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Drug abuse, HIV/AIDS and stigmatisation in a Dai community in Yunnan, China

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Abstract

The latest data indicate that between 540,000 and 760,000 people are infected with HIV in China. Although minority nationalities represent 8.1% of China's total population, they account for more than 30% of the reported HIV/AIDS cases. This study examined stigma and discrimination against drug abusers and people living with HIV/AIDS (PLHA) in a Dai minority nationality community in Yunnan, China. The study used qualitative research methods, which included participatory observations, in-depth interviews, focus-group discussions, transect walking and community mapping. A combination of different sampling strategies was used to maximise diversity of the initially selected sample. The data revealed deeply entrenched stigma and overt discrimination against drug abusers and PLHA that manifested in familial, work, civil and institutional contexts. The stigma reflected pre-existing cultural, religious sanctions against "deviant behaviours". Intervention programmes that were insensitive to the local culture and religion may have also contributed in part to the stigmatisation of drug abusers and PLHA. The major impact of stigma was that it created a vicious cycle of social isolation, marginalisation and thus addiction relapse. This in turn reinforced the stigmatisation and discrimination against drug abusers and thus hindered efforts towards prevention and control of HIV/AIDS.

Keywords: Drug abuse; HIV/AIDS; Stigma; Discrimination; China; Heroin addiction

Background

The latest data indicate that between 540,000 and 760,000 people are infected with HIV in China, with 70,000 new HIV infections occurring in 2005 alone (Ministry of Health of People's Republic of China, UNAIDS, & WHO, 2006). The estimated overall prevalence of HIV is 0.05%, and at the end of 2005, there were 75,000 people living with AIDS. Although minority nationalities represent less than 9% of China's total population, they account for more than 30% of the reported HIV/AIDS cases (UNAIDS, 2003a). Intravenous drug use is a predominant path of transmission in Yunnan. There were 2 million intravenous drug users (IDUs) in 2001, and between 20% and 60% of the users shared needles. As a result, up to 80% of IDUs were HIV-positive in some areas in Yunnan (UNAIDS, 2003a).

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IDUs and HIV infections were first identified amongst national minorities in Yunnan Province. Yunnan is located in the southwest of China and is a part of Mekong Sub-region, bordering with Myanmar in the west and Laos and Vietnam in the south. The geographic proximity to the "Golden Triangle", the heart of heroin production in South-east Asia, is a major contributing factor to high prevalence of IDU and HIV/AIDS in Yunnan, one of the two provinces in China with the highest prevalence of HIV/AIDS. Official statistics show that the number of reported HIV/AIDS cases has almost tripled in Yunnan between 2001 and 2004: rising from 9914 to 28,391.

The Dai people are one of the 25 large minority nationalities in Yunnan, with a total population of 1.14 million (Yunnan Province Population Census Office, 2002). Sixty per cent of the Dai population lives in the border regions in southeast Yunnan, mainly in Xishuanbanna and Dehong Autonomous Prefectures. Dehong borders with Myanmar and has one of the largest settlements of the Dai population. The Dai and Jingpo are the two main minority nationalities in Dehong, one of the areas severely affected by the HIV/AIDS epidemic. Based on police department reports, there are 25,285 drug abusers in Dehong (2.41% of the total population), and 71% of these are Dai and Jingpo (Yin, 2005). Since the onset of the economic reforms in the late 1970s, the number of drug users among the Dai people has increased hugely because open-door policies towards neighbouring countries have provided a greater opportunity for drug trafficking. In 1992–1994, more than 30% of drug users were injecting and between 70% and 80% of the drug injectors were sharing intravenous syringes (UNAIDS & UNDCP, 2000).

The research on HIV/AIDS-related stigma is limited globally and even more so in China. Yet, as noted by UNAIDS, people living with HIV/AIDS (PLHA) suffer from severe stigma and institutional discrimination (UNAIDS, 2003b). One notable study from Henan province with a severe HIV/AIDS epidemic shows that children affected by HIV/AIDS experience exclusion, isolation, loneliness, stigma and discrimination (West & Zhang, 2005). Being looked down upon or ignored by adults and other children in the community and lacking friends were two of the major concerns of the affected children.

To date, there is limited research that has examined HIV/AIDS-related stigma and discrimination in Yunnan, an area severely affected by the epidemic caused by drug injection, nor are there any policy interventions specifically aimed at alleviating stigma and discrimination experienced by those living in the high-prevalence regions.

The goal of this study was to examine the extent and forms of stigma and resultant discrimination against drug abusers and PLHA in a Dai community in Dehong Prefecture, using qualitative research methodology. The study addressed the impact of stigma and discrimination on drug users and PLHA, as well as on HIV/AIDS prevention approaches, and social, cultural and institutional factors that have contributed to the stigma. The paper concludes with policy recommendations for future efforts towards prevention and control of the HIV/AIDS in the region.

Previous research

Stigma may occur when an individual becomes discredited in the eyes of others (Goffman, 1959). It is a feeling of being negatively differentiated from others due to a particular condition or state (Arboleda-Florez, 2003). Stigma is also a process of devaluation associated with stereotyping and prejudice. It is a social construct attributable to cultural, social, historical and situational factors (Dovidio, Major, & Crocker, 2000). People who are stigmatised are subject to feelings of shame and guilt. Discrimination, a major consequence of stigmatisation, occurs when a person is treated unfairly and unjustly because he or she is perceived to be deviant from others or to belong to a particular group (e.g., minority or deviant) (Aggleton & Parker, 2002). Discrimination manifests in three major forms,: overt, subtle (e.g., some forms of structural discrimination) and insidious, whereby stigmatised individuals realise that they have been labelled and have consequently lost their social status (Link & Phelan, 2006). The consequences of insidious discrimination include strained social interactions, more restricted social networks and support, reduced quality of life, low self-esteem, depressive symptoms, unemployment and loss of income.

Link and Phelan (2006) conceptualise stigma as a process in which five inter-related components connect to lead to stigma: labelling, stereotyping, separation between people who label and the labelled, experience of discrimination and loss of status in the labelled, and finally the exercise of