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CHAPTER FOURTEEN

The State of Life and Survival Strategies of AIDS-Infected Rural Women
An Analysis Based on Field Investigations in Selected Areas of Henan

Qin Mingrui and Lai Xiaole

I. PROPOSITION OF QUESTIONS

There is a special group of persons living with AIDS in China. They are farmers in Henan Province who contracted AIDS from selling blood. They are special because: firstly, nearly all of them are farmers; secondly, their infection is connected with government behaviour; thirdly, a blood-borne AIDS infection of such a large scale is rare anywhere in the world. There is yet another neglected group within this special group: the women. Females are often in a more difficult situation than males. As infected persons or family members of infected persons, the survival tactics they employ to manage the predicament brought forth by AIDS and their state of life are the key areas of concern of this paper. Although there have been relevant reports on the situation of infected females, there are few comparative studies on gender structure and gender behaviour. Reports or studies of such events normally focus on either their official political context or a government omission, discrimination suffered by the victim, and descriptions of tragic circumstances. The gender issue usually gets lost within the larger context. Those that have addressed the gender issue have usually considered AIDS-infected females as a unitary entity, neglecting the intrinsic differences within this larger group. As of today, no detailed study from a social gender perspective on the daily lives and behaviour of females who contracted AIDS by selling blood has ever been conducted.

On this basis, the authors attempt to answer the following important questions:

1. What are the survival tactics chosen by the females or their family members prior to contracting AIDS?
2. What are the bases of the choices of survival tactics of females living in the AIDS village? How are these bases related to the various roles played by the females?
3. What is the relationship between the outcome of the survival tactic chosen by females in the AIDS Village and the motives for their subsequent choices?
4. What are the changes in the females' motives and bases for choosing survival tactics under the extreme circumstances after having contracted AIDS?

II. RESEARCH METHODOLOGY AND RESEARCH MATERIALS

This analysis is based mainly on experience materials, including those obtained through field research in a county in Henan, conducted by the project team for the "Study on the Survival State of Females Living with AIDS," to which the authors are a party. Our analysis is mainly qualitative. This is a method commonly used for feminist studies. Its aim is to discover the experience of the subject of the study, and to understand the subject's world from his/her experience and perspective. It avoids using social or academic prejudices or stereotypes to understand or judge a social phenomenon or an event (Xiong Bingchun, 2001). Because of inherent limitations, case studies are often regarded as unrepresentative or inferential. However, case studies often allow us to see structural problems, as well as understand interpersonal relationships, and the relationship between people and their society. It provides us with a window to observe how the society works. In this paper, by conducting in-depth interviews with females living in the AIDS village and analyzing such interviews, we discern the cultural and social perceptions hidden in the females' survival methods, as well as the compromise and tug-of-war between females' choice of survival methods and the social structure.

1. Selection of Interviewees

In June 2006, our project team conducted field research in a particular county in Kaifeng City, Henan Province. The area is a well-known "AIDS County" in Henan because of its high prevalence of AIDS. There are two reasons for choosing this "special" group of persons who were infected from selling blood as our study subjects: (1) Since the discovery of the xuehuo ("blood disaster") in Henan in 1999, this much talked-about incident was gradually forgotten. Reports relating to the incident are rarely seen nowadays. The state of the lives of persons living with AIDS in the Henan villages is one of our main concerns; (2) Our understanding of this "special" group of persons is derived mainly from papers and writings by the media and the general public. They have, without exception, reflected the sorry state of the AIDS village. We do not deny the truth of the descriptions. But from a sociological perspective, we are more concerned with the response of the individuals after their infection, especially the different responses of the different genders concerned. Before carrying out our investigation in the village, our research focused on the state of discrimination of infected females. But during our interviews, we discovered that females encounter extremely complex situations after they or their relatives have been infected with HIV. The simple belief that the
female victims are discriminated against does not reveal the entire picture. We therefore began paying more attention to the daily lives of these females, and saw their tears and laughter, as well as their struggle and diligence, under the devastation of AIDS.

2. Interview Method

We employed in-depth interviews for two of the villages we investigated. We conducted interviews directly in the subjects' homes. In the other two villages, we combined small-group interviews and in-depth interviews. The interview materials were documented using voice recording and manual records, based on which text materials were prepared after the interview. The interviews were semi-structured. An interview outline was designed before the interviews, during which the outline was later amended. This was especially true for the small-group interviews, as we basically allowed the interviewees to speak freely. We merely listened to their narration. Where necessary, we reminded the interviewee to refrain from digressing too far from the topic. This method of research allowed us to collate a lot of materials. In-depth interviews are usually constrained by the subjective intents and behaviour motives of the interviewer and interviewee. Indeed, this happened during our investigation. We often met with the following difficulty during our investigation: the interviewee failed to recall the date of a certain event. However, by using certain questioning methods and changing tactics, we were able to elicit the interviewee's recollection of the relevant date. For example, the first time some interviewees sold blood was a long time ago (more than twenty years for some), and they could not recall the specific time-frame. However, the villagers have a special way of remembering time: they usually recall an incident by connecting it with another event that has greater significance to them. For example, some were able to derive the first time when they sold blood by basing it on when they were married or the ages of their children. We also employed cross-verification to determine the reliability of certain information. As the time of occurrence has long passed, recollection based on individual memory may be wrong. Fortunately, as there were common experiences, the authenticity in the information which we received was evaluated through the cross-verification of the experiences of different interviewees. We tried to approach the original situation as closely as possible. This method was of particular importance for certain major events.

3. Interview Materials

22 cases and 46 parties from 5 villages (curi) were involved in our interviews: 13 from Kongjiacun, 14 from Ruanjiacun, 11 from Wangxiangcun, 7 from Hanji, and one from Xigangcun. 30 were females and 16 were males. Among the persons living with AIDS, 5 were male and 20 were female. 18 were family members of persons living with AIDS; 3 included a village doctor, a village head and a member of a non-governmental organization. Among the 30 females interviewed, 20 were infected with AIDS; the
remaining 10 were family members of infected persons. All infected persons interviewed were married with one or more children. For the infected females, 3 were more than 55 years of age, 3 were between 40 and 54, and the remaining 14 were between 28 and 39 years. All had primary education or lower. Except for one, who was infected by her husband, the rest were infected through selling blood. Having lower education than the males, most females had only primary or lower education (90 percent of the female interviewees).

The age of most of the females fell within the range of between 28 and 39 years. Due to the small number of male interviewees, we were unable to reach any conclusion as to their age categories. In terms of education distribution, the education level of females was clearly lower than that of males.

III. SOCIAL GENDER STRUCTURE AND SURVIVAL TACTICS OF FEMALES IN CHINESE RURAL FAMILIES

"The society in the countryside is one that differentiates the male from the female. It is also a stable society." (Jai Xiaotong, 1998: 47) To the village women, the gender structure in this stable society is the basis of their survival. Home is the place where their mode of survival is best evinced. This paper discusses the influence of the family’s social gender structure on their mode of survival, i.e. family power, family finances, division of labour and customs. In essence, these four aspects are closely interrelated, therefore inalienable from each other.

1. Social Gender and Family Power

Without doubt, families in the countryside in present-day China are male-centred. Male-centredness differs from "patriarchy" to some extent. Patriarchy refers to a gender system passed down from history. But the "male-centredness" we refer to is a specific reference, a description of a specific phenomenon. What reflects the family power structure most directly in our interview materials is that local women address their husbands as "our boss at home" (an dangjia de) or "our shopkeeper" (an zhanggui de). This power structure is exhibited through the division of family roles and different activities. Engels attributes the unequal power relations and systems in the family to the emergence and development of the private ownership system. Before the emergence of the private ownership system, both production labour provided by males and domestic labour provided by females offered the same social significance, i.e. both genders participated in the production of survival necessities. However, when production for exchange activities emerged outside of the family, the work females did became family labour that served the purpose of maintaining the family. Karen Sacks (1998) corrected the historical hypothesis proposed by Engels. She believes that the appearance of the private ownership system and status on the scene is not necessarily the foundation of
gender repression. She proposed the concept of “social adults,” and believed that the social and family status of males and females relates to the non-social adult identity of women. To Sacks, participation in social labour activities is the only way to become a social adult.

The Chinese traditional society is a family-centred society. In relation to individual-centredness, family-centredness emphasizes that individual behaviours and social relationships must revolve around the family or the family clan. Any individual or social conduct must be based on interests of the family or the family clan. However, the “individual” of this view differs in that the power and status of a female as an individual in a patriarchal family is essentially different from that of a male. From a social gender standpoint, the culture of “family centredness” normally requires the female to sacrifice her personal power and status to protect the same for the male in the family. The reason is because the status of the male represents the status of the family (Tan Lin, Chen Weimin, 2001: 145).

This tradition of family-centredness in the Henan villages in which we conducted our interviews remains deeply rooted. However, the intrinsic qualities of family-centredness have experienced some changes. Our interview materials clearly indicate that “family” refers to the small family formed by husband and wife and children below the age of majority, instead of the traditional large family. Females continue to make the protection of the family’s interests their first priority; they do not regard it as a “sacrifice” of individual power. In their hearts, the husband is no longer the family’s only representative; instead, both husband and wife are protectors of the family’s interests.

Family power relations in rural areas are mainly embodied in husband-and-wife relationships and mother-daughter-in-law relationships. Also, the power of decision-making in important family matters fully demonstrates the power relation in the family. The following section describes three aspects of family power relations.

(1) Husband and Wife Relations

Wives in the rural areas of Henan address their husbands as “our boss at home” (an dangjia de) or “our shopkeeper” (an zhanggui de). Instead of being mere appellations, these titles contain a string of power relations. Where we conducted our study, most married couples stay with the husband’s family (congfuju zhidu). Wherever the hometown of the bride or the groom may be, the bride marries into the groom’s family. This post-marriage mode of residency reflects, on the one hand, that the family member network is built upon social gender. Under the congfuju system, the bride enters the groom’s family. This post-marriage mode of residency reflects, on the one hand, that the family member network is built upon social gender. Under the congfuju system, the bride enters the groom’s existing relative network after marrying into the family; she gradually distances herself from her parents’ relative network. Under this system, the male’s relatives are “their own people” (zijiren), whereas the female’s relatives are “outsiders” (waiiren). In terms of rights and duties, such differentiation gives rise to many relationships and expectations of the female, the most important being the mother-daughter-in-law relationship and childbearing expectation. After marriage, it is the duty of the daughter-in-law to care
for her husband's parents. On the other hand, caring for her own parents takes on more of an assistance nature. Even parents who are recipients of care believe that the persons who are immediately responsible for caring for them are their sons, daughters-in-law and unmarried daughters. Most do not wish to depend on their married daughters to take care of them during old age (Tan Lin, Chen Weimin, 2001: 71). There is a Chinese saying: "having a filial daughter-in-law beats having a filial son." Thus, the ever-present preference for sons will no longer be regarded as unusual. As females distance themselves from the living environment with which they are familiar to re-adapt to a new group with whom they make frequent social contacts, married women have less family-endowed social resources compared to their husbands. Women are now subordinated to their husbands and their husbands' families (Tan Lin, Chen Weimin, 2001: 72); "an dangjia de" becomes someone whom every married woman relies on.

Among the groups of persons who were infected with AIDS from selling blood, women account for the largest percentage. However, males have a higher frequency of selling blood (Jin Wei, ed., 2004). This is closely related to local family powers and the gender structure. Given that the local economy is mainly agricultural, the natural division of labour between the male and female prevails. Quoting what the women say, the men are the pillars. When the man falls ill, the family collapses. That is the reason why most women voluntarily undertake the risk of hurting their health, or perhaps even of getting infected, in order to sell blood for money. The following female interviewee's words are evidence:

A (interviewer): Has your zhanggui (husband) ever sold blood?
RU (reference number of interviewee; determined by the surname's first or first two letters of the alphabet): No. I don't allow him to. This is bad for health. The family relies entirely on him. The women's chores are not as physically strenuous as the men's. The children were young then. We could not afford to have both of us going out.

The choice of selling or not selling blood depends on whether the sale will benefit the family. And this seems to be the common understanding between all married women. In the aforesaid case, the wife believed that selling blood was detrimental to one's health, yet she herself sold blood and insisted on forbidding her husband to sell blood because the family depended on him to work. However, during our interviews, we found that this interviewee's husband said that his wife's forbidding it was not the main reason for his not selling blood. The main reason was because he is timid, and faints at the sight of blood.

There was a female who was very knowledgeable among those whom we interviewed. She was previously the women's leader in the village, and her husband contracted AIDS
after selling blood only once. She felt that selling blood for money was not worth the risk. While she thought that “the man of the household falling sick is the collapse of half the sky,” she remained very strong. This is what she said: “there is still six mu of land, and another four or five mu of contracted land. I’ve never allowed him to work in the fields. Not even the spraying of pesticides.” There were many such women among those whom we interviewed, even including those who have contracted AIDS themselves. The amount of labour undertaken by such women has far exceeded the traditional division of labour between the genders. But in their minds, the husband is still the “head of family.”

A local NGO officer once told us that in the rural areas, a woman usually remarries as soon as her husband dies. The children are abandoned. But when a woman falls ill, the man will take care of her (He added that he had only heard of one incident of a husband divorcing his wife when she contracted AIDS during his two years in the area). Generally, the women interviewed were relatively satisfied with the care that their husbands gave them. The following dialogue is a case in point:

A: The work in the fields is all done by your husband?
G: I follow him to do some light labour. He is really good to me. I didn’t prepare a meal during the entire winter. He also didn’t go out to do jobs...stayed at home.

A: He usually went out to do jobs?
G: Yes. Didn’t go anymore after the physical examination. Was so good to me. I, too, followed him to work. But it was only some light work.

A: Is your normal nutrition good?
G: I like snacks (laughed). He always buys for me.

Another female interviewed described the changes in her husband after she fell ill:

I fell (ill) for an entire winter. Couldn’t cook. Zhangui (husband) did. Took care of me the entire winter... The two kids were young, I did little household chores. He did more. When I got a bit better, he got a bit freer. The entire winter’s chores... did nothing. Did only the lighter ones. My husband did no work last time. Now that I am sick, he can cook. And did household chores....[sigh] and when I made noodles, he’d help me roll (the house has a noodle machine). Earlier, he’d care for nothing. Now anyway, he’s afraid I....(am exhausted).

Most infected females in our interviews believed that it was natural for the husbands to care for their wives if the wives became ill. Does this imply that gender power relations are increasingly equal? In fact, under such circumstances, the power relation between husband and wife is more skewed towards the husband. In traditional
custom, the wife plays a role more like a caregiver. Now, as the one being cared for, she loses even more of her right to participate in the family decision-making process. During our interviews, we discovered that many women were totally immersed in household chores, and depended entirely on their husbands for a living.

(2) Mother-Daughter-In-Law Relationships

In the traditional society, one of the most important functions of a mother-in-law and daughter-in-law relationship is to “pass on the social gender rules of family gender roles and power relations.” At the same time, the role of the mother-in-law “lies more in the inheritance and dissemination of the social gender rules in community family culture, especially on family life, roles and power relations.” The traditional mother-daughter-in-law conflicts often manifest themselves in the form of different ways of performing household chores. However, the deeper reason is “the emergence of certain obstacles in the dissemination of such social rules, such as the mother-in-law having a different comprehension of the social rules disseminated by the daughter-in-law” (Tan Lin, Chen Weiming, 2001: 171-172).

The greatest difference between the current mother-daughter-in-law relationships in the rural areas and these relationships traditionally is that the mother-in-law’s power has been greatly reduced. In some cases, the power relation between the two parties has even reversed. In some areas in which we conducted our research, most young couples would have to go through the process of fenjia (household division and inheritance). After fenjia, the mother and daughter-in-law would live separately, which meant that there would be less interaction between them during their daily chores. Many mothers-in-law voluntarily relinquished the right to “control and teach (guanjiao) their daughters-in-law,” and many daughters-in-law no longer believe that it is only right and proper for their mother-in-law to control and teach them. One of our interviewees was already a mother-in-law, and she said, “Anyway, a daughter-in-law who marries into the family is here to do the chores. It’s good as long as we have food. That’s how I think anyway.” Also, as the old mother-in-law will need her daughter-in-law to take care of her, the daughter-in-law will hold the controlling powers to contain her mother-in-law’s activities.

The conflict between mothers-in-law and daughters-in-law may appear to be the “struggle” between two women, but, at another level, it reveals the social effects of gender. Earlier we mentioned the power-reversal between mothers-in-law and daughters-in-law, and how the younger daughters-in-law often have greater autonomy. However, “this increasing autonomy originates from the inter-generation power conversion to a large extent, and not mainly because of changes in the social gender relationships” (Zhu Ailan, 2004: 184). To mothers and daughters-in-law, there will always be a zhanggei de (husband), i.e. the mother-in-law’s husband and the daughter-in-law’s husband. Given that the husbands are the power centres of the household, both the mother-in-law’s and
daughter-in-law's behaviour will revolve around their wishes. During our interviews, we discovered that both mothers and daughters-in-law sold blood. There were also families in which the mother sold blood to raise money for her son's marriage.

Based on these circumstances, we believe that an analysis of the power relations between mothers-in-law and daughters-in-law does not lie in finding out who is the one with more power. It is about analyzing the social gender relationship behind their relationship. Based on our interview materials, the principles and motives behind the mothers-in-law and daughters-in-law selling blood were similar. Both did it for their families, and for both it was in order to stay within the limits of basic survival.

(3) Decision-Making Power for Family Affairs
Household matters are divided into daily matters and major events. In the investigated areas, daily matters included mainly decisions for daily household expenses, division of household chores, etc. Major family events included: planting, harvesting, house-building, purchasing important agricultural machinery, investing, getting married and conceiving male children. Other important matters included external issues involving finances, such as family planning fines, payment of agricultural taxes, etc.

In our opinion, the decision-making power for major family events clearly reflects the power relations within the family. We did not raise this issue separately during our interviews. However, our investigations reveal that the husband clearly holds the decisive power for major matters. When we interviewed a couple, the husband animatedly talked about crop-planting and was extremely excited when the crops which he had chosen to plant fetched a good price. The wife, on the other hand, only supplemented her husband's description as and when necessary. While interviewing an old couple, we were surprised to discover that the father had no knowledge of his daughter's age. He said, "I don't know too. I don't get involved in these matters." Clearly, the daughter's age was a "small matter" that did not warrant attention in her father's eyes. In this case, the daughter's husband's family was financially well off. Her mother said, "Her husband's family is really well off. The number one family in Zhijia (village). Her father-in-law makes more than a thousand every month. Did business, too, and contracted other people's land. Had their own land too. Huge income, they have." However, her daughter was infected with AIDS when she sold blood before her marriage. Her husband insisted on divorcing her and had his father's support. After the divorce, she was relegated to total poverty. She worked in the county town despite her illness, earning only RMB 300 every month. She had to leave her daughter with her sister's family. This shows that this woman had no power to control the family finances. During our interviews, we discovered that if it was the wife who was infected with AIDS, she would basically withdraw from participating in any of the decisions on any major matter. If it were the husband who was infected, both husband and wife would make these decisions, so long as the husband was not entirely bed-ridden. If both were infected, the original power relation would basically stay the same.
Under such a family power relation configuration, it becomes natural for the women to sell blood. And when the women become infected with AIDS, the family power relation skews even more towards the male.

2. Social Gender and Family Finances

E. Boserup compared and studied the effect of the different production methods in the agricultural society on women's family status. Under shifting agriculture, women undertook most of the agricultural labour, and played the central role in traditional market trading. A woman's roles as mother and producer were equally important, and she had greater power and a more important position within the family and in society. Under ploughing agriculture, because the nature of the job had a higher demand physically, most agricultural labour was undertaken by males. Women assumed only supplementary roles. As the women were progressively left idle at home, such that women became dependent on their husbands financially, women's family and social status decreased (Tan Lin, 2001: 175). Henan's rural setup is not the pure agricultural society as defined by Boserup. Although wives generally regarded their husbands as the head of the household, women were definitely not "left idle at home," and did not "assume only supplementary roles."

During our interviews, the women unanimously believed that the men were the financial pillars of the family, and the main creators of economic income. They failed to mention their own economic income. In the eyes of the wives, husbands were people who earn "flexible money" (huanqian). This concept has not changed since the mid 1990s. Now, when farmers no longer have problems feeding and clothing themselves, they still have little money in hand. According to the interviewees, their main source of income was from selling crops and from the men working in non-agricultural sectors such as construction sites (mainly constructing private homes). The women can hardly earn anything. Most women who go away to work in another city are usually single. Married women hardly go away to work.

During our interview, a wife told us that she insisted that the husband not sell blood because of his important contribution to family finances. Later, the wife contracted AIDS from selling blood. Instead of going to work in jobs, her husband stayed at home to care for her. Their only income was from selling crops:

A: Has your husband ever sold (blood)?
RU: No. I didn't let him. Bad for health. The family depends on him. The kids were young. We cannot both go out.

In another case, the wife also contracted AIDS from selling blood:

A: Are you running any business now?
RA: (Husband) followed the construction team. Had left again.
A: Does he always do that?
RA: Always.
A: He came home everyday?
RA: Everyday. He's busy these two days, so cannot come home. 20 (RMB) a day. Sometimes 25.
A: Do you work much in the fields?
RA: He always works in construction. I work in the fields. Want to earn some money.

Wives believe that their husbands are able to earn "flexible money." Daily necessities, fertilizers and children's education need "flexible money." Such "flexible money" is important to the family. To the women, selling blood is also an avenue to earn "flexible money," except that it is not a long-term solution. This is why they wanted their husbands to retain their physical strength, in order to ensure that their family income would continue.

Even though both men and women agree that the men are the financial pillars of the home, their actual behaviours tell us that there is a rather big disparity in their perception. This is exemplified in the change of a woman's daily behaviour when the man of the house has contracted AIDS. An interviewee (former women's leader in the village) told us: "(the family has) six mu of land. Contracted four or five mu of land too. I never allowed him to work in the fields. Not even spray pesticide."

Another interview, Z, was a very strong lady. She met her husband at the blood station. Her husband was found to have contracted AIDS as early as 2002. She, too, found out that she had AIDS in 2004. But her husband is still unaware that his wife is an HIV-infected person. She told us, "Some still don't know now. But it's hard to keep a secret. What is there to hide? I don't hide. No matter who I meet, no one dares say I am sick. I am well, healthy. I do all the work myself."

A: But have you told him (husband) of your illness?
Z: No. Never mentioned.
A: He doesn't know now?
Z: No. Did not tell him. Only told him I am sick. But not this illness. The children are (still) young. What is there to say? The kids even cried at times.

Clearly, the above two women had become the financial pillars of their families. Although they still addressed their husbands as an zhanggui de, they had already taken on a heavy family burden. Also, their family financial situation was extremely bad, and poverty loomed over them. Some agricultural activities that cannot be done single-handedly, especially some cash crops (e.g. watermelon, cotton, etc.) that fetch good
money, were nearly impossible for them. It was also not possible for them to disregard their sick husbands and young children to go out and find jobs, not even construction work in the nearby areas. They said no woman does that, because women cannot do it. On the other hand, if the woman is sick, even though the husband cannot leave for somewhere far away, he can do construction work, or some small business. Despite being ill, the wife can still do some work at home and take care of the kids. But most women did not realize their contribution to the family finances, especially those who were ill. They thought they were the ones being cared for. Women who were family members of AIDS-infected females thought that a woman earning income for the family was only a stop-gap solution.

3. Social Gender and the Division of Labour

Talcott Parsons regarded the family as a social system. He believed that cooperative interaction is linked to mutual dependence, and that the husband, wife and children together constitute one unit. According to Parsons, family roles are classified according to age and gender, and into four basic roles and positions: instrumental leadership role, assumed by the husband (father); expressive leadership role, assumed by the wife (mother); instrumental follower's role, assumed by sons (brothers); expressive follower's role, assumed by daughters (sisters). An instrumental role provides a material guarantee to the family; it is that of the breadwinner of the family. An expressive role protects the family's inner relationships and sentiments between family members. Hence, the Parsons's family theorem is premised on the social gender division of labour. Such gendered division of labour under the male-centred patriarchal system is the foundation of family stability and continuance. On the surface, both roles serve their own purposes. However, such a division of labour is in fact a manifestation of gender inequality. Parsons' later followers maintain that the differences between the unique male and female qualities are biological and natural, as opposed to cultural or artificial. Women must be subordinate to men; this is nature's law (Rosemarie, 2002: 75).

Kate Millet, a representative of radical feminism, wrote in her 1970 book *Sexual Politics* that "sex is politics." This is because, first of all, the male-female relationship is the paradigm of power relations. The male's control of the public and private domains constitutes a patriarchy. The ideology of a patriarchy exaggerates the biological differences between men and women, and clearly specifies the permanent role of male dominance or male qualities, while the female will always assume a role of subordination or female qualities. The male acts through academic, religious and family institutions, each of which justifies and strengthens the submission of women to men (Rosemarie, 2002: 73). As such, the inequality in family gender roles is an extension of the inequality in gender roles in society. The gendered division of labour in the family is an extension of the gendered division of labour in society. We may use this Chinese saying to summarize the status of the gender division of labour in China: "men are breadwinners; women are
homemakers” (nan zhuwai, nü zhunei, which literally means: the men take care of the outside, the women take care of the inside).

In the rural areas, the division of labour is mainly based on the biological characteristics of men and women. Here, social gender seems to have lost its function. A detailed study will uncover that social gender has not lost its role, but is in fact hidden behind the veil of apparent physical appearance (e.g. men have greater strength than women). This can be seen in their various daily activities of the two genders.

Ordinarily, besides taking care of the family's daily living and performing household chores, women also work in the fields – planting and processing grains for family consumption, picking firewood and feeding livestock – and receive no compensation for their labour. The men usually produce and sell economic crops, both of which are paid forms of labour. During our initial interviews, we asked questions that separated "household chores" (housework) from "work in the fields" (planting). But the women who were interviewed looked baffled. Clearly, to them, both "household chores" and "work in the fields" needed to be performed. Before the interview, we misunderstood what was meant by "men are breadwinners; women are homemakers" (nan zhuwai, nü zhunei). We had thought that household chores were "inside"-related, and work in the fields was "outside." From the interviews, we discovered that our understanding of what is "inside" and "outside" differed greatly from the understanding of our interviewees. To them, both "household chores" and "work in the fields" were "inside": to go out and work in jobs or earn "flexible money" was "outside." Thus, nan zhuwai, nü zhunei means men going to work to earn "flexible money," and the women staying back to work in the fields.

However, it is difficult to determine if selling blood is an "inside" or "outside" activity. As the interviews progressed, we gradually discovered that even selling blood is divided into "inside" and "outside." The locations where the women sold blood were usually blood stations near home. Women whose children were very young when they sold blood especially preferred blood stations near home. To quote their words, "It's convenient if it is near home. Don't need to go out. Can go at night." The places where the men frequented to sell blood were further afield, such as in Zhengzhou and Kaifeng, where the blood stations are comparatively more properly operated. Blood stations that are near home are usually illegal, and blood-taking procedures extremely improper. Hence, the probability of women contracting AIDS was much greater than that of the men.

The division of labour is closely related to the status of the women in the family. The women had no doubt that their husbands were the head of their households, even after the women themselves had become the family "pillars." Without realizing it, they had denied their own roles. Although the division of labour between men and women has become increasingly blurred, the practice of regarding the man as the centre of the household has, in principal, remained unchanged.
4. Social Gender and Traditional Customs

Pierre Bourdieu's *Theory of Practice* (1977) focuses on the practical strategies used by people in their everyday lives. As the basic principle of practice dictates, a strategy is not the actor's creation from nowhere; it is gradually nurtured and formed by the material environment reared by his or her life and family.

Bourdieu calls it habitus. Habitus is a generative structure. It is also a product of history, and an externalized internalization. Individual actors can only produce different kinds of rational generally-known behaviour through the effect of habitus (Li Meng, 2001: 279-280). Zhu Ailan (1989) is of the opinion that customs may be regarded in the same vein as habitus. She also believes that "it differs from similar concepts outlined in Bourdieu's theory of practice, in that the concept of custom receives a clearer, more specific and intuitive systematic description than (unconscious) habitus or pre-law" (Zhu Ailan, 2004: 200). Customs possess the flexibility to allow and facilitate the disconnection between the official structural model and practice. Through customs, people create and recreate strategic and adaptation methods, and adjust the way they handle people relationships using the breaking off of customs from social order (Zhu Ailan, 2004). Within the vast rural areas exists a large number of specific social gender customs. These customs have been internalized by the individual, and become a natural basis for action. For example, "women's blood is immoral" is a custom that has long existed in the central plains. Women therefore believe that they can sell more blood than the men. A female interviewee's words expressed this philosophy:

Women can sell twice a day. Women give birth, and menstruate. Isn't that blood? (She repeated this sentence six to seven times). Men can't. If we fall sick, the women will definitely be less serious. The amount of blood lost during child birth is far more than the amount sold. Some sold blood without knowing that they were pregnant. When it was diagnosed, the child was fine; so was the adult. Women's blood is immoral. Sell when we menstruate, don't give it a thought. Didn't feel uncomfortable then. Anyway, had some transfusion.

The women found a justifiable reason for their selling blood. They found some kind of mental and physiological balance. Custom gave the women's sale of blood a legitimate outer coat.

The preference for boys is a common custom in Henan rural areas. A family that does not produce a son is despised by the village folks. The status of women in their husband's home is often related to whether she bears a son. And especially when this is linked to property inheritance, status is often converted to a material interest relationship. According to many rural women, to receive benefits by bearing a son is the way of life. In a case cited by Professor Gui Xi'en, a village woman who was infected with AIDS took the risk of getting pregnant just to bear a son. This clearly illustrates.
one fact to them, the stress and suffering that result from the lack of a son is greater than the risks and pain brought forth by AIDS (Jin Wei, 2004: 101). In rural areas, where social security is unreliable, the notion of bearing a son as a guarantee of care during one's old age is entrenched in the minds of the people. Although such faith has been restricted by many practical changes, it is still believed and practiced by many farmers. After family planning was implemented, bearing sons became a real goal in life. But exceeding the birth quota is punishable by a fine, and the fine amount is outside the means of farmers. Quite a number of people therefore sell blood to pay the fines, or to make up the financial void created by such fines. Many women were distressed and guilt-ridden as they were no longer able to bear a son because of AIDS. A seriously ill woman whom we interviewed not only suffered physically, but also mentally, because she no longer could bear her husband a son.

Among our contacts with our interviewees, the only factor that led to an AIDS-related divorce was that the wife could no longer bear a son. As this woman held a job in the county town, we interviewed her parents. X's mother told us that X had married into Zhujia Village. Her husband's financial situation was good; her father-in-law was a State teacher, and X and her husband opened a shoe store in Kaifeng. They had a close relationship, and had a daughter. X sold blood twice when she was fifteen or sixteen; it was then that she became infected with AIDS. Her plans were foiled. Being extremely unhappy, her parents-in-law encouraged their son to divorce her, and even collaborated with other family members to torture X. Although the court subsequently ruled against the divorce, X's husband had already cohabited with another woman and had a son. Her only option was to leave her daughter with her sister and work in a linen yarn factory in the county town, relying on a meagre RMB 300 to live.

X's mother cried as she told us that:

they tortured X as soon as she was diagnosed with the illness in 2004. Didn't allow to eat, and didn't eat together. Had to work in the peanut fields in the mornings, and didn't allow her home at noon. Only allowed her to use cold water. Couldn't use hot water. Didn't allow her to drink tea or talk. No one talked to her. The village folks pitied her. (Son-in-law's) family members didn't care for her. Didn't let her touch anything. Didn't give her money too. Was diagnosed in July. Filed for divorce in September. X was angry because of the suit. Both of them had never gotten angry with each other. So angry that she's a bit mentally unstable. I saw her all the time. Had to inject liquid. Four or five bottles a day. We spend on her. I cannot sleep all the time... (sobs).

The following are the two dialogues we had with X's mother:

A: When did X leave her husband's family?
XM: Since July, when the test results were out, she had not gone back. When there was work, she would go home to do it. She'd cry each time when she went back. Then, they still allowed her to go back. By September, when the suit started, she had never gone back. He did not allow her to enter the house. Say, when she went home during the Lunar New Year, he'd even beat her four times during the twelfth lunar month (an auspicious month in which no violence is normally allowed). Refused to allow her home. He would beat her a few times, kick her a few times, or slap her. I told him to send her to the hospital for treatment, he'd agree. But overnight, he'd go to the Ruan family to discuss with his parents, and he would disallow again, afraid that I...

A: Does X wish to go back?
XM: She wants to go back, but she could not.
A: And X does not wish to divorce?
XM: At first she didn't, but now she cannot go back. She has livelihood problems. X said that she would agree to a divorce if they met her conditions.
A: What are X's conditions?
XM: Xiaoniu's (daughter) custody, he (husband) pays alimony. But he disagrees, refuses to discuss.

.......

A: Is it because she cannot bear him a son because of this illness?
XM: (Sigh) That is how they think. Want them to divorce. Many in other families had this illness. They continued when they had to. He is wicked. Didn't want her anymore.
A: They were rather loving previously. Did the father-in-law instigate?
XM: (Sigh) That father-in-law insisted on not having her. He went for the hearing. Was afraid that the son didn't know how to say. The court didn't rule for divorce. X was thinking, if no divorce, he can still marry another one. As long as they allow her in the house.

This case shows the disadvantaged position of women in traditional customs. X's tragedy is not only a matter of her AIDS infection. More importantly, AIDS infection prevented her from bearing a son. And because she could not bear her husband a son, she felt guilty, and was even prepared to tolerate her husband's finding another woman, as long as he did not divorce her. The gender inequality in traditional customs is a time-bomb that can be set off at any time. As soon as AIDS ignites the fuse, the bomb's mighty power will be set off. In this case, X eventually agreed to a divorce, and hoped to protect her rights and her daughter's rights through legal means. From the court's decision (divorce rejected), X seemed to have won the case. But she and her daughter did not manage to improve their livelihood. Her husband had not fulfilled his duty to support his daughter, and even committed bigamy openly.
IV. Analysis of the State of Life and Survival Tactics Before and After Blood-Selling

More than a decade ago, many rural females chose to sell blood for a livelihood. The practicalities of their situations did not leave many females with any better choice than to sell blood to improve their livelihoods. Earlier, we analyzed the rural social gender structure. Now, we would like to explore the daily living conditions of females and their direct relationship with blood-selling. We would also like to look at the following question: after being infected with AIDS, what were the changes to the situation of life and choice of survival tactic of the females?

1. The Reality

   (1) Household Division and Inheritance

   *Fenjia* (household division and inheritance) is a common phenomenon in rural areas. In places where we conducted our investigations, whether or not the families had brothers, when a new bride joined a family, the newly married couple would have to leave the man's family and set up their own home. What they received as property would depend on the ability of the new bride, the son's position at home, and the current financial situation of the husband's family. Under normal circumstances, the *fenjia* would be witnessed by a well-respected elder in the clan. But despite that, dispute is inevitable; mainly between the husband's mother and the bride. The son normally had to keep within a certain distance of this parents and siblings. Therefore, the amount of property they received depended on the daughter-in-law's ability. An aggressive daughter-in-law would normally receive more. This of course depended on how much there was in total for distribution.

   The amount received from household distribution was very important, as it was the capital for the new family and determined the family's future. Such distribution allowed the young and married son a part of the family resources, so that the couple would have a foundation on which to lead an independent life. We discovered during our interviews that the sale of blood by females between the ages of 28 and 39 years after marriage occurred after *fenjia*. These women received nothing during *fenjia*; not even necessities for daily living. The following interview explains the relationship between *fenjia* and individual blood sales:

   Earlier, we mentioned that when the former women's leader spoke of the reason for her husband selling blood, she said that "everybody cared for themselves (i.e. the brothers were unable to help). When the man of the household falls ill, half the world collapses. It'd be good when little ones grow to sixteen or seventeen and can do work. Am angry nothing was received during *fenjia*. If it weren't because of that, there would have been no need to sell blood to build a house. The little money I brought from my niangjia (woman's parents' home) was used to contract land. You can't chase the oldies out (of the house). One wrong step, and you
cannot reverse it with another hundred steps." She regretfully said, "Six months (after fenjia), if only it had been later. Then would not have to sell blood that time.

When we asked another female W why she sold blood, she also replied that

99 was the year we just fenjia. Had to build a house and had no money. Took a loan of 3500 yuan. My parents helped a little. But it wasn't enough, so had to sell. Then, we couldn't even bear to drink soup when we ate rice. People were poor. Some sold blood everyday. Their arms and legs were all swollen.

On the same question, another female S said,

if it were now, I wouldn't have sold (blood) even for 1,000 every time. The money I received the first time I sold blood was used to buy an aluminium pot. Didn't even get an aluminium pot during fenjia. Received four rooms. Was hot as hell during summer, and was leaking everywhere. When it rained outside, it rained inside. Couldn't afford to build. And the children still had to go to school.

Because the finances of their husband's family were not too good, the property received during fenjia was limited. It was challenging for a young couple to earn an income. In fact, many small families were caught in a crisis of survival after fenjia. The above mentioned Mrs. S bought an aluminium pot after she sold blood for the first time. At a time when the blood business was so buzzing with activity, selling blood became a natural thing to do. Also, selling blood is something that one can control. There is no external skill required, and it can be carried out according to one's physical condition. Although there are State regulations restricting the minimum time interval between each blood sale, it is a rule to be bent for the individual. Especially when the structure of the entire blood station and the taking of blood is not properly regulated, any individual may continue to sell blood, so long as he/she does not feel uncomfortable after selling.

In the investigated areas, one of the most important aspects of fenjia is land distribution. To a young couple, the amount of land they receive is critical to the well-being of their family finances. To many small families, the land remains the foundation of survival. The local per capita arable land is a very small area – not more than one mu. Contracted land for a three member family is less than three mu. The following situation was very common: After the new bride married into her husband's family, if it was not a time for adjusting land distribution in the village, or if there was no land for adjustment (generally, land is adjusted when a village woman marries into another village, or upon the natural
death of the village population), she will not receive any land even after having married into the family for many years. The same will happen to her children. We discovered numerous such examples during our interviews. Here is one of them:

The earlier mentioned interviewee, Z, started selling blood even before marriage. Neither of her sisters-in-law at her parents' home in Shangqiu had land:

My sisters-in-law had no hukou, no land. The earlier one (eldest brother's wife) went earlier, (now) already in her forties. She has land. The other two have no land.

There was less land at that time. I had more allocated. Was allocated nine parts (of land), some were allocated seven parts, land was little. Half a mu, seven parts.

Sun Liping once described the Chinese rural areas in the 1990s in this way: "A family is a production unit, planting a very small piece of land, receiving agricultural by-products, having to consume a substantial part of it itself, and having very limited products to sell" (Sun Liping, 2003: 15). Then, in the village, it was impossible to maintain a decent life by only planting grains. Farmers with little land often faced a survival crisis during the end of the 1990s. To the local village women, going away to work was a far-fetched dream. They did not even think of finding a job. As what Z has said:

Living, oh, my seven sisters (brothers and sisters), I am the youngest. My father is handicapped, also paralyzed.

As early as I had memories, my father was already ill. Couldn't even fill our stomachs. I was afraid that my mother would suffer, so I went to contribute blood. How else, would I have contributed? My father has passed away. Passed away for five years.

Z got to know her husband when she went to sell blood. There are altogether four of them in the family. Last year they had four and a half mu of land. But this land is equivalent to the size of land for three people. Her younger daughter is already five years old, and received land only in 2006. For this, Z was very happy. She said, "Last year was four and a half mu of land. Here (one person) was distributed more. Had more than one mu"; "Have land. Now more than five mu of land. Only this year we have land for four. This daughter of mine now has land. (The children's) Grandfather is also paralyzed, cannot do any work. I feed the whole family. I alone." But because she has exceeded the birth quota with the birth of her younger daughter, she has to pay RMB 1,000 to the village for getting land. "Her uncle took out the money. We needed 1,000 yuan. Gave
the production brigade. Gave the branch secretary. Here we have to pay money to be given land. Both my children had to pay (for land distribution)." Now, the survival of Z's entire family of four depends entirely on this five mu of land. Land, in Z's eyes, is the lifeline of their entire family.

(2) Mother-Daughter-in-Law Relationship and Niangjia Support

In the rural areas, women generally leave their parents' home after marriage to live with their husband's family, an unknown social territory. However, where we conducted our investigation, it was uncommon to marry far; the most common form of marriage was to marry someone living nearby. Most people chose their spouses within the same township, which meant that the bride's home was not far from the groom's home, and it was convenient for the bride to visit her parents. During our interviews, we only came across three trans-regional "foreign" brides who came from Shangqiu, Nanyang and Guizhou. Basically, these foreign brides did not return home. There were many reasons, but all could be summarized in one sentence: too poor, do not feel like returning. Although a "married daughter is thrown water," niangjia support is important to a woman's life in her husband's family. The mother-daughter-in-law relationship is directly related to niangjia support. If the mother-daughter-in-law relationship is strained, then niangjia support is even more important, because it will help to alleviate the husband's family's suppression of their daughter-in-law.

All along, the relationship between mother-in-law and daughter-in-law has been an important relationship in the family. Earlier we introduced the gender structure embodied in mother-daughter-in-law relationships. Here, we would like to focus on analyzing the practical significance of mother-daughter-in-law relationships vis-a-vis the females' choice of survival tactic. There is no retirement age (retirement here refers to no longer working) in the rural areas. Retirement is determined by the health condition of the aged person. The aged female believes that even if she has "retired," she must continue performing the household chores (including feeding the livestock) that she can handle. The mother-in-law believes that her relationship with her daughter-in-law will directly affect how soon she "retires." An amicable relationship will mean that the mother-in-law will help her daughter-in-law to take care of the children and do housework; also, that her son and daughter-in-law will cultivate the land. If the mother-in-law loses her ability to perform manual labour, it becomes more necessary for her to maintain a good relationship with her daughter-in-law, because under normal circumstances, the daughter-in-law is the person who is directly in charge of caring for her, and the quality of the mother-in-law's life will depend on the quality of her daughter-in-law's care.

In the locations where we conducted our interviews, the typical family consisted of a few brothers, and the older members of the family were cared for on a rotating basis: When they lost their ability to perform manual labour, they would rotate their stay
among their sons' homes. The son with whom they would stay would be responsible for their day-to-day living, but their daughter-in-law, his wife, would take care of them.

In the rural areas, the criteria for a good mother-in-law are varied. But the criteria for a good daughter-in-law are clearly specified: respect the in-laws, be diligent and capable, and be able to produce sons. However, these criteria – especially the one on respecting the in-laws – are gradually losing their effectiveness. A mother-in-law usually has no alternative but to accept her daughter-in-law's determination to fight for her own rights. Zhu Ailan (2004: 148) believes that the reason "these aged women could accept such change with certain rationality is because their own lives became easier at a time earlier than they had anticipated." However, this reasoning appears too simplistic. Based on the author's understanding of the actual situation, the main reason is that the daughter-in-law's dependence on her mother-in-law has been greatly reduced, such that she does not need to receive more survival "tools" from her mother-in-law. On the contrary, the mother-in-law has to rely on her daughter-in-law to care for her; therefore, the power relation between mother and daughter-in-law has become more skewed towards the daughter-in-law. Most relationships between daughters-in-law and mothers-in-law are fair: on one hand, because they are not connected by blood, it is difficult for the two women to maintain a close relationship; on the other hand, because of the moral standard requirements in rural areas, daughters-in-law do not want to be known as "bad" daughters-in-law.

Besides the son, grandchildren also help to bridge the mother-daughter-in-law relationship. Whether or not the mother-in-law helps to take care of her grandchildren has a huge effect on the relationship. Based on custom, the grandmother is the first choice of persons to care for her grandchildren. This has nothing to do with fenjia. It is the grandmother's duty to take care of her grandchildren, at least in the eyes of her daughter-in-law. This is also one of the criteria for judging a good mother-in-law – especially in the eyes of her daughter-in-law. A mother-in-law does not need to interact with her daughter-in-law after fenjia. However, she cannot absolve herself of the responsibility of taking care of her grandchildren. For example, RU (mentioned earlier) said that she had never had a good relationship with her mother-in-law. She said, "I was angry from the day I came (married) here. I was angry in his family even before I had the young (children). Don't know why she cannot stand the sight of me. I was young, and didn't know how to do a lot of things. Had many sisters at home, and never did anything. Found me useless." "(Grandmother) didn't allow me to see the two children. Doesn't it make me angry?" She also thought that her mother-in-law had no knowledge at all of her AIDS infection:

A: Did she (mother-in-law) know you were ill?
RU: Why would she know? She didn't know.
A: Does she know now?
RU: I don't know. I don't know if she knows. She has never come here to ask me.
There is always some kind of bickering between mother-in-law and daughter-in-law, but what pained some daughters-in-law most was that their in-laws had cut off all communications with them after they had contracted AIDS.

H, a female interviewee, and her husband were both infected. But their greatest suffering was not the torment of illness; rather, it was their relatives' severing of all relationships with them. H said, "All relatives had cut off relationships with us. No one would connect with us. Relatives don't socialize with us anymore." During the interview, L, an NGO representative, added, "there were more serious cases. They don't socialize with you. They'd go to your house, stand at the main door, throw the stuff through the doorway, and leave." During the interview, H cried, and said, "They ousted us. We have no more relatives. They looked down on us. There is only one brother and he is sick. Only my parents came and visited us. We have no more relatives (she repeated 'no more relatives' many times, as tears continued to fall)."

We asked, "What about your husband's relatives?" H was choking with sobs, and said, "They despised us. His mother also looked down on me." Z, who was present, said, "then that is not good, when even the parents despise you."

We felt that the interviewees' situations had gone beyond plain discrimination. Infected persons who were forced to cut off any further contact with their relatives had to tolerate greater torment than plain discrimination. In villages where family relations are one's basic support system, being cut off from all family relations is a grave matter. However, the family members that H mentioned were those of her husband's relations. Under these circumstances, support from her parents' family (niangjia) became unusually important.

During our investigation, we found that niangjia support was mainly in the form of financial support. Apart from support from parents, siblings also provided support. Such support was usually retained for major projects or emergencies, such as the building of a house. When the niangjia had contributed substantially for major financial expenditures, the daughter-in-law ended up with a louder "voice" in the family. She could be very proud, and the husband would be somewhat humbled. To some extent, the status of a daughter-in-law in her little family depends on her niangjia's support, including both her dowry and postnuptial support. If the daughter-in-law has a few brothers, her husband's family will be wary, and her opinions will be given consideration. Thus, when the women interviewed met with major problems, niangjia's support was their first consideration.

Among those whom we interviewed, nearly every female was able to obtain support from her niangjia. However, the degree of such support was limited to her niangjia's financial situation. If her niangjia was threatened, then the amount of support she received would be minimal. But between "having sincerity" and "having ability," people place greater value on "having sincerity," because "ability" is based on objective circumstances, while "sincerity" is a subjective willingness. The women believed that they could depend more on the members of their niangjias than their husbands' siblings.
who were only interested in caring for themselves, and therefore, undependable. The husbands’ families in which women sold blood before they were married queried directly how their niangjias “had disciplined the daughter.” The mother-in-law of R, a female interviewee, gave her opinion on the daughter-in-law’s sale of blood before her marriage:

I also didn’t know (that the daughter-in-law sold blood). If I had known, I’d say, she is so young, I would look for her mother. I will tell her, her (father-in-law) said that three feet within the door and three feet outside the door, she has not reached our door, we cannot control. I don’t have enough people to help. If she enters our door and has not energy to work, what should we do?

We previously mentioned a woman X who was abused because of her illness. After she was thrown out of her husband’s family, she had to rely almost entirely on her parents and sisters’ financial support to stay alive.

But most parents forbid their daughters to sell blood before they marry. Most girls do so regardless, without their parents’ knowledge.

X’s father said: “I wasn’t aware (X selling blood). If I had known, I’d rather starve to death than to allow her to sell blood. She sold only twice. Sold at Wangxiao Village. She didn’t go to school at that time. She didn’t complete her primary school education. She didn’t tell the family. No one at home knew. ”

W, a female who was interviewed, said, “who would have known that selling blood would bring harm. At that time, few people sold blood at where my parents’ home was. Not like the east side. I have five sisters. No one sold. There were people at my hometown who did sell, but our family doesn’t. We won’t sell, no matter how difficult life is.”

The mother of another interviewee, AH, beat her because she sold blood. Her mother forbade her to sell blood. But she said, “(mum) said not to go, not to go and sell blood. But when I get married, no one will bother at my husband’s family.”

Although most parents forbid their daughters from selling blood, many sell secretly, just to buy some sundry goods, such as a new outfit or a new bottle of shampoo. Except in the case of Z, who sold blood before her marriage to help her mother with the household expenses, parents did not think that an unmarried daughter had a duty to care for the family. At the same time, an unmarried daughter had no part in her family’s household division and inheritance, even as an adult. However, before a daughter was married, parents did their best to provide a dowry, because this would affect the daughter’s status in her husband’s family.

(3) The Impact of Gongjia and Blood Sales

Many females mentioned gongjia (public or government-owned) during our interviews; such as blood stations owned by gongjia, medicine distributed by gongjia, gongjia family planning fines, etc. In the eyes of the women, the concept of gongjia was very ambiguous.
Gongjia can be as small as the village committee, and as big as the central government. To them, gongjia was a mysterious yet authoritative entity, which means that although gongjia is an abstract entity, its authority is definitely irresistible. It pervaded their daily lives, was an important reference for their daily decision-making, and played a decisive role in their behavioural choices. Their trust in gongjia played an important role when they decided that selling blood was a survival tactic. When they were diagnosed with AIDS, they felt unfortunate, but did not blame gongjia. They believed that they had sold blood according to their own will, as they were not forced by gongjia. Recipients of the “Four Frees and One Care” policy (si mian yi guanhuai) were often full of gratitude, saying: “If not for gongjia’s care, all would have died.” They also felt that it was correct for gongjia to undertake their medical expenses, since they had contracted AIDS at the gongjia-operated blood stations.

A common phenomenon occurred in rural reform, i.e. the female’s role was minimized or played down in official communications (Zhu Ailan, 2004). Except for policies related to childbearing, the government rarely pays attention to the condition of women. By doing so, the government has created a false impression, such that women feel like they have no connection with gongjia. And, in fact, the family planning policy, which mainly targets women, does not provide adequate attention to and sufficient guarantees of women’s interests. As the family planning policy is being implemented in rural areas, women’s rights are frequently infringed upon. In reality, the enforcement of the family planning policy has resulted in a certain portion of women having to sell blood. The following interview explains the author’s conclusion:

A: Were you fined after giving birth to the second child?
AN: Yes. I was fined more than four thousand (RMB).
A: Could the family afford this amount?
AH: We had to find it, or borrow it.
A: Were you also fined?
AD: (Yes) Five to six thousand (RMB).
A: Why were some fined four thousand, some five or six thousand?
AH: (Family planning) is stringent one year, and relaxed another year.
AG: Mine’s even (more) expensive.
AD: They take your things when you have no money.
A: Take the wheat (Taking away the wheat as payment in lieu of fine)?
AD: Yes, take wheat. Things were all taken away.
A: Does the village decide how much to fine?
AH: Doesn’t the State decide it?
A: Then, why does it differ every year?
AH: One township is strict, another is easy-going. Follow the town (there is something to do with it), I think. The county, whatever amount they demand, we pay.
AD: I was really tormented at that time. Poor me! Why is it that this child of mine cannot afford to go to school, and that youngest child of mine goes to school one year later, (age) older than other children. Other children got in. When he followed those of the same age to go to school, he could not afford to. Waited for the following year (went to school with the next batch of children). This youngest son, I could afford for a while, and could no longer afford after that. Both my children are quite good in their studies, (people even) said that your two kids are good in their studies (why don’t they go). I said I could do nothing if I had no money.

The desire to have sons encouraged some villagers to oppose the *gongjia* family planning policy. They used various means to realize their dreams. The more common tactic was for the woman to leave and hide in a relative’s home as soon as she became pregnant, returning only after she had given birth – by which time, it was too late to do anything, and therefore she viewed the government’s fine as justifiable. During her seclusion, the expecting women would usually refrain from appearing in public, because she would have to go through an induced abortion if she were caught. This made it difficult for women to have regular check-ups during the risky period of their pregnancies. The expecting mother’s health is highly at risk when neglected. Most penalties for violation of the family planning regulations consist of the imposition of fines; the amount of which is huge for rural families, and may mean bankruptcy for some. If the fines are not paid within the stipulated period, everything of value in the house (such as wheat or livestock) will be taken away as payment in lieu of cash. Most families are in utter destitution when the child is born and they cannot afford the most basic living necessities.

The influence of *gongjia* on the women was implicit and omnipresent. Selling blood may be viewed as the outcome of *gongjia’s* control over the villagers’ fate. However, the State’s power is segmented into detailed symbols affecting individuals in rural activities. At present, customs begin to coalesce with State power to produce an extremely potent effect, so much so that it is believed that “custom is a site of privilege at which State power emerges in rooted and effused forms. Here, State power quietly encounters, without any coercion, and meshes with the social gender politics of every day life. It is also here that rooted State power gains its social genderization” (Zhu Ailan, 2004: 201). Probably due to various limitations (such as education level), rural females usually tried to relate contracting AIDS to specific experiences (e.g. for a son’s marriage, for an infant’s milk powder, etc.) when reflecting on the reasons for their selling blood. Rarely did they explore the social reasons associated with their infection.

2. Female’s Responsibility
According to Chinese tradition, the main responsibility of women is to the family. The same notion applies today, even in modern Chinese agricultural societies, and both
genders identify with the notion. However, this does not exclude the men's responsibility to raise the family. In fact, the general belief is that one of a man's main responsibilities is feeding his family. The only difference between the responsibilities of men and women is that family responsibility is linked to female morality. A perfect family is the main embodiment of a woman's good character and behavior, whereas feeding the family is but one responsibility of the man. A man seeking personal development is a matter of course.

The female's responsibility is related to her role at home. In the locations where we conducted our investigations, the turning point for the women's change of responsibility was marriage. Here, we would like to identify marriage as the critical turning point of roles, and discuss the female's responsibilities and their changes as she becomes a daughter, wife and mother.

(1) The Secret of Female "Independence of Choice"

The female's responsibility changes with the form of the family in which she lives. In a rural society, the three roles of a female are clearly delineated. However, they have a commonality: the female is a caregiver. But when she sells blood under these three different identities, her behavioral motives are vastly different. As a daughter, she sells blood to fulfill her personal desires. As a wife and mother, she does it for the survival of the family. After her transformation from wife to mother, she accepts her change of social identity very quickly, and is able to accept and perform such a woman's duties (i.e. taking care of the family, self-sacrifice, following through with "the woman cares for the 'inside' and the man cares for the 'outside'," etc.), derived from rules of tradition, custom and society. Their behavior motives and specific behaviors also undergo a huge transformation during this process.

In rural areas, parents do not rely on their daughters to take care of them in their old age. However, this does not imply that daughters have no responsibility towards their parents; it only means that they have a different responsibility from their brothers. Compared to their brothers, daughters are in a more disadvantaged position within the family power relation structure; the environment in which they live and their opportunity for development is unequal. Under normal circumstances, daughters receive a shorter education than their brothers (our interviews showed that most females received primary education and below). Daughters who have dropped out of school must help their parents to take care of their younger siblings and old people at home. Most women in the interview locations married young (first marriages usually took place when they were below twenty years). Among the AIDS-infected females, few were able to go out and work in non-agricultural sectors. Most would stay at home to care for their parents. The fact that parents do not rely on their daughters to care for them in their old age is exemplified by their attitude towards selling blood: they do not encourage their daughters to sell blood. Yet most young girls sold blood secretly, to
satisfy some of their needs and desires, such as to buy a new dress, a bottle of shampoo, etc. Few did it for their family’s livelihood.

After marriage, few females consider their own needs. Their individual needs gradually disappear in the family, and their individuality is masked by their roles as wife and mother. The family survival tactic replaces the individual survival tactic. Family-centred choices become the choice of survival tactic. This is in fact an extension of female responsibilities; that is, that females should be the caregivers of the family and should sacrifice themselves for the family. This can be clearly seen in their motive for selling blood and behaviour after realizing of their illness.

A: Why did you sell blood then?
RU: Didn’t have milk then. My daughter takes milk powder. Had to buy milk powder. One packet for 9 yuan. I can’t even remember how many yuan.
A: Then, in 1995, did you know that taking blood will make you ill?
CH: They said. The doctor told me in 1989 and 1992, when I went to Kaifeng. 10 and 20 years later, you know. It’s bad for your health. That doctor said. The doctor whose surname was Wang told me, you are so thin, you need blood transfusion. And you still sell blood. Don’t anymore. 10 and 20 years later you know yourself. Didn’t wait till then to discover that many died. Thought of this when someone dies.
A: That was 1992 when the doctor told you. Was it the time when you gave blood?
CH: At first she said there was no illness. Just said bad for health. 15 and 25 years later, you know, she said. That lady with the Wang surname said this. She said you are so skinny you should not sell. Go do some business somewhere to earn 45 yuan. I said I didn’t know how to do business.
A: What did you think after listening to her?
CH: Didn’t care how I thought, didn’t care about my health. Had to get the money first. Take care of one step at a time.
A: You wanted money.
CH: Wanted money. No money for fertilizer. no money for my younger son’s fine. If you don’t pay the fine, they don’t give you land. You can’t ask for land.
A: How much were you fined?
CH: Fined for 2,400. Was fined when I had my second child.

The interviewed women were most worried about their children after learning the results of their check-up. This seemed to be the worry of all infected females. She said:

(Most worrying) is the child. Afraid that the child got it too. I am not afraid for me (illness). Am old (the author interrupted that she said she was old when she was so young). Adults can suffer anything. Pity the children.
Zhu Fengli interrupted: Without the adult, that happens to the child? Other people (raising) is not as good as the real (parents raising).

No matter what the specific reasons were for selling blood, it would appear that such behaviour was a voluntary choice by the women. But if we were to remove this so-called "autonomous veil," we would discover that an unequal social gender construct naturally produces unequal female-male responsibilities. Although both husband and wife may choose to sell blood, and the specific reasons between the two sexes for doing so do not differ much, the driving forces behind their decisions are different. The male behavioural expression is also vastly different. Generally, females are more concerned with the family's future state of life.

(2) Gender Disparity in Blood Selling Behaviour from the Perspective of Different Family Responsibilities of the Male and Female

As mentioned above, our investigation showed there was little difference between men and women's specific reasons for selling blood. Most did so to build a house, raise the children, purchase agricultural materials, etc. According to statistics by Jin Wei (2004), although a greater number of females sell blood, the average frequency of males is greater than females. Our interviews did not reveal this situation. However, even if the average frequency for females was lower, this does not mean that women have received special care and concern. In reality, they have not. We mentioned earlier that this phenomenon is closely related to gender and family roles. Men know that they will automatically become the head of their own household, which also implies that they are to provide the family's financial support. Hence, it is understandable that mature males would sell blood more frequently. We also discovered this during our investigation: during courtship or in the early phase of marriage, couples sold blood together. After marriage and once a child was born, many of the women stopped selling blood because they had to raise the child, care for the elderly, do the household chores, feed the livestock, and work in the field. When the blood-selling frenzy had just started, one would travel a distance to sell blood at a proper city blood station; this conflicted with the daily routine of the village's women, who had to stay home to care for the family; hence more men sold blood. Later, when many private blood stations were opened just at the women's doorstep, selling blood became convenient, and no longer took time away from the women who had to take care for their families. This is when more women began selling blood. The following excerpt from an interview explains this:

A: There were many in the village already selling blood before you did.
GQ: There were many selling blood.
A: And you did not think of selling?
GQ: No.
A: Then why did you sell later?
GQ: If was just outside my house. I didn’t need to go out. I went at night.
A: Were there many people selling blood?
R: Many, because they were just at the doorstep (in front).
A: Oh, they (blood stations) were just at the doorstep, and the head of the blood station came to the house to collect blood?
R: (Sigh). The young one was really young (children too young). We needed money.

Thus, the traditional gender division of labour has led to a gender-differentiated blood-selling behaviour. Such behaviour cannot be judged simply by the frequency and quantity of blood sold by the two genders. The mushrooming of private blood stations has provided married women with an avenue to sell blood, and has resulted in a huge increase in the number of blood-contributing females. And this avenue (near and time-saving) is a representation of social gender differentiation. During our interviews, we also discovered that even though both husband and wife sold blood for money, the wife would tend to believe that she earned merely pocket money and that her husband was the family’s true financial pillar. Differences in gender responsibilities resulted in the women’s continued negation of their contribution to the family.

3. Transmission Channels Accentuate Gender Disparity
Having witnessed the spread of AIDS from selling blood, the villagers were most concerned with the problems of sexual transmission between husband and wife, and mother-to-child transmission. What was interesting — and different from what we had imagined — was that the villagers were neither concerned with how these channels facilitated transmission, nor how to take precautions. Instead, they were most concerned with the fact that the achievement of their dream of having a son would be seriously impaired by these two transmission channels.

(1) Sexual Transmission
Among those interviewed, almost no one complained of their sex lives being affected by AIDS. In fact, many felt that it is disgraceful to be infected from sexual activity. The following dialogue taken from an interview exemplifies this finding:

A: So, does your husband know how this disease is transmitted?
Z: Who knows? I have never asked him. He only knows that it is caused by selling blood. He has never visited prostitutes.
A: You know that visiting prostitutes can lead to AIDS infection?
Z: Some say that they contracted AIDS from “that.” It’s better to get AIDS other ways.
A: Who did you hear that from, that prostitution gets you this illness?
Z: I heard that from other people. Visiting prostitutes is easy to get this illness. And there is virus in the blood for this illness. Poisonous gas. Said there's medicine?
A: Did you tell your family after your husband became ill? Was your sex life normal?
Z: Normal. But we slept on separate beds since then.
A: Why separate beds?
Z: He is ill. Afraid of getting it. Suspect I may get.
A: You suspect and you have no sex life with him?
Z: No. Have been sleeping separately for many years.
A: Since he became ill?
Z: Slept on separate beds since he came back from Guangzhou.
A: So no sex life since then?
Z: No.
A: No one distributed condoms?
Z: Distributed. Our clinic (distributed). Came with this medicine. I didn't want it.
A: Didn't want it? Why?
Z: We were just not together. (Since he) returned from Guangzhou, was like no (longer) husband and wife. Became strangers. He had this illness, he was afraid. Was afraid that something will happen to the three of us. There's the two children, and me. He said it was for the children's good. Anyway, we had no sex life. Separated. Still eat together. But no longer sleep together.

The above case indicates that the villagers knew that AIDS could be transmitted through sexual activity. Also, AIDS reduced the couple's sexual activity, despite the distribution of free condoms; not only because of the torment of the illness, but also because of the tremendous mental torture (such as fear, shame, etc.) that had led to reduced or even suspended sexual activity. By studying the cases in detail, we discover that this change is also gender-differentiated: if the husband is infected with AIDS, then sexual activity will stop almost entirely, whether or not the wife is infected. Z is a case in point. If the infected party is the wife, then sexual activity will only be reduced.

Regarding the channels of transmission, there were many myths among people interviewed. A male interviewee believed that the chance of women passing the disease to men was smaller than if it were the other way around; hence, he felt lucky and concluded that there was no need for him to wear a condom. Z thought that AIDS transmitted through prostitution was more serious than AIDS transmitted from selling blood. Hidden within her belief was a moral judgment: sexual transmission is disgraceful. The women's leader (mentioned earlier) said,

the first time I heard of AIDS) could have been in 1994 when I was in school. At that time, Gao Yaojie came to train us. She mentioned AIDS. Said that transmission
can occur even when a piece of paper is put with a dollar note. Maybe Dr. Gao
did not know of the transmission channels at that time. I didn't dare mention
anything when I came back. Because I heard it was sexual transmission.

(2) Mother-to-Child Transmission
We discovered during our interviews that most were not concerned with how exactly
mother-to-child transmission occurred. People were more concerned by the mere
existence of such a channel, that their hopes of having a son would be difficult to fulfil.
Many husbands felt sorry, and wives felt pain. Also, the existence of such a channel
worried the infected mothers. They were afraid that their disease would pass to their
child. Nearly every family with an infected person will send their children for repeated
medical checks. The following interview details such worry of the infected party:

A (asked AM’s husband): Your wife seems down?
AMZ: We have a daughter. Now I have this disease. Cannot have another child. There
are four of us in my family. Three are sisters. I am the only son.
AHZ: (Unwilling to send the daughter for AIDS test) “What do you say, the heart... is
not happy. Let her (daughter’s) life be. If she is sick, let her. If she does not have
(AIDS), she is lucky. We can’t help it. This is not like other illness, which can be
cured.
AHP: Hope to adopt an AIDS orphan (boy).
A: (asked X’s mother): How long has Xiuying been working in the county city?
M: More than half a year... At first her father-in-law didn’t know. His sister knew,
and told his father. Said to his son, Qingfeng, divorce her. If you don’t I won’t
let you off. Cannot have a second one. We have the means. Why have her. Find
another one. QF then proposed a divorce to X. X asked him where she could go.
He said you can go wherever you want. XX (X’s daughter) you can let me have
her if you don’t want. If you don’t divorce me, my father will not let you off. At
first he was secretive, called X when taking a meal. Later, he hardened. On the
sixth day of the ninth month, he found another girl. Even met his family. Didn’t
admit. But after new year, he didn’t allow X to go home.

This case shows that the interviewed family was most concerned about having a
son. Because mother-to-child transmission could prevent the wife from having a son,
women who had not given birth to sons were in a more disadvantaged position. AHZ
was unwilling to allow his daughter to be tested. He preferred to leave the question to
fate. The mother-in-law hoped to adopt a grandson because the daughter-in-law could
no longer bear a son. AMZ and QF were troubled because their wives were infected
and could not have sons. For the same reason, Xiuying allowed her husband to marry
a second wife. The situation surrounding mother-to-child transmission highlights the
issue of gender inequality. This is something that we failed to anticipate before our field investigation.

V. CONCLUSION

From the above analysis, we may conclude following:

1. Survival tactics of females in the AIDS Village are closely related to the world of their daily lives. After contracting AIDS, their choice of survival tactic is always to put the immediate family's interest above all else. The presence of the traditional gender division of labour prevents the female's survival tactic from surmounting the boundaries of her immediate family. At the same time, although local governments have implemented the "Four Frees and One Care" policy, support for the infected women continues to come from their families instead of society. The possibility of her achieving self-actualization is closely intertwined with her family's fate.

2. The motive for selling blood before and after marriage differs between the male and female. Before marriage, the women sell blood to improve their personal lives and the men do so to improve their family's survival situation. After marriage, the motive behind women's decision to sell blood experiences a marked change: they sell blood solely for the survival of their immediate family; and to ensure the family's viability, females often forbid their spouses to sell blood. After they or/and their spouse are infected with AIDS, some women will assume all duties of the home - such as rearing and educating the children, tending to agricultural activities, and caring for the old folks at home - to enable the men to go out and perform economic activities.

3. In China's rural areas, fenjia has given rise to an increasing number of small families. However, the man is still the centre of the small family. Women try to work at home and maintain the family, and we see that they recognize the male-centred family structure. Such small families replicate and disseminate a traditional and unequal social gender structure, and become the invisible hand that controls the behaviour of women.

4. Although the effects of the gender factor - among the determining factors of the female's choice of survival tactic - incorporated in the State's public policies are obscured by the significance of the family to women, gender is the other invisible hand that controls the female's choice of survival tactic.

5. With two invisible hands working together, what appears to be the outcome of "independent choice" of survival tactic by women in the AIDS village is in fact permeated with social gender effects of every dimension. Also, social gender is "invisible" in their daily lives, and is intertwined with the different events of livelihood (such as the gender effects incorporated in the State's public policies). They are blinded by the multiplicity and complexity of daily living, so much so that they fail to see the presence of social gender.
6. Even if women in the AIDS village fail to realize the impetus of the social gender structure, it does not imply that their behaviour is entirely shaped by the social gender factor. Truth is, the specific behaviour in choice of survival tactic by women in the AIDS village has long broken the traditional division of labour. When a family member (usually the husband) is infected with HIV, the female shoulders the responsibilities previously divided between the couple. However, these women fail to realize the significance of such an initiative. Often, they neglect and negate their daily roles in life. Without knowing the significance of social gender, the various initiatives taken by females for survival under very limited resources may be a kind of struggle for survival of its own. However, it is a struggle of great importance.

ENDNOTE

1 The project is part of the collaborative research project on “Promoting Anti-Discrimination in China” between the The Research Centre for Human Rights of Peking University Law School and the University of Ottawa, Canada, between 2005 and 2008.