 31 provinces². In fact, experts from the Yunnan Consultative Committee for AIDS Prevention and Control have stated that the actual number of infections may be more than 85,000, of whom 10,000 have already died of AIDS³. The epidemic originally appeared among injecting drug users (IDUs) near the borders the province shares with Vietnam, Laos and Burma, and to this day the majority of HIV interventions have focused on this population of IDUs. The Yunnan provincial government has been extremely proactive in drafting regulations and encouraging international investment for HIV prevention, but commitment for MSM programs until very recently has been weak. MSM are not included as a specific target group in the current 5-Year Action Plan, and analysis conducted as part of the USAID-supported Integrated Analysis and Advocacy (A²) project established that in 2004 (the most recent year for which figures were available) only 0.7% of all available HIV prevention funding in Yunnan (including government, INGOs, etc.) was allocated for MSM programming. That same report predicted that by the year 2020, if the current trends

1. "2005 Update on the HIV/AIDS Epidemic and Response in China." Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS, World Health Organization, 24 January 2006.

2. "2005 Update on the HIV/AIDS Epidemic and Response in China." Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS, World Health Organization, 24 January 2006.

3 "Policy Briefing Paper - The Epidemic of HIV/AIDS in Yunnan Province: Epidemiological and Economic Analyses." Integrated Analysis and Advocacy Project - Office of the Yunnan AIDS Working Committee, Yunnan Center for Disease Control and Prevention, USAID/Health Policy Initiative, Task Order 1.

continue, new infections in the MSM community will far surpass infections among female sex workers and injecting drug users⁴.

However, the situation is beginning to change and new attention is being paid to the MSM community. One example of this new focus was the establishment of the Spring Rain *Tongzhi* Group in 2005. Spring Rain conducts peer education, outreach and referral to STI, VCT and other health services in Kunming. The Spring Rain group works in conjunction with other MSM community groups, including Colorful Sky and Yunnan *Tongzhi* Net, to build HIV/AIDS awareness and prevention skills and to further develop the capacity of the local MSM community to protect themselves and increase uptake of care services.

A survey conducted by the China-UK project in 2003 concluded there were a total of roughly 5,000 MSM living in Kunming, though the actual number as of 2006 is estimated to be significantly higher. A mapping survey conducted by the Kunming Institute for Health Education in 2005 concluded that the local MSM scene was composed of men from all age groups and socioeconomic backgrounds, who regularly sought out sex partners in a number of cruising venues around the city, including public parks, squares and toilets as well as gay-oriented saunas and bars. The survey showed disparate groups of MSM with high degree of social separation between these segments.

Discussions with Spring Rain peer educators, community gatekeepers and MSM themselves indicate that one weakness of interventions targeting Chinese MSM is a lack of understanding regarding this community. Outreach efforts and SBC messages continue to focus on basic HIV/STI and prevention knowledge, despite the fact that a BSS conducted by the Yunnan Provincial Health Institute in late 2004 with MSM in Kunming revealed that members of this community already have high levels of knowledge.

Among 224 respondents, 76.6% showed accurate knowledge overall, and 86% understood that using condoms could prevent infection. Several misperceptions remained related to HIV infection from mosquito bites, the ability to visually screen risky partners, and the efficacy of washing before and/or after sex.

The 2004 BSS also concluded that, despite relatively high levels of knowledge regarding HIV/AIDS/STIs, consistent (i.e., “always”) condom use was only 45% in commercial sex and 32% in non-commercial anal sex. Risk perceptions were low: 76.5% of respondents said they had little or no chance of becoming infected with HIV. A significant percentage of respondents had engaged in sex with a female partner, indicating the potential for cross-over transmission to female partners. Fifty-nine percent of MSM surveyed had engaged in sex with a female at some point in their lives, while 23% had done so in the last six months. This survey did not differentiate between types of female sexual partner.

Qualitative research conducted in the MSM community by the International HIV/AIDS Alliance in 2004 proposed some reasons for this disconnect between knowledge and behavior. The research found that most MSM had never known or heard of anyone in their social networks who had HIV/AIDS and that HIV was mainly perceived as a problem among injecting drugs users. The research also pointed to social barriers to condom usage in the MSM community relating to low self esteem and issues of trust between sexual partners.

4. “Policy Briefing Paper - The Epidemic of HIV/AIDS in Yunnan Province: Epidemiological and Economic Analyses.” Integrated Analysis and Advocacy Project - Office of the Yunnan AIDS Working Committee, Yunnan Center for Disease Control and Prevention, USAID/Health Policy Initiative, Task Order 1.

The goal of this research was to probe deeper into the reasons why MSM in Kunming have been reluctant to use condoms and to access available services for STI treatment and VCT. The research focused on MSM community norms and values, individual life histories, identity issues and sexual health needs. The research results are intended to be used to develop appropriate themes, messages and motivating factors which can serve as a foundation for an improved communication strategy with better scope, coverage and quality of prevention.

METHODOLOGY

This research was conducted along qualitative research guidelines with in-depth interviews (IDI) and focus group discussions (FGD). The research team consisted of five social work university students trained in qualitative interview techniques and five MSM peer educators who worked for the Spring Rain MSM Workgroup. Members of the research team participated in a training covering basic interview skills, research procedures and sensitivity to MSM concerns.

The research was carried out in three phases from January to June, 2006. The preparatory phase took place from January to February and consisted of finalizing the research goals, design, and questionnaires, and selection and training of IDI interviewers and FGD moderators. Data collection and Chinese-to-English translation of transcripts was conducted from March to May. Analysis was carried out in June.

Data Collection

For this assessment, in-depth interviews were conducted with a total of 50 MSM (18 interviewees age 18-30, 25 interviewees age 31 and over, and seven MSW). Additionally, 41 MSM were reached through focus groups discussions. Participants were recruited by MSM peer educators through an FHI-supported community drop-in center, at a number of cruising venues including parks and public toilets, and through the Internet. Peer educators were responsible for establishing a relationship with potential participants, explaining the purpose and format of the interview and obtaining verbal informed consent. Participants were asked prior to the beginning of the interview whether they had ever engaged in (penetrative anal) sex with another man and whether they were at least 18 years of age. Interviewees were offered a “gift bag” including an FHI T-shirt, HIV prevention information and condoms, as well as a small travel stipend (roughly US\$2.50) for their participation. Health education, counseling and referral to other services were provided at the close of each interview. No interviewee refused participation after having arrived at the interview site, though seven interviews were discarded during the analysis process due to poor quality of data. These interviews were not included in totals listed above.

At the start of each data collection event, interviewees were assured that their confidentiality would be respected, and were given contact information for the lead investigator should they encounter any problems. No names or other identifying information were collected. Each IDI was conducted by a trained social work student assisted by a peer educator responsible for note taking, and consisted of a semi-structured interview lasting between 1 and 1.5 hours and covering topics including life, history, future plans, risk perceptions, sexual behavior and health-seeking behavior. A series of FGDs were conducted with groups of between five and ten MSM, focusing on perceptions of community, and community norms and values. All data collection events were tape-recorded with interviewee consent, and audiotapes were later translated into English and summarized by the investigators. Data collection materials were delivered to the lead investigator at the close of each data collection event, and kept locked in the FHI office. Audiotapes were destroyed once data analysis was completed.

For the purposes of this research, the MSM community was segmented into younger MSM (ages 18-30), older MSM (ages 31+) and MSW. Peer educators recruited participants according to a number of criteria, including socio-economic status, level of education and types of cruising venues frequented. In total, 43 MSM were interviewed through IDIs held at the community drop-in center, and 33 MSM participated in a series of five FGDs facilitated by FHI staff. In addition, seven MSW were individually interviewed at a local gay entertainment venue to protect their confidentiality, and eight transgender sex workers were interviewed jointly in a separate FGD.

Data Analysis

Preliminary data analysis was conducted during the data translation phase. Due to time and financial constraints, audiotapes of IDIs were not transcribed verbatim but were summarized in English by one of the investigators. Summaries were organized in line with major research themes, and points or experiences of particular interest were pulled out and translated verbatim, eliminating extraneous information.

Primary data analysis was conducted by the research team over the course of a week. All data gathered was reviewed by each member of the research team, and major themes and sub-themes were identified. Each theme and its corresponding sub-themes were listed on a separate sheet, and supporting information for each was identified and pulled from individual interviews. Preliminary findings were written up by two data analysts, and their findings were incorporated into one report. Research findings were validated through consultation with the research team, key informants and members of the community.

Limitations

There were a number of limitations which may have affected the results of this research. First, participants in the research were recruited through a peer education network and tended to share certain demographic characteristics (social class, ethnic group etc.) as well as social patterns which made them more accessible to peer educators. Most notably, this method of participant recruitment tended to miss those MSM who did not visit cruising venues at all but interacted primarily over the Internet or in private residences. Efforts were made to recruit participants through established gay websites, but contacts made online were generally unreliable.

Second, recruitment of research participants was carried out in locations identified as cruising venues through previous community-led mapping exercises. A single population size estimation, of indeterminate reliability, was carried out among Kunming MSM several years prior to this study; time and manpower constraints for this research made it impossible to carry out new mapping or size estimation, or to use more scientifically rigorous sampling methods to obtain a verifiably representative cross-section of the overall community.

Finally, time and financial constraints for this research made it impossible to fully transcribe the results of each interview in Chinese and translate them into English. Individual interview recordings were therefore reviewed and summarized directly in English by a bilingual member of the research team who was familiar with the research goals, with results periodically checked by other members of the research team. Comments of particular interest were translated word-for-word, but some degree of richness may have been lost from the research data in the summarization and translation process.

RESULTS

MSM Identities and Community in Kunming

What does it mean to be a man who has sex with other men in Kunming? How do men who have sex men define themselves in relation to peers, family and the larger society?

Terms of Reference in the MSM Community

Men in this study used a range of terms to describe their same sex behaviors and identities. The most common and preferred term used to refer to oneself and others was *tongzhi* or comrade. The term literally translates as Tong (same or homo) and Zhi (goal, spirit, orientation) and was originally adopted by the Chinese communist and nationalist parties to refer to individuals participating in the communist/nationalist revolution. According to Chou Wah-Shah the term was first adopted by the Hong Kong gay and lesbian community in 1997 as an effort to redefine Chinese same-sex identity as an identity based on social relationships that were not necessarily distinct from the larger “heterosexual” society. The new term, according to Chou Wah-Shah, refuted both the notion of sexual behavior as a defining feature of identity and of the notion of a rigid homosexual/heterosexual dichotomy.⁵ Men in this study also explained that they preferred the term *tongzhi* over the pre-existing term for homosexual, *tong xing lian*. They explained that the term *tongzhi* was free of the negative connotations associated with *tong xing lian*, because people outside the community would not recognize term as referring to same-sex behaviors. The term also allowed them to address their peers in public without calling attention to their same-sex behaviors.

Other terms commonly used by men in the study included the English phrase “MB,” short for money boy, which was used almost universally by younger men to describe men who sold sex to other men. The English term “gay” was also used by younger men, who said they used it largely for chatting on the Internet. Both terms were unfamiliar to older men.

Additionally, study participants frequently used the term *hua xin* (flower heart) to refer to men in the community who changed boyfriends frequently, while using the verb phrase *luan jiao* (engage in promiscuous sex) to describe the action of having many casual sexual partners (perceived to be unsafe). Casual sexual partners were most often described as those with whom a member of the study engaged in one-night stands, which were referred to as “419” by most younger study participants. The Chinese phrase (*si yao jiu*) is used because the English pronunciation “four one nine” closely mirrors the English phrase “for one night.”

Conceptions of Community

Study participants described a direct relationship between “entering the *tongzhi* community” and recognizing themselves as *tongzhi*. While most participants noted that they were born with a desire for other men and sometimes engaged in same-sex behavior, they generally recognized themselves as *tongzhi* only after experiencing lasting friendships and social relationships in the community. Recognizing oneself as *tongzhi* was described as a result of social interactions rather than a deeply routed internal state of being.

5. “Homosexuality and the Cultural Politics of Tongzhi in Chinese Societies.” Wah-Shan, Chou. *Journal of Homosexuality* (Harrington Park Press, an imprint of TheHaworth Press, Inc.)Vol. 40, No. 3/4, 2001, pp. 27-46.

“Many people feel that they become a tongzhi only after entering the tongzhi community.” (YM20)

“The term tongzhi describes men who have entered the community.” (FGD)

There are questions regarding to what degree MSM recognize themselves as being part of a community. Men in this study almost exclusively used the word *quanzi*, which denotes a social circle, to refer to the same-sex social network. The Chinese word *shequ*, which is the most commonly used translation for community, generally refers to a specific group of people who share a strictly delineated living space such as an apartment community or residential community. For the purposes of this report, however, the term *quanzi* will be translated as “community” because the sense in which it was used more closely adheres to the Western concept of a social community (commonly held backgrounds, interests, lifestyles, values and aspirations). To refer to the body of homosexual men in China as merely a “social circle” underplays the significance which membership in this group has for its individual members.

Values and Norms in the *Tongzhi* Community

The men of the study described the MSM community as a network of men who shared not only same-sex desire but also common values, hope aspirations and fears. The *tongzhi* community was also depicted as a social sphere where men could rely on each other for social support and comfort and could engage in free and “natural” communication. The community was also described as a somewhat dangerous realm where ruling social and behavioral norms that preserved “normal” social order had broken down.

Men in the study frequently described the process of recognizing themselves as *tongzhi* as an entry into a social environment where they could interact with others in an open and honest way. In the community, they could find acceptance, comfort, and a release of the pressure and burdens they often experience in the broader society.

“What I worry most about is losing my tongzhi friends; it is only with these friends that I have a common language. When I am together with them, I am happy. When I am with “normal” people, there is nothing I can talk about with them.” (YM8)

“I feel like communicating with normal people is like “playing the piano to a cow’ ... addressing the wrong audience. I trust people in my own community more.” (FGDYM)

Older and usually married men in from the ages of 40 to 75 often described the community in ways that recognized its more dangerous elements, including frequent incidents of blackmail and theft. Despite the relatively high frequency of these behaviors in the community, these men noted that their friends also provided protection against such negative forces.

“If he was cheated by someone who was introduced by me, I will bear part of the responsibility ... We know each other and trust each other. Don’t be cheated is the principle when you are part of this community.” (FGDOM)

I once met a man and went home with him. After we had sex the man demanded money, and said that if I didn’t pay him he would go to my home and tell everyone I was gay. I had no choice but to pay him 100 RMB. I couldn’t report this to the police, because if I reported it my family would find out. (IDIOM24)

“They will threaten you saying: I have been in love with you; if you don’t give me money, I will tell your families and especially your kids. The kids will look down upon you if they know you have such interest.”(FGDOM2)

Younger and older men alike emphasized the increasing complexity and disorder in the community. The conditions under which men deceived others to make money, blackmailed and robbed men in public saunas and toilets were described as *luan* or complex. The term *luan* in Chinese refers to a state of social and moral chaos that is the antithesis of an organized, structured, stable society. This term is often used to refer to periods of great social and economic upheaval, as for instance the various revolutions and periods of military strife that have punctuated Chinese history, of which the Cultural Revolution is only the most recent instance. Far from being a value-neutral term, *luan* denotes that which, for many Chinese, is their greatest fear: the breakdown of society, morality and civilization. Older men often contrasted the “*luan*” of the current era to the situation in pre-reform China where men who desired other men stood by one another, protected each other’s secrets and prioritized friendship over material gain.

“When our old folks get together we will exchange ideas and tell each other to be careful ... This is a complicated society with many cheaters and blackmailers.” (FGDOM)

Shared Values

Respondents placed a strong value on the importance of maintaining long-term relationships as opposed to the reality that many men in the community were “flower hearted,” implying they could not stay with one partner for very long and were often looking for “something fresh.” Younger men tended to place high hopes on finding a partner who would “truly love and care for them” while older men tended to emphasize the importance of maintaining long-term friendships, either with or without a sexual aspect.

Monogamy was noted as an ideal as opposed to one-night stands which were perceived as a common practice but inappropriate form of behavior.

“I think I am longing for life-long love, not a temporary relationship or one night stand. I am against one night stands no matter if they are free or for pay. If he does not care for me or love me, I cannot have sex with him.” (FGDYM)

Honest emotions were often noted as the key defining feature of relationship between male partners, but such relationships were seen as an ideal rather than a reality. On the opposite end of the value spectrum were male sex workers who demand money for sex as well as those who engaged in sex to blackmail or steal from casual partners.

“For MBs, they care about money and materials but will not be concerned about passion and love. I am absolutely against these kind of people and do not like them.” (FGDYM)

Another common value in the community was employment. Men with regular jobs regardless of pay and status were perceived as reflecting a positive ideal for the community. These men were discussed in contrast to men who either did not work or whose status was unclear – meaning they spent much of their time in public parks, saunas and cruising areas in hopes of getting money from men. Younger men tended to express a strong contempt for money boys as well as for other men who manipulated sex for money while older men stressed the importance of honesty by showing more tolerance toward those who sold sex, particularly when done in a straightforward and honest manner.



“I think this is a social problem. Some people don’t have jobs, some are too young, some are lazy and just want to enjoy life.”
(FGDYM)

A high value was placed on men who maintained their physical appearance, including men who wore proper and neat clothing as opposed to dirty men who appeared not to take care of themselves and wore dirty clothing. Respondents placed a high value on meeting the social and financial obligations of their families. This included both working to provide for their needs and also getting married and producing children to carry on the family line.

Abnormal vs. Normal

The social and sexual relationships of men in the *tongzhi* community were often contrasted with those of “normal men in the normal world.” Normal men engaged in relationships with women; they married and had children. By implication, men in the *tongzhi* community perceived themselves as abnormal but they also placed high value on getting married, carrying on the family line and protecting their families from shame and humiliation associated with their homosexuality.

While *tongzhi* found their natural place in the *tongzhi* community, they also recognized an obligation to pursue their responsibilities in the “normal world.” Managing these contradictory goals and obligations, most men developed strategies for pursuing dual objectives of maintaining relationships in the *tongzhi* community while at the same time attempting to meet their obligations to family and society. This is usually achieved by maintaining hidden relationships with other men while publicly pursuing heterosexual marriage and family. In some cases this was achieved by attempting to integrate a homosexual relationship into more traditional Chinese familial and social structures, often by having a male sexual partner accepted by the family as an uncle or “close friend.”

Positive Values and Norms	Negative Values and Norms
Simplicity, Openness	Complexity, Chaos, “luan”
Friendship	Deception, Theft, Blackmail
Monogamy and “true love” with “BFs”	One night stands (“419”)
Men who are committed to “BFs”	Men who are “flower hearted”
Men with clear work status	Men with who are unclear – MBs and others
Men who appear clean	Men who look dirty
Men who meet social and material needs and obligations of family	Men who shame their families and fail to meet their needs

Life Stories, Relationships and Partners

Respondents in the study expressed common themes or milestones in their past which led them to their current experience as *tongzhi*. Despite differences in age, economic status, education, and place of origin, men described similar experiences, dilemmas and obstacles in their past lives. These experiences provided further understanding of the values of the community as well as the underlying reasons why certain partners were deemed safe from HIV transmission while others were not.

Awareness of Same-Sex Desire

In describing their childhoods, men frequently described becoming aware of an unusual interest in other men, without specifically recognizing it as homosexual desire.

I started feeling like I was interested in boys when I was 16. Whenever I saw a good looking classmate, I would stare at them and I never had a similar feeling for my female classmates. (YM11)

“When I was young I used to look at men in the toilets but never really knew why...” (OM10)

First Same-Sex Sexual Experience

This awareness of an unusual interest in or attention toward other men usually was followed by a same-sex sexual experience. First sexual experience tended to vary between men over the age of 40 and men under the age of 40. Older men often described a first sexual experience that was initiated by an older relative, community member or teacher. The recognition of desire for men was invariably described as something that was imposed from an older more respected member of the society.

A 44-year-old man from Kunming said he first discovered same-sex sexual behavior when he was 16.



My first time, I didn't understand anything, and that night when I went to bed all I could think about was what the teacher had done. I came to think of it as something that I could accept and enjoy. That teacher picked me and two of my friends specially, because we often exercised and had good physiques, and because we were lively in class. He would touch our bottoms and our genitals and tell us we needed to exercise and keep our good physiques. I discovered he was also having sex with my friends when he invited the three of us to go skinny dipping in a local lake ... the teacher would often take students back to his room to sleep with them; he preferred oral sex though he also had anal sex with

us. Sometimes we were jealous of one another because we had each originally thought the teacher only had had this kind of relationship with us, and then we discovered he was also having sex with other students. (OM13)

I'm a little bit embarrassed about the first time I had sex, because it was with my uncle. Since then, whenever I see him I avoid him. At that time, our houses were right across from one another. He must have been 18 or 19 years old, and he was in really good shape. That was during the era of Chairman Mao, and relationships between men and women were taken very seriously. Plus there was nowhere people could go to let off steam. My uncle was raising kittens, and he asked me if I wanted one, so I told him I wanted a golden-furred kitten. He said okay, but I had to do what he told me. I didn't have any reaction – I never imagined what he might mean. But then he started holding me more and more tightly. When I asked him what he was doing, he said he was very sad and couldn't I help him let off some steam? And even though I said no, in my heart I know I didn't try to get away, and so I gave him oral sex. Afterwards I felt really dirty, and when he let me go I ran away and wouldn't talk to him any more. But about 10 days later he came and asked me if I still wanted the kitten, otherwise he was going to give it to someone else. Well, I really wanted the cat, and even though I was still embarrassed I was also curious, so I went back to him. I figured if he wasn't afraid then why should I be ... slowly I got used to things, and we kept up that kind of relationship for two years, until he got married.” (OM3)

Younger men tended to describe their first sexual experience as happening with a peer, perhaps indicating increasing exposure to foreign and national discourses on same-sex behavior. In these cases sexual desire was seen as something that was a natural part of their physical being but something that was realized through a sexual experience.

“The first guy I was with --- he didn't talk very much, but that night he came over and said he didn't have a place to sleep, so he got in bed with me. At that time I told myself I could not possibly have that kind of need, but when we were in bed together – at first he didn't do anything – but then he wrapped his arms around me, and started touching me and I felt ... I'm a man, but I felt I was having a reaction down below. I was getting sexually excited.” (MB3)

Following their first sexual encounter, men frequently reported their experience of entering the *tongzhi* community and recognizing themselves as part of that community of like-minded people with a common language.

“Hanging out with them has made me really happy.... when I was with them it was like being in a completely different world it was a completely different feeling from when I was hanging out with my old friends. How can I explain it? When I am with them, I feel like I can say anything ...you can say whatever is in your heart.” (MB3)

A few respondents described the emergence of same-sex desire through accidental meetings on the Internet.

I first had sex when I was 17 with someone I met over the Internet. I did not understand the word tongzhi so I went online and looked it up. Then through chatting with other men on the Internet I came to understand that there was such a thing as a tongzhi. (YM11)

Relationships with Boyfriends

Apart from the emergence of an awareness of homosexual desire, men also described the challenges and barriers to finding and maintaining long-term relationships with other men. They frequently described the initial pleasure of having a boyfriend, particularly the emotional and physical intimacy followed by some incidence of disappointment.

“The advantage of having a BF was that I have someone to talk to who shares my interests and hobbies and not just for having sex. My BF is very warm; he will make me food and when I complain about it, he says he will do better next time. We also care for each other when we are sick. Our relationship is better than those between men and women.” (OM2)

“I had someone I could talk to – someone who understood me. We are both tongzhi so we speak the same language.” (MB1)

Men frequently described the downside of relationships, particularly that their boyfriends could not be faithful.

“Tongzhi have flower hearts. Two men together cannot last.” (MB1)

I met a singer once and fell in love with him at first sight. We got along well, but after a month he started to look for other partners.... I gave him all my heart but in the end just got dumped. He had a flower heart. All men with flower hearts are liars. (YM16)

Some men expressed that a degree of sexual activity outside the main relationship was acceptable.

Love in the tongzhi community is pretty fragile, and many people have flower hearts, so it's easy to have affairs. So for instance if you and your BF have a fight, or you are feeling really upset, or if you just meet someone you're really attracted to, these could all lead to a 419. In some cases it is okay to have sex with people outside the relationship. A lot of my friends say that if their boyfriends don't do it too often, they can have sex outside their relationships as long as they don't start talking about love with someone else. (YM20)

Balancing Boyfriends and Family

By far the greatest challenge to maintaining relationships with boyfriends was the difficulty in balancing family obligations to marry and carry on the family line versus the need to maintain ties and sometimes even live together with boyfriends. While many men said they wanted to maintain a long-term relationship with a male partner, most also said they expected they would one day marry. Some did say that in the future it might be possible for their parents to accept their same-sex relationships as long as it was introduced in a “proper manner.” The “proper manner” for coming out was described as a gradual integration of the male partner into the legitimate family structure. Male partners could be recognized as brothers, uncles, even sons.

If two men get married it would be a scandal. The best thing to do is to not let people know that you are tongzhi. It is best to let people know that you are good friends and then slowly let your partner become like an uncle to you. (OM21)

The most common course for men in the study, particularly for men over the age of 30, was to get married and produce a child while at the same time maintaining relationships with boyfriends or looking for casual partners on a regular basis.

My family does not know about my behavior and if they found out they would think I was perverted. My wife suspects me because I have not had sex with her since I became part of the tongzhi community. My wife said she did not understand how normal people can have such needs. I have been bringing a boy home for over a year. At first my wife was very kind to him but she has since been treating him coldly. (OM18)

Male Sex workers

Despite the fact that male sex workers were frequently described as exhibiting the worst characteristics of the *tongzhi* community, male sex workers often described themselves and their relationships with boyfriends and families along lines similar to those in the rest of the community. To varying degrees they recognized themselves as being part of the community; they described similar first experiences of sex with other men and similar challenges of maintaining relationships with boyfriend vis-à-vis pressures to marry and produce children. For the most part MSW were just like other MSM apart from the fact that at some point in their lives they began selling sex. They generally described sex work as a means for providing food, education and other material needs for their families.

“I started two years ago in Hangzhou. The first time I did it, I remember I went into the bathroom to get clean and I felt like I had been wronged, because I had been with someone I didn’t even like ... Then I took the money and sent it home and they used the money to help settle accounts and I realized this money was really of great help to my family. And slowly I got used to this type of work.” (MB1)

I started working as an MB because of my family’s difficulties – my family all live together in a single room home and I thought this work would improve their lives ... My family does not know how I have the money and I tell them I sell seafood because they have never been to the South ... If they knew what I was doing they would go crazy. (MB5)

All respondents interviewed were bar-based MBs and they said that they rarely stayed in one city for more than two months and that they would move on to other cities after their marketability in one location began to decline. The MBs reported that they made decisions on new locations based on information from other MBs who provided names and contact information for Mommys in other cities. When they arrived in the new city they would contact the Mommy and request permission to begin work in the establishment.

Money Boys generally paid a weekly living fee to the bar owners and lived on site. Each of the bars had a coordinator or “Mommy” who managed the money boys and introduced them to clients. The Mommy also collected a 30% commission which was paid to the bar. In addition to bar-based money boys, respondents noted that there were also numerous home-based venues where MBs work out of residential establishments under the coordination of a mommy. There were also MBs who work freelance in public parks, toilets and saunas.

Attitudes toward People with HIV/AIDS

The majority of men in the study exhibited negative attitudes towards people with HIV/AIDS (PLHA). Many respondents initially said that if they had a friend who was HIV positive they might care for that person, perhaps by bringing them food or medicine. However, they generally followed such statements with negative views about HIV positive people. Common attitudes and statements included:

- They would keep a distance from that person.
- They felt that transmission still may be possible even through casual contact
- If a partner they would no longer have sexual relations
- They felt that being HIV positive was a death sentence and that there was little to be done to help the person.
- They felt that people who were infected with HIV deserved to be infected because of improper or unclean behavior

If I found out one of my friends was HIV positive I would cut off all contact with that person. I would not have sex with him and would also not be willing to see him. People know that things like shaking hands, hugging or eating together cannot transmit HIV, but in their hearts they are all afraid of HIV and so would want to avoid a person who had been infected. (YM18)

Men frequently said that people who were infected with HIV/AIDS had done something morally wrong or “dirty”, for instance they had sex with too many partners, or with the wrong types of partners, or in the wrong kinds of places, and so they deserved to be infected.

“My first reaction would be to be upset. And I would feel pity for my friend. But I also think I would not have much to do with him after that.” (MB1)

I have heard of people being infected with HIV in the community but I don’t know any of them. The people who get HIV are the kind of people who go out cruising for partners. Those kinds of people deserved to get HIV. It was because they slept around and were not careful People should be concerned about those who are infected through blood transfusions but people who are infected through sex deserved to be infected. (OM11)

One positive man interviewed described his experiences in the community as an HIV-positive person. The man described how the information spread in the community and how he quickly became an outcast.

“I would go to play cards with the older men and women, then someone told them they shouldn’t play cards with me, because I’ve got AIDS . . . I played cards with them until six o’clock, and then that person told them they should throw away the cards. How could that person be so uninformed – he had participated in a lot of Spring Rain trainings! What kind of training did he get? He was my best friend . . . my own friend treats me like I’ve got the plague.”(OM25)

Aspirations, Hopes and Fears

Men in this study in general exhibited a reluctance to discuss future hopes and plans; older men tended to express a belief that their lives were already largely over, while younger men were likely to express a skepticism regarding the efficacy of making plans for the future in a rapidly changing society. Given the rapid and often destabilizing changes which have transformed the whole of Chinese society just over the last century, many men viewed the future as a source of constant worry and fear, and said that they preferred to focus on solving the problems of the present moment and on living from day to day.

As long as I am in the gay community, I won’t think about the future – it’s too frightening. There’s no way to know what will happen in the future; you never know what’s going to happen next, so I just want to focus on solving the problems at hand. (MB7)

The overwhelming majority of unmarried men reported that they plan to marry a woman and produce a child in the future. The reasons given for this choice include pressure from family members and friends both outside and inside the *tongzhi* community, as well as business concerns and the weight of Chinese cultural traditions demanding that men fulfill their filial obligations and produce an heir to carry on the family line. It is important to note, however, that many men in this study did not view themselves as being forced unwillingly into marriage. Rather, they too aspired to marry both as a means to function “normally” in society and to fulfill socially positive and desirable roles and obligations. This did not, however, mean that these men planned to leave the gay community.

[If I marry] I'd pick to be with the girl my family has picked for me. I think that this way – for Chinese people, no one can say anything about you. I really want to have a normal life, because gay people have very lonely lives. I don't want to be alone. (MB1)

I think that I must get married. As a man, I have to make my parents happy. After I am married I will keep a definite distance from [the tongzhi] community, but to leave it entirely would be impossible. I didn't just learn this kind of behavior; I've been this way since I was born. I can't forget about it just because I have a wife. All I can do is try to make my family the most important thing, but I know that this could still affect my wife. I'm sure I won't be able to satisfy her sexual needs, I can only hide the truth from her. I don't know what I would ever do if anyone found out the truth, so I must hide it from her for life. This isn't a question of being fair or unfair – this is China's tradition and one person cannot change it; this is simply the reality. Carrying on the family line is China's custom and you cannot change it. (MB7)

Failure to produce an heir means the end of the family and in traditional Chinese thinking an abdication of responsibility to one's parents and ancestors. Producing an heir was also considered important for more pragmatic reasons; there is little state-sponsored care for the elderly in China, which leaves most older people dependent on support from their children.

I don't want to talk about the future – the more I talk about the future the more upset I feel in my heart. I just want to be happy day to day. I want to find a girlfriend and get married – it's traditional Chinese culture that I must get married and it's what I want. If you don't get married, how can you get through life? If you are alone and don't have a child, what will you do? (YM10)

"If you're gay, you're gay. But I know a lot of people in the community who think like that. They're all worried about what will happen when they're old – there's also continuing the family line. They all think they'll find a woman, get married and have a child, and then get divorced." (YM2)

Many study participants said that their ideal future would be one in which they could find a faithful male partner with whom to form a mutually exclusive, long-term relationship, analogous to marriage between a heterosexual couple. By and large, however, participants expressed doubt over the ability of men to form such long-term relationships, both because they said men's own nature was to be unfaithful and because they said homosexual relationships did not receive any of the legal recognition or safeguards which they said help people in heterosexual relationships to remain together. Beyond this, however, social arrangements with two men living together were not viewed even by members of the *tongzhi* community as a legitimate family structure.

My personal hope is to find someone I like and stay with him forever, but I know that would be very difficult because everyone is very flower-hearted. If someone is with me they may be very good to me for two or three years, but eventually they will think it isn't fresh anymore and they will go looking for other partners and associate with me less and less. With my current partner, even though he says he loves me, in fact I know he is thinking of something else. (YM18)

If you want to build a family then it's easier to be with a woman – especially if you have a child, it's better. When you're together with a man, it's as if you're lacking something. Even if two gay men were to raise a child together, it's still not the same as a family. Maybe when you were at home together it would be like a family, but other people would think you were not a real family. (OM22)

One area in which study participants did express some degree of hope was for greater government and social acceptance of the *tongzhi* community. Most men said that felt that society was becoming more open and people were becoming more accepting of the *tongzhi* community, so that eventually the government would be forced to acknowledge their existence and provide them with protections against discrimination and legal recognition for male-male relationships, among other benefits. There was wide agreement that social and legal recognition for homosexuals is much more widespread in the Western world. However, while many men in the study expressed a belief that this was slowly becoming the case in China, they also stressed that development of gay rights in their own country would have to follow a different model.

“I think society will slowly be able to accept us, but don’t imagine it will happen like in Western countries where you can have parades and speeches and things. That will never happen in China – it’s impossible. We should think about things being half open, half transparent, about people accepting us while pretending not to see us. This is the Chinese way. For foreigners, they have rights so they don’t have these problems. Even though China promotes human rights, where are they? Do you see them? No. What will things be like in the next 10 years, will we be accepted by Chinese people, and what kind of acceptance does the government mean – I can’t give you the answers. Chinese people are traditional, we aren’t open like foreigners. They are taught about all sorts of things in school, but in China we are not. That kind of education gives you confidence, but it is impossible here. So men like us have a lot of stress because of the traditional thinking. The problem is we can’t protest, we can’t take to the streets or demonstrate against the government. How can we get our rights?” (OM22)

In addition to worries relating to their heterosexual and homosexual relationships, the primary concerns noted by most men in the study were for their own economic futures and support for their families. Many said that their primary goal for the future was to find a “stable” job or open a small business of their own and to save money for their own future and to care for their parents. Many men were originally from economically depressed villages in the countryside, and said they worried about making enough money to send back home to improve their parents’ lives. This was particularly true of male sex workers.

Why did I choose to be an MB (money boy)? I chose to be an MB because I knew I could make a lot of money. I can make money for my family, so that we will have a better life – I am taking advantage of my youth. I am making money now, and after I am married my wife and I can choose to do something else. (MB1)

Health Vision

Overall concepts of health among men in the study can be divided into three categories. These categories tended to overlap in actual practice, with different participants listing components of different categories in their own individual definition of a healthy man. In each of the three senses the notion of cleanliness, whether in a physical or symbolic sense, was key in defining health.

Participants first tended to define health in terms of physical condition, both in the positive sense of having a well-developed musculature and handsome physical appearance, and in the negative sense of being free of disease. While some men said they would not be able to determine by outward physical appearance whether a person was actually free of disease, many said they could judge by physical signs of dirtiness and ill health including skin blemishes, unhealthy pallor, unusual bumps or rashes on the reproductive organs and an overall impression of a lack of energy.

In addition to physical health, study participants also defined health according to a person's psychological state. Some men noted that a healthy person would have a generally positive and optimistic outlook, and several said that a healthy person should not have any psychological "disorders." Finally, participants identified a behavioral component to health, which included avoiding perceived unclean behaviors such as having multiple sexual partners, engaging in frequent one-night stands, buying or selling sex, or frequenting "dirty" cruising venues including saunas and public toilets. Participants also said they perceived men who wore neat and clean clothes, and held "acceptable" jobs, to be healthy. For most men in the study, cleanliness was essentially a metaphor for health, because cleanliness was believed to imply clean living and therefore healthy living. This close link between cleanliness and health tended to be the basis for many of the assumptions men made regarding risk behaviors, as is described in greater detail below.

The means most noted for protecting one's health include exercise, paying attention to diet, personal hygiene, and practicing safe sex. Safe sex tended to be defined broadly to include condom use, partner reduction and selection of partners perceived to be low risk.

Men in the study on the whole reported that health was extremely important to them because without good health they could not accomplish any of their other desired goals.

Chinese people say 'The body is a resource for the revolution.' If you have bad health, you can't do anything. (YM2)

Study participants also tended to view their own health as the foundation of their own and their family's economic well being. Maintaining one's health was tied to a strong sense of responsibility as a provider; whether in terms of supporting one's parents or a wife and child. In addition, younger men noted that, as only children, they were expected to carry on the family line, which would only be possible if they maintained their health.

I'm still young, so I think it's my responsibility to take care of my health. Especially because I have no brothers or sisters; I'm an only child, so my health is also important to my parents. Even though I'm a tongzhi, I still have a responsibility to my mother and father, so that in the future I can care for them. (YM6)

Chinese people say, 'If you tend to the forest well, you will always have enough wood for the future.' It means that as long as you are healthy you can do anything, but if you don't have your health you're good for nothing. I think I have a responsibility to my family, so keeping up my health is the most important thing. (MB1)



Risk Perception

Men in the study frequently perceived risk related to HIV/AIDS/STIs according to type of sex act or type of sexual partner. Overall, anal and oral sex were identified as risky sexual behaviors – in some cases oral sex was identified as equal to, or more risky than, anal sex because of a perception that oral-penile sex was very “dirty.” Many men said they preferred not to engage in oral sex if at all possible.

Much more than type of sex act, however, participants tended to classify their level of risk according to their relationship with their sexual partners. Sexual partners were divided into three broad categories: regular partners (sometimes referred to as boyfriends or ‘BFs’), casual partners and commercial sex partners. The level of risk perception was lowest with regular partners, whom study participants tended to say they “understood” and with whom they felt more comfortable. Regular partners were considered safer because they were considered cleaner and because there was a higher degree of intimacy and trust. When probed further, most respondents also noted that they actually doubted that their partner’s relationships were monogamous.

I almost never use condoms at home with my BF, except if my BF comes home really late, because then he has probably been with someone else, so I need to use a condom because I don’t know what kind of person he has been with and I’m afraid he might have picked up an infection. (YM4)

However, despite this general lack of trust, MSM said they were sometimes uncomfortable requiring their regular partners to use condoms due to the potential loss of face involved in suggesting that a regular partner might not be safe, or because with a regular partner condoms were a barriers to intimacy and comfort.

“When I’m with someone I like, I don’t use a condom, but if it’s someone I don’t like but they insist on having sex with me, then I use a condom.” (YM4)

One reason many people in the gay community do not use condoms is if you are having sex and one person uses a condom, then the other person will think that person is looking down on him. (OM24)

“People are very sensitive about sex – people think that condoms are dirty, and people who use them all sleep around ... normally, if you really like someone and you want to be with them for a long time, then you don’t use a condom. Using condoms is like wearing socks to wash your feet.” (YM14)

Most men in the study reported their greatest numbers of sexual partners were regular partners (boyfriends) and that there was a tendency to have relatively large numbers of short-term regular boyfriends with whom they rarely used condoms. In addition to regular partners, participants also reported casual sexual partners. But while any partner with whom they had more than a single act of sexual contact tended to be defined as a regular partner, casual partners were specifically those with whom they engaged in one-night stands (419). These partners were perceived to be much higher risk, and there was a definite community stigma toward those who engaged in frequent one-night stands. However, men tended to describe themselves as being trapped in a situation of wishing to maintain a monogamous relationship with a long-term male partner while being unable to find or maintain such a relationship. They often described being driven to casual sexual encounters – despite the health risks and the attached stigma – in order to relieve emotional pressures and to satisfy physical needs.

Health is important to everyone, but sometimes I sleep around even though this isn’t healthy. When I start feeling insecure, I’ll go looking for a 419. It’s a physical need; it’s not as if I can want it or not. It’s impossible not to want it. (MB7)

In addition to one-night stands, some men in the study also reported purchasing sex from male sex workers (money boys). This type of sexual partner was considered highest risk, because MSWs were perceived to be motivated by profit to have larger numbers of sexual partners and to be less likely to use condoms. They were also looked down on generally by members of the community as lower class, dirty and dangerous.

“This gay community is an upright, shining community – if we let [MSW] in, it will become a dirty community.” (OM2)

By and large, personal cleanliness and attention to hygiene were two of the most important details men listed in determining whether a potential sexual partner was healthy and safe. Men who washed themselves regularly and who wore clean and neat clothes were perceived to be lower risk than those who did not, and study participants said that they were more likely to have unprotected sex with these men.

I once met a man who was the director of an entertainment venue. He really emphasized hygiene, going so far as to put a plastic bag over his hand to open a car door. That night after we had washed ourselves, he noticed that I turned off the water with my bare hand, so he made me go back, wash my hands, and then use a bag to turn off the faucet. Afterwards, I asked the man if he used condoms and he said he rarely goes with men, and he pays close attention to hygiene, so we had sex without a condom. (YM16)

In addition to cleanliness and attention to hygiene, men in the study also tended to believe that they could judge a potential partner's health based on their physical condition. Men who were strong, energetic and did not have obvious symptoms of infection including skin blemishes or genital abnormalities were considered to be safe.

There was this one guy who said he wanted me to put on a condom, but I said no because condoms aren't comfortable. I've never used condoms, and only once did someone ask me to. I didn't wear one for him. He gave one to me and asked me to put it on, but I said 'If you want me to wear that then I won't play with you.' He could only obey me. I don't worry about [things like HIV]; they don't concern me. All that matters is that I'm happy. I don't think about such things. Besides, he didn't have any of those diseases – he had a good body, no skin diseases – a strong body, a good odor, those are the kinds I like. (OM14)

Participants reported they were also likely to judge risk based on a person's social characteristics, and overall they tended to consider persons of lower social status to be at higher risk than persons of higher social status. For instance, well-educated men in higher-status jobs were considered to be lower risk than less-educated men in lower-status jobs or men without jobs at all. This view was sometimes used to justify a belief in one's own comparatively low level of risk – men in the study felt they were safe so long as they avoided contact with “those kinds of people.”

People working for government organizations or in more regular work units will not get infected with HIV because they would never sleep around and because they would not have contact with people in my community. (OM10)

The most dangerous type of person to have sex with is someone who doesn't have work, who doesn't have stable work or a career, who is out on the streets with nothing to do every day. That type of person is often in different places and will probably have sex with different people in each place and transmit diseases. (OM22)

"I don't think my boyfriend could ever practice unsafe sex. He has read more books than me – his level of education is higher than mine; I feel like I'm very foolish compared to him." (OM2)

Finally, study participants identified persons who engaged in certain behaviors as being particularly risky



partners, including people who inject drugs, people who cruise for partners in "dirty" locations such as saunas and public toilets, and people with multiple sexual partners. It is worth noting, however, that people with multiple sexual partners were most often described as those who *luan jiao* or engage in frequent casual sex. A tendency to be *hua xin* (flower heart) was considered to be a negative social trait in terms of building long-term, stable relationships, but was not particularly noted as an HIV risk behavior, despite the fact that men in the study were typically more likely to engage in unprotected sex with a regular partner than with a casual partner.

Overall, men in this study were likely to base their perceptions of risk more on the values and norms of the gay community ("good" people are safe and "bad" people are risky) than on specific behav-

iors or knowledge of HIV/STI transmission, and therefore to justify considering themselves to be at comparatively low risk. Study participants also reported a number of different practices which they believed helped further reduce their risk of HIV/STI transmission. In addition to selective condom use based on the assumptions listed above, participants also overwhelmingly believed that bathing before and after sex and the use of drugs or disinfectant washes were effective in preventing transmission. These strategies were sometimes employed as an alternative to condom use.

If my BF and I don't have a condom, we will take medicine after we have finished having sex, and we'll wash ourselves with beer. (YM3)

Some men in the study also believed that there were other factors beyond safe sex which contributed to a person's risk of being infected with HIV or STIs. These factors included concepts of luck and fate, as well as a lack of understanding of HIV transmission channels.

I have nothing to worry about – if you are meant to be infected you will be, no matter what you do. If it is not your fate to be infected you won't be, no matter what you do ... if you're afraid of everything, then you'll never be able to do anything. (OM24)

Wearing a condom and getting HIV are two different matters – if you're together with someone no matter what you do you will still have contact with them. When you do, it doesn't matter if it's just brushing up against them, it only needs a second's accidental contact and you can be infected. (YM10)

It should also be noted that the overwhelming majority of men participating in this study reported consistent condom use with all partners at the outset of the interview, and only after much more detailed probing did they begin to discuss the various situations under which they would not use condoms. For many men, the question of consistent condom use seemed to be not so much a question of using condoms with every partner, every time, but condom use with those partners deemed to be risky for the various reasons stated above.

Health-Seeking Behavior

Men in the study were aware of the existence of STIs in the *tongzhi* community and of their vulnerability as MSM. Many participants said they had a friend who had been infected with an STI, but there were important misconceptions regarding STIs that were common throughout the community. Most men believed that STIs could always be detected through a physical examination, mainly of the genitals, and that all STIs could be cured.

I remember when I was in college I read stories about people who went swimming together or bathed together or stayed in a hotel room and got infected, so now I'm very afraid of this problem. I know one person who was infected with an STI – if a member of the tongzhi community gets infected with HIV this news will spread very quickly, but if someone gets an STI no one will hear about it because STIs can be cured very quickly. (OM16)

In addition, the majority of study participants were unaware of the link between STIs and HIV.

While a few men in the study did report self-medicating behavior, the majority of participants said they would seek medical advice and treatment for STI-related issues. Of the various services available, participants said that their preference would be for a large, standardized, government-run hospital, because they felt that such a hospital would have the best doctors, and provide the best diagnosis and treatment. They also felt that such hospitals could be trusted, and would be held accountable in the event of a mistake.

Men in the study tended to be good consumers of medical services. In choosing a service, they said they would first take into account the experiences and recommendations of friends in the *tongzhi* community, and would also be likely to compare services and costs at several different services before making a selection. They overwhelmingly did not like or use small, privately run clinics because they said the services were substandard and the doctors would give you a false diagnosis or improper treatment because “they are concerned with how to make money, not how to treat patients.” Participants also said there would be no accountability at a private clinic.

In general, participants said their primary concerns regarding STI treatment were the costs vs. benefits of treatment. Although up-front costs might be lower, they rejected smaller, private clinics precisely because treatment was likely to take longer and be less effective, costing more money in the end.

The best way to deal with an STI would be to go to a hospital or clinic. The price for dealing with this is comparably high, but the higher the price, the better the cure. When you're sick, regaining your health is the most important thing – it doesn't matter if you have to spend some money on this ... I would recommend my friends to go to a government clinic, because the quality would be better. Smaller clinics don't have the quality and you will waste your money. (YM5)

Confidentiality and sensitivity to MSM concerns were noted as important, but secondary. One concern study participants did raise was having doctors ask what they considered to be overly personal questions about their sexual behavior, which they said they were unlikely to answer truthfully. They said it would be better for doctors not to bring up these questions at all.

The doctor asked whether I had had sex, but we didn't discuss whether or not I had had homosexual sex. I wouldn't have answered that question, because it's a private matter and people don't accept it, so I wouldn't lightly tell people about it. (YM20)

The majority of men in the study were aware of the existence of VCT services, but many had never been tested. Some said they either did not know where they should go to be tested, or that they thought the test would cost too much. Men who had not been tested said they avoided the test because of stigma attached to use of the service, fear regarding the potential for a positive result, and a lack of any concrete benefits arising from learning one's HIV status.

Stigma was a major factor for many study participants in the decision not to be tested for HIV. First, there was stigma attached to the use of the service, as only "bad" people who sleep around were thought to need this type of test. Additionally, there was a great deal of stigma and fear attached to a positive diagnosis – many said they wanted to be tested but were afraid of what the future would be like if they were positive. Most participants said if they discovered they were positive their life would effectively be over, so they felt taking the test was not worth it.

"You're afraid to get tested, but you're also afraid not to get tested. If you're positive, what can you do? Life would be a torment." (MB3)

The reason many people don't get tested is that, if you aren't tested then, even though you may have some doubt, you don't have any pressure. But if you get tested and you're positive, there is no free treatment available in China so you will have a lot of pressure. I feel uncomfortable recommending my friends to be tested because, if they are positive, I also don't know what to tell them they should do. (OM3)

Men in the study were also largely unaware of the benefits of VCT. While many said it would be good to know their status, most regarded HIV as a death sentence, and said that after being diagnosed they would lose all their friends and family and wait to die. Many said they would kill themselves if they were HIV positive. There was little to no awareness of services available for PLHA, including support groups, ARV or the Chinese 4 Cares 1 Free program. Those participants who were aware said they were "doubtful" of the efficacy of these services.



I had one friend who went to the CDC and was charged 200 RMB – this price is too high! My own feeling is, if I had the disease I would die anyway; what's the point in spending that much money to be tested. The government is always announcing they will care for HIV patients and give them treatment and medicine for free, but when it comes down to it how do people actually access these services? We don't know. (OM2)

The other major barrier to accessing VCT services was a general lack of risk perception in the MSM community, as discussed above.

I have never thought of getting an HIV test – I don't have any disease, so what's the point? I'm very healthy, and the people I live with are very healthy, so there is no need to be tested. People who have diseases and people who don't – you just have to look and you will know. (OM26)

Transgenders

Chinese transgenders (TG) were referred to in the *tongzhi* community by a number of different terms. Technical terms included *kua xing ren* (“person crossing genders”) or *bian xing ren* (“person changing genders”), but more frequently-used colloquial expressions included lady boy, queer or spirit. More derogatory forms of address included man-not-woman, fake woman or demon. Members of the TG community themselves preferred the term woman.

TGs, like many other MSM, tended to be from rural areas and to have migrated to the cities to avoid family and social pressure and to take advantage of the greater anonymity in the urban centers. TGs tended to describe a complete break from the traditional family structure, saying they could not marry a woman because they themselves are women. They replaced the traditional Chinese family unit with a substitute family of TG “sisters.” This is in contrast to other segments of the MSM population, where men tend either to maintain separate and concurrent lives and identities within the *tongzhi* community and traditional Chinese society (i.e. marrying a woman but keeping a secret boyfriend) or in some cases to integrate a same-sex relationship into their traditional family structure.

“I come from Honghe Prefecture. It is only a few hours from here by bus. I am the youngest among all the children in my family, but now I’m getting older. I’m between 26 and 27, so some grandmothers in my neighborhood were always asking me why at such an age I still don’t have a girlfriend. Many who are at this age already have a family and even have their own child ... so I hurried to Kunming, which is a relatively big city. I didn’t dare stay in my small hometown.”

“We are totally indifferent to women. If some woman sleeps beside me, I will only consider her as a sister and won’t have any desire to touch her.”

“I think we (TGs) are sisters who get along well with one another. We are like a family – there is no envy between us. If she sees a beautiful dress, she will show it to me or even buy it for me as a free gift.”

TGs tended to take a negative view of their own masculinity and to consider themselves at a disadvantage compared to other men. They found the idea of becoming a woman empowering, though overwhelming. Their concept of idealized femininity is based on a traditional model of womanhood where they see themselves as being cared for and looked after by a man. TGs in this study said their primary motivation for dressing as women is to gain a sense of acceptance as a woman, and they described a process of becoming a woman by attracting “normal” men, having sex with them and being cared for as women, which made them feel accepted and successful. This is in contrast to other MSM in the study who defined their identity by being part of the *tongzhi* community, not necessarily by having sex with other men.

“You know, most of us are a bit sissy and lacking in manliness so we like men who are masculine ... when we look for a partner we don’t like someone who is similar to us. We all like straights, so we get dressed up like women to attract their attention. They will care for you, protect you, if they don’t know you are a man. That feeling ... I just cannot express it.”

“It is good to be a woman. Take an example – when you are having a tour somewhere, some men may like you and treat you very well; you will feel very comfortable inside. It makes us feel we have succeeded if they don’t find out you are male. You will be delighted by your own make-up, dress etc. because they are so identical to a woman’s that men regard you as a woman.”

Despite their desire to be regarded as a woman, most TGs said they were not interested in sexual-reassignment surgery. Most said the cost of such surgery would be too high; they estimated it would cost at least 100,000 RMB. They also cited social pressure and concerns about the side effects of such a procedure.

“If you ask us why we don’t take the surgery, one reason is that we lack the money, another is that if you take the surgery your life will be shortened compared with an ordinary man. In Thailand, those lady boys can’t live beyond 40. However, the ordinary boys can live up to 60 or 70. That is why we don’t want to have the surgery, just because it makes life shorter and we are reluctant to leave this world.”

In addition to gaining a sense of acceptance as a woman, many TGs said they also dressed as women for financial gain. TGs tended to describe a common narrative of attraction to men, followed by an interest in taking on a more feminine role, followed by the discovery that in this role they could both attract their preferred partners and support themselves financially.

“In the beginning, all we thought about was how to look more like women. We went to study make-up and how to select women’s dresses and wigs. When we first came out dressed as women, we dared not even walk on the streets. We thought we would scare people. We felt so embarrassed that we hid in the darkness, afraid of coming out when we encountered people. We waited until they disappeared.”

“We played in bars every day. We purposely made ourselves up nicely to go dancing in bars every day. Some guys will come and offer you a drink without knowing you are a man. Then you go out with him and he pays you. A tip – you call that a tip. From that time, in your mind, you start to think that, not only can you make yourself to be a woman, but also make money out of it with some good-looking men. Then I knew I could make a living out of it.”

TG sex work was not as organized as in other parts of the MSM community – TG did not have managers and were not based in a specific venue, but cruised for clients mainly in heterosexual bars and dance clubs. In a single night they might be paid to accompany various clients for drinks in a bar, and if successful would accompany a single client home. They waited for clients to approach them, because being approached was a way to reinforce their “charm as a woman.” Clients tended to be in their 30s or above and inexperienced. TGs said more experienced men would identify them as transgenders quickly. If approached, a TG would tell the potential client that if he wanted to drink with her he had to “tip” her 100-200 RMB – clients who brought TG sex workers home would sometimes pay between 300 and 500 RMB. But the TGs added that if they were attracted to a man they might go home with him without pay.

TGs employed a number of strategies to avoid their partners discovering they were male, including oral sex and claiming physical discomfort to avoid anal intercourse. When partners discovered they were male, some were accepting and some were not.

“When we go out with a man, after we enter his house, we do not hurry to take off our clothes, but instead make him undress. We do this because we are trying to hide our identities. After he gets undressed, we will give him oral sex or use some other way to get him off. If he discovers the truth, we will say we are lady boys. If he cannot accept this, we will go after getting what we should be paid. We have serviced him anyway, so we have the right to be paid what we deserve.”

“The basic technique is to give him oral sex. He thinks you are a woman, so he will want to have sex with your under parts, right? You can tell him you don’t feel well ... we just give him such excuses as we are menstruating, we are bleeding in that part or we are not feeling well, and he can have sex using our backside.”

In some cases, clients who discovered the TGs were men said that they were interested in knowing what sex with two men was like, but in other cases clients could become angry or violent if they discovered the sex of their partner. In addition, TGs said they faced danger from police roundups of sex workers – several said they had been placed in detention centers because the police intended to teach them how to be “real” men. In these cases, the TGs reported feeling powerless because there was no real recourse to law or legal rights to protect them.

“Last year I stayed in a detention center – the expression in the eyes and the laughter of my roommates is something I just cannot stand. In the early days many would shout: ‘Here comes a lady boy.’ What should I feel, surrounded and watched by all of them? I felt like an animal in Yuantongshan Zoo.”

“Some policemen, like those who sent us to the detention center, do so out of good intentions. They want to make you normal. If they send you to a place where many men gather, you will probably find out what a man is supposed to be like and you will change. But I think we are just born this way. There is an old saying: A natural-born mule cannot grow up into a horse. We are all natural-born feminine guys. It is impossible for use to be real men.”

“Chinese laws are not like Western laws – there are many loop holes. They just say we are in the sex trade, but they don’t have any reasonable charges. They don’t know what crime we committed. They just say ‘You talked about money with some men.’ As long as it involves money, they will regard it as the sex trade; they don’t care if you really had sex with the man. It is not what will happen in foreign countries where every charge is based on evidence ... we are a weak group, we cannot fight back. We don’t have that power. If we were very powerful and had a million dollars in hand, we could bring a lawsuit against them. But we are not, so we can’t.”

Conclusion and Recommendations

This study shows the existence of a community of *tongzhi*-identified men in Kunming who, despite reasonably high levels of knowledge regarding HIV transmission and prevention continue to engage in frequent high-risk behaviors with little concern that they may be at risk for HIV infection. Members of this community are guided by a common set of values that divide MSM into binary categories of clean, hard working, honest and ultimately safe people who are opposed to dirty, promiscuous, dishonest and unsafe people.

Condom usage in anal sex was almost universally viewed as a legitimate and effective protection against HIV transmission, but condoms were widely viewed as a barrier to intimate and trusting relationships, something all respondents noted they aspired to obtain. Given this, it seemed logical for most respondents to use condoms only when they engaged in casual sex with “undesirable” types of people such as money boys and promiscuous men.

Continuously channeling condom-use messages based on transmission and prevention information alone will do little to change behavior. Instead programs need to address the values in the *tongzhi* community which create a false sense of safety through a delineation of safe and unsafe partners. Practically all respondents explained that they did not use condoms with their regular partners because they felt these partners were “safer” compared to “other types” of people who engage in unsafe, “dirty” behavior. Refraining from condom use with boyfriends was frequently described as an expression of intimacy and comfort despite the fact that most men in the study believed that monogamy in their relationships was a near impossibility. Risk perception must be linked to all acts of unprotected anal sex rather than merely sex with partners who are deemed to be “dirty” or more dangerous. Particularly, the emphasis on HIV/AIDS prevention education needs to shift from emphasizing the risks of “419”s to the exclusion of all other sexual behaviors, as this strategy runs the risk of implicitly endorsing unprotected sexual behavior with all other partners. Condom use must be redefined as an expression of the positive values of the community such as trust, honesty, morality and physical cleanliness rather than as a barrier to these ideals.

Stigma reduction messages should be included in any communication campaign targeting MSM. Such messages work both to reinforce the message that any sexual partner could potentially be a risk for HIV infection while improving attitudes toward PLHA, encouraging greater uptake of VCT and care and support services. These messages should specifically show clean, healthy, educated and economically well-off men both in and out of relationships as being at risk for HIV infection, while simultaneously reinforcing the idea that an HIV-positive man can live a healthy, happy and productive life with access to appropriate education and services.

Information dissemination is also necessary to correct the widely held misconception that washing can prevent HIV infection. This mistaken belief likely comes from both community attitudes regarding the contrasting values of cleanliness and dirtiness, and a basic misunderstanding regarding exactly what HIV is. At the same time, more information is needed regarding STIs – members of the community continue to view them more as an expensive but easily corrected nuisance than as a serious health threat.

The common strategy for all information dissemination and behavior change messages employed should be to link these approaches to the positive values and aspirations which are widely held by members of the community. Behavior change messages for MSM should move beyond targeting these men exclusively as MSM and also address the wider scope of their cultural and social identities as Chinese men. Messages regarding condom use should not focus merely on the risk of HIV infection among MSM, but also focus on the need to protect one's health as a provider for parents and families. STI prevention information need not only discuss the link between STIs and HIV, but on the potential for STI transmission to one's wife and children. Carrying on the family lineage by producing a child was especially noted by men in this study as a major life aspiration. Therefore, messages should be tailored to remind men of the threat which HIV and STIs pose to their ability to produce a healthy next generation, and to act as a responsible provider for their descendants.

Steps should also be taken to mobilize the nascent *tongzhi* and transgender communities to become more proactive in promoting prevention and care efforts, particularly through peer education. At the same time, project planners should take into account the clearly defined differences between *tongzhi*, transgender and MB communities and the need to develop distinct peer education networks to effectively reach each of these populations. The entrenched prejudices between sub-groups highlighted by this research make it clear that a blanket approach to outreach and peer education will not be an effective behavior change strategy. In addition, divergent sexual identities with their own associated values and aspirations mean that different strategies are needed to effectively promote behavior change among each group.

These communities also should be involved in planning and implementing a revised communication strategy which focuses on redefining the social values which give rise to high risk behaviors. Health seeking behaviors, including condom use, appropriate STI treatment and use of counseling and testing services, should be redefined as expressions of the core values of the community of symbolic cleanliness, intimacy, trust and responsibility. Similarly, care and support for HIV-positive people in the community should also be linked to the shared values of compassion, honesty and purity of emotions which are defined as key features of ideal MSM relationships and the broader society. Ultimately the values of the community which shape the behaviors of its members have the power to not only reduce high-risk behaviors but also to assist HIV-positive MSM access the care and support they need and deserve.

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