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To cite this article: Ling Li , Mark E. King & Sam Winter (2009) Sexuality education in China: the conflict between reality and ideology, Asia Pacific Journal of Education, 29:4, 469-480, DOI: [10.1080/02188790903309066](https://doi.org/10.1080/02188790903309066)

To link to this article: <https://doi.org/10.1080/02188790903309066>



Published online: 15 Dec 2009.



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## Sexuality education in China: the conflict between reality and ideology

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*(Received 30 April 2009; final version received 7 August 2009)*

The December 2008 release of China's new *Guidelines for health education in primary and secondary schools* by the Ministry of Education addressed many of the concerns arising from the academic and popular discourse on Chinese adolescent sexuality and sexuality education. The focus of this reform, common with similar reforms elsewhere in Asia and the West, aims at promoting adolescent sexual health and countering the associated social and public health problems. However, unlike adolescents in other countries, Chinese adolescents are constructing their sexuality in a unique socio-economic context with strong influences from deeply rooted puritan Confucian norms and values. Situating adolescent sexuality construction and the new guidelines within such multiple discourses, this article examines the changes in the new guidelines, with particular attention to the distinctive Chinese characteristics of sexuality construction. Based on a large sample empirical study, the paper concurrently explores how Chinese adolescents negotiate the development of their sexuality by investigating sexuality-related attitudes, behaviours, and sources of sexuality-related information. It reveals that though the incidence of Chinese adolescents engaging in sexual behaviours is low compared to their Western counterparts, their attitudes toward sexuality are becoming increasingly liberal. It also indicates that this abstinence-based policy may be deemed justifiable according to the low incidence of sexual intercourse at the moment, but may be viewed as problematic if it has the potential to disempower adolescents from protecting themselves from other health-compromising risks. Thus, for future policy development, the authorities should consider ways they could empower adolescents to address these challenges.

**Keywords:** sexuality education; Chinese adolescent; educational reform

### Introduction

Adolescence is a period when individuals begin to recognize themselves as sexual beings and start to explore their sexuality. During this critical phase of development, with the onset of reproductive sexuality, biological sexual drives, and cultural forces, young people construct their "sexual identity" through a process of maturation that entails increasing rights and responsibilities. Across many societies, school-based sexuality education is expected to facilitate the formation of the individual's "sexual citizenship" within specific historical, social and political contexts (Farrer, 2006). The role of sexuality education is seen as one of the major state official discourses in granting and denying varying degrees of access to a set of sexual rights to certain social groups (Evans, 1993). It is argued that adolescent sexual rights should be contained rather than oppressed within a particular legal, social, and moral order (Farrer, 2006).

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In China, adolescent sexuality is liberalizing within a fast-changing economic and social environment (Pan, 1994). This trend may be associated with a number of unwanted consequences that pose daunting social and public health challenges, including teenage pregnancies, abortion as a form of contraception, and the re-emergence of sexually transmitted infections (STIs; including the spread of HIV/AIDS) (Hoy, 2001). Consequently, the expression of adolescent sexuality has gained increased attention in official discourse, and has resulted in regulations decreed by the government that are often seen as intrusive and ideological (Zhu, 2004a, 2004b, 2004c).

### *Changes in adolescent sexual expression*

Chinese youth have been exploring and constructing their sexuality within a rapidly changing cultural, socio-economic and political context, with both localized and globalized influences. Attitudes towards virginity and chastity for adolescent males and females are reflected in a growing body of evidence which indicates that such sexual behaviours have become more acceptable (Pan, 1993; Zhang, Li, Li, & Beck, 1999). While female virginity is of important symbolic value to many young people, most adolescents no longer expect females to wait until marriage to engage in sexual intercourse and other forms of sexual behaviour. Interestingly, for some adolescent females, “sex becomes less about the loss of virginity than a new way of expressing feelings”, and “giving one’s first time” was interpreted as “a profound token of romantic feelings” (Farrer, 2000, p. 233).

It seems evident that the declining age of puberty and sexualization at earlier ages has led adolescents into an earlier exploration of their sexuality through a range of sexuality-related behaviours, including viewing pornography, masturbating, and having their first non-coital and coital sexual contact. Recent research on adolescents in China reveals that 34.6% of male and 6.8% of female high school students had viewed pornography within 12 months prior to data collection (Liang, He, Yang, Zhong, & Peng, 2008). Another research on senior high school students revealed that 18% of males and 2% of females had masturbated before (Liu, Ng, Zhou, & Haeberle, 1997). Additionally, a recent study in China revealed that 16.7% of females and 10.5% of males had experienced unwanted sexual contact or assault at least once by the age of 16 (Chen, Dunne, & Han, 2004). Unwanted sexual contact or sexual assault during childhood and early adolescence are associated with multiple health-damaging consequences, including subsequent sexual victimization, self-abuse or self-harm, sexual difficulties, and psychological distress (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003).

### *Public health and social concerns*

The sexual and reproductive health of young people has become a significant public health and social concern as a result of the vast and rapid behavioural and sociological changes occurring in China (Hoy, 2001). Of particular concern for policy makers, educators and parents is the finding that sexually active adolescents are often engaged in unstable relationships and casual sex experiences, with the possibility of multiple partners, as well as inadequate use of contraception and condoms (Lou, Peng, Tu, & Gao, 2002; Tu, Yuan, Lou, & Gao, 1998; Wang, Lou, Shen, Gao, & Tu, 2002; Xu & Cheng, 2008; Zheng et al., 2001). This relaxation of sexual mores among youth has resulted in adverse health consequences, including increased numbers of unwanted premarital pregnancies (Wang, 1997), induced abortions (Ma, 1991; Pan, Wang, Zhang, & Guo, 1992; Tu, Lou, Gao, & Shah, 2008), STIs and HIV/AIDS (Wu, Rou, & Cui, 2004; Zhang, Detels, Liao, Cohen, & Yu, 2008).

### ***Calls for change in sexuality-related education***

Based on the liberalization of adolescent sexual expression, the associated public health and social concerns, and demands from a public that has a greater awareness of sexuality, policy makers and practitioners have acknowledged that accurate and adequate sexuality education for adolescents is needed in China (Honig & Hershatter, 1988; Liu et al., 1997). However, one of the major concerns amongst policy makers in China is the development of a sexuality education policy that respects the needs of adolescents while balancing social and political concerns about the extent to which such sexuality education may encourage adolescent sexual behaviours (Hoy, 2001).

This paper examines the sexuality education component in the new health education guidelines and reflects on the construction of contemporary Chinese adolescent sexuality, first by situating the guidelines within multiple discourses, and then by investigating adolescent sexuality-related attitudes, behaviours, and sources of information. In particular, three main questions will be addressed: 1) What are the sexuality-related attitudes, behaviours, knowledge and sources of information for contemporary Chinese adolescents? 2) To what extent have the new guidelines been adapted to reflect contemporary adolescent sexuality-related characteristics and to ensure adolescent sexual and reproductive health? and 3) How do the new guidelines balance the reality of adolescent sexual development with political ideology by situating both within the social and public health context in China?

### **Methods**

The data collected for this paper is organized into two separate sections: 1) empirical quantitative data is used to depict the cross-sectional picture of adolescent sexuality development; and 2) policy regarding school-based sex education – the consistencies and changes of new *Guidelines for health education in primary and secondary schools* (Ministry of Education, 2008) – are described with reference to the previous policy, *Basic requirements for health education in primary and secondary schools* (Ministry of Education & Ministry of Health, 1992).

### **Subjects**

Purposive sampling was used to select students in three common types of secondary (high) schools in Beijing in order to maximize a representation of 10th to 11th graders. The three types of schools are key secondary schools, normal secondary schools, and vocational technology schools (VTCs). In China, key secondary schools, which are the choices of those with aspirations for university, attract those with the most successful academic backgrounds. Students who fail to enter key secondary schools are admitted to normal secondary schools, which are “lower ability” schools. Vocational schools are an alternative to regular secondary schools and are least desired by adolescents and their parents.

Two key secondary schools, three normal secondary schools, and three VTCs were recruited to participate in the study. A total of 2612 questionnaires were collected, of which 67 were discarded due to non-completion of demographic variables (i.e., gender, school and age). As a result, 2545 answer sheets were available for further data analysis, giving an overall completion rate of 98.1%. Oral permission to conduct this study was obtained from school principals and written informed consent was obtained from all participants and their parents.

### ***Instrument***

The questionnaire used in this study was adapted from the Health Related Behaviour Questionnaire (HRBQ; Balding, 1992), which was developed by the School Health Education Unit (SHEU) in the United Kingdom. The HRBQ is globally recognized as a reliable measure for over 30 years, and has been used in over 5000 surveys (Balding, 2005). This instrument had been used for research in Hong Kong, but not in Mainland China. The traditional Chinese version of the HRBQ for use in Hong Kong was originally translated by Day, Bacon-Shone, and Law (1995). However, this version required further translation from traditional Chinese to simplified Chinese for use in Mainland China. This simplified Chinese version was then translated back into English by a researcher who had no prior knowledge of the questionnaire. In order for the HRBQ to fit into the targeted context and yet maintain consistency with the original version, slight amendments were necessary. For example, items that assess sibling-related questions were deleted due to the China's "One-Child Policy". A pilot study using the HRBQ-SC (simplified Chinese version) was conducted to assess the readability, understandability, response bias, respondent burden, and time required for completion.

### ***Descriptive variables***

Chinese adolescent sexuality development was described from four specific perspectives: 1) sexuality-related behaviours; 2) sexuality-related attitudes; 3) sources of sexuality-related knowledge; and 4) attitudes and knowledge related to HIV/AIDS.

Three sexuality-related behaviours were measured by participant's responses to five items asking them to indicate whether in the previous 30 days they had: 1) read pornographic magazines, 2) watched Category III (persons 18 and above only) movies, 3) browsed pornographic Web pages, 4) engaged in masturbation, and 5) used condoms while having sex. Responses from items 1, 2 and 3 were combined and recoded into the binary variable *viewing pornography* to mean that they had viewed at least one form of pornography. Responses from item 4 were reported as *masturbation* and those from item 5 as *using condoms*.

Attitudes toward these behaviours were measured with "acceptable", "not acceptable", or "not sure". The final attitude under investigation was *attitude toward abstinence* (meaning "abstinence until marriage") where attitudes toward sexual intercourse for people of their age were indicated as: "anytime was OK", "as long as they were engaged in a stable romantic relationship", or "wait until married". Choices other than "wait until marriage" were combined as "disapproving attitudes toward abstinence".

Primary sources of sexuality-related information (both current and desired) were measured with forced choice of one out of nine options: 1) friends, 2) school class, 3) Internet, 4) pornography, 5) family, 6) magazines/newspaper, 7) educational multimedia, 8) doctors, and 9) posters/pamphlets/books.

Attitudes related to HIV/AIDS were assessed with a single item. With reference to taking preventive measures if they are aware of the risk for HIV infection, participants answered "I would", "I wouldn't", or "I'm not sure". Knowledge related to HIV/AIDS was measured with four items. With reference to possible transmission routes of HIV from those infected, participants were asked to choose "agree", "disagree", or "I don't know".

## **Results**

### ***Demographic characteristics***

In this study, a total of 1557 adolescents (47.6% boys and 52.4% girls) were from regular secondary schools (both key and normal secondary schools) and 988 adolescents

(12.0% boys and 88.0% girls) were from VTCs. The average age was  $15.6 \pm 0.91$  years old. Of the participants, 14.2% came from non-intact families.

### ***Adolescent sexuality-related behaviours***

The incidence of *viewing pornography*, *masturbation*, and *using condoms* across demographic variables (gender, age group, school type, and family structure) are summarized in Table 1. Within the month prior to data collection, 11.8% of participants reported *viewing pornography* (including magazines, videos & DVDs, and internet-based content), 8.0% reported *masturbation*, and 2.2% reported *using condoms*.

Results of a Mann-Whitney U test revealed significant gender differences, with males two to three times more likely than females to engage in each behaviour. Family structure did not reach statistical significance ( $p > .05$ ). The Kruskal-Wallis test on age group showed that only *viewing pornography* varied significantly across age groups. School type did not achieve significance ( $p > .05$ ). This may be due to the disproportionate gender ratio in VTCs, as the majority (88.0%) of those recruited from VTCs were girls.

### ***Adolescent sexuality-related attitudes***

A total of 48.9% of males and 73.2% of females felt that adolescents should remain abstinent until marriage, which left slightly more than half of the males and a quarter of the females no longer advocating the idea of abstinence until marriage. Findings on attitudes toward *viewing pornography*, *masturbation*, and *using condoms* are summarized in Table 2. In this sample, *viewing pornography* (35.7%) were deemed more acceptable compared to *using condoms* (14.0%) and engaging in *masturbation* (15.5%), with male participants generally holding more liberal attitudes than females.

Table 1. Incidence of sexuality-related behaviours by demographic variables.

	N (%)	Incidence of sexual behaviour N (%)		
		Viewing pornography	Masturbation	Using condom
Total	2545 (100)	301 (11.8)	203 (8.0)	57 (2.2)
Gender				
Male	860 (33.8)	162 (18.8)**	101 (11.7)**	35 (4.1)**
Female	1685 (66.2)	139 (8.2)**	102 (6.1)**	22 (1.3)**
Age Group				
16ys and younger	1214 (47.7)	118 (9.8)**	96 (8.0)	22 (1.8)
17ys	1002 (39.4)	136 (13.6)**	85 (8.5)	25 (2.5)
18ys and older	329 (12.9)	45 (13.7)**	21 (6.4)	10 (3.0)
School Type				
Key High School	1014 (39.8)	108 (10.7)	80 (7.9)	16 (1.6)
Normal High School	543 (21.3)	69 (12.7)	47 (8.7)	21 (3.9)
VTC <sup>a, b</sup>	988 (38.8)	124 (12.6) <sup>b</sup>	76 (7.7) <sup>b</sup>	20 (2.0) <sup>b</sup>
Family Structure				
Intact	2183 (85.8)	250 (11.5)	175 (8.0)	46 (2.1)
Non-intact	362 (14.2)	51 (14.1)	28 (7.7)	11 (3.0)

Note: <sup>a</sup>VTC = Vocational Technology School.

<sup>b</sup>The low incidence of sexual behaviours in VTC was due to the larger proportion of females and the fact that females demonstrated a lower incidence of sexual behaviours than males. \*\* $p < .005$ ; \* $p < .05$ .

Table 2. Adolescents sexuality-related attitudes, by gender.

	Permissive attitude			Ambivalent attitude		
	N (%)	Males N (%)	Females N (%)	N (%)	Males N (%)	Females N (%)
Viewing pornography	844 (35.7)**	286 (36.3)	558 (35.4)	419 (17.7)	255 (32.4)**	164 (10.4)**
Masturbation	369 (15.5)**	144 (18.3)*	225 (14.1)*	773 (32.4)	318 (40.4)**	455 (28.5)**
Using condoms	333 (14.0)**	140 (17.7)**	193 (12.1)**	831 (34.9)	309 (39.2)*	522 (32.9)*

Note: \*\* $p < .005$ ; \* $p < .05$ .

### *Sources of sexuality-related information*

The primary sources of sexuality-related information (both current and desired) by gender and their popularity among males and females are ranked and summarized in Table 3. Friends were ranked highest for both genders as the current source, yet school class was desired by most as the ideal source. Family was only reported by a small number of males (5.9%) and females (8.0%) as the current primary source of sex-related knowledge.

Males and females also demonstrated different preferences regarding certain sources. Among males, Internet and pornography ranked as the third and fourth most popular current sources, respectively. Among females, magazines/newspapers ranked as the third most popular source. However, regarding the desired sources of knowledge, educational multimedia materials were more favoured than pornography for males as magazines/newspapers were for females.

### *Attitudes and knowledge related to HIV/AIDS*

A total of 16.0% of adolescent males and 8.9% of the females stated that they would not take any preventive measures even if they were aware of the risk of becoming infected with HIV. This denial of possible infection because of an invincibility complex may be compounded by ignorance and/or ambivalence about HIV/AIDS among some adolescents, especially males (see Table 4). For example, 7.5–10.5% of males thought it was impossible to transmit HIV through sharing needles, sex without condoms, and vertical

Table 3. Rank and descriptions on sources of sex-related knowledge, by gender.

	Male				Female			
	Current		Desired		Current		Desired	
	Rank	N (%)						
Friends	1	248 (32.2)	2	138 (17.9)	1	635 (40.4)	2	324 (20.5)
Class	2	168 (21.8)	1	244 (31.6)	2	374 (23.8)	1	497 (31.4)
Internet	3	129 (16.7)	3	85 (11.0)	6	70 (4.5)	7	51 (3.2)
Pornography	4	64 (8.3)	6	50 (6.5)	9	19 (1.2)	8	22 (1.4)
Family	5	45 (5.9)	5	73 (9.4)	5	126 (8.0)	4	212 (13.4)
Magazines/newspaper	5	45 (5.9)	8	31 (4.0)	3	151 (9.6)	6	107 (6.8)
Educational multi-media	7	34 (4.4)	4	84 (10.9)	4	129 (8.2)	3	222 (14.0)
Doctor	8	18 (2.3)	7	49 (6.3)	8	28 (1.8)	5	121 (7.7)
Posters/pamphlets/books	8	18 (2.3)	9	19 (2.5)	7	40 (2.5)	9	25 (1.6)

Table 4. HIV transmission routes by genders.

	Impossible N (%)		Not sure N (%)		Possible N (%)	
	Male	Female	Male	Female	Male	Female
Sharing used needles	78 (10.5)	85 (5.5)	91 (12.2)	148 (9.6)	577 (77.3)	1313 (84.9)
Donating/receiving blood	192 (26.1)	268 (17.5)	182 (24.8)	312 (20.4)	361 (49.1)	952 (62.1)
Sex with condoms	340 (46.2)	483 (31.8)	212 (28.8)	639 (42.1)	184 (25.0)	396 (26.1)
Sex without condoms	55 (7.5)	72 (4.7)	140 (19.1)	333 (21.9)	539 (73.4)	1115 (73.4)
Vertical transmission	68 (9.4)	77 (5.1)	102 (14.0)	185 (12.2)	557 (76.6)	1260 (82.8)

transmission. Even more adolescents were ambivalent about such knowledge, such as condom use for HIV prevention, where 19.1% of males and 21.9% of females responded as “not sure”.

### *Sexuality-related educational policies*

In 1992, the Chinese government implemented its first school-based health education policy entitled *Basic requirements for health education in primary and secondary schools* (Ministry of Education & Ministry of Health, 1992). This policy initiative was widely seen as “puberty education” (Zhu, Ji, Yi, & Ma, 2005) because it focused specifically on the biological aspects of adolescent sexuality. For a number of years, the guidelines were criticized as “a failure in adolescent education” (Zhu, 2004b, p. 4; see also Zhu, 2004a, 2004c). Based on the limitations of this policy initiative, repeated calls for new guidelines eventually resulted in the December 2008 release of *Guidelines for health education in primary and secondary schools* by China’s Ministry of Education.

The basic stance of the policy remains unchanged, in that sexual abstinence until marriage is stipulated as the desired “civilized sexual morality”. However, three main changes are identified in the new guidelines. First, the guidelines mandated that the discussion of premarital sex be introduced into secondary school classrooms, whereas previously such discussions were limited to college-age students. Second, with regard to sexual victimization (i.e., sexual assault), developing adolescents’ situational awareness over potential threats as well as how to identify risk factors and protect oneself were also integrated. Third, a comprehensive approach to HIV/AIDS prevention education including knowledge, attitudes and preventive measures were integrated. As such, the use of condoms was framed only as a means to prevent HIV transmission. Intriguingly, other STIs were not included in the new guidelines, nor were issues regarding contraception.

### **Discussion**

Much of adolescent sexuality-related education around the world strives to maintain a balance between “realism” and “moralism” (Ruan, 1991, p. 162). In contemporary China, given the liberalization of adolescent sexuality and the cultural and political regulation of human sexuality, including sexual and reproductive rights, the tension between reality and ideology has intensified. Based on empirical quantitative data, this study explored the characteristics of Chinese adolescent sexuality and provides further evidence on changes in secondary school students’ sexuality-related behaviours, attitudes, and sources of information. It also situates and examines the changes and consistencies in sexuality-related educational policies in China in multiple discourses.

It is widely accepted that in the 16 years between the two health education policies (1992–2008), China has witnessed an unprecedented change in sexual expression among youth. The significant improvement in diet and nutritional status brought about by economic reforms has led to earlier sexual maturation (Xu and Cheng, 2008). Consequently, adolescents may naturally begin to explore their sexuality at earlier ages by engaging in a range of sexual behaviours (Gao, Tu, Zhao, & Wan, 2002). Reflecting this trend, the main theme in the discourse of sexual expression among secondary school students shifted from “early love” in the 1990s (Liu et al., 1997) to “early sex” in recent years. To underscore this shift, our findings revealed that more than half of adolescent males and a quarter of females no longer believe in sexual abstinence until marriage, compared to much more conservative attitudes towards sexual abstinence in the previous generation (Liu et al., 1997). In addition, approximately half of the participants did not reject the idea of viewing pornography or masturbation. As a matter of fact, 11.8% of the adolescents reported viewing pornography and 8.0% masturbating in the month prior to data collection. Even though we did not measure the proportion of adolescents who had engaged in sexual intercourse, the data on adolescents who had sex using condoms (2.2%), however marginal, nevertheless confirmed the existence of sexually active adolescents. In reality, secondary school students therefore represent a liberalized and diversified representation of sexual citizens. This shift in adolescent sexual expression is reflected in the revision to the health education policy. For the first time, the discussion of premarital sex has been addressed officially in secondary school classrooms. However, rather than preparing adolescents for sexual citizenship, with its attendant rights and responsibilities, the new guidelines, in many ways similar to the previous policy, moralize and prohibit premarital sexual behaviour. Thus, we argue that the new guidelines are a result of an incomplete negotiation between the “reality” of adolescent sexuality development in China and the “ideology” of official discourse, with greater importance being placed on the latter.

In Chinese cultural and political discourse, government control over sexuality stems from neo-Confucianism (Ng & Lau, 1990), in which family is deemed to be the basic unit of society, and social harmony is based on family stability. As such, the expression of sexuality outside of wedlock is strictly condemned. This puritanical approach to sexuality has been instilled into individual values and beliefs ever since, and even today, individual behaviours are gauged according to this norm. Thus, premarital sex, extramarital sex, and homosexuality are seen in official discourse as threatening to the moral and social order (Sigley, 2006).

In social and educational discourse, secondary school-aged adolescents are regarded as “unfinished persons” (McMillan, 2006). The 2008 health education guidelines appear to be based on “anticipatory socialization” (Teevan, 1972), which expects individuals to conform to social norms in anticipation of full acceptance in society. It is believed that through education, adolescents can be moulded into ideal “social” citizens (Bakken, 2000), and through proper sexuality education, adolescents can be formed into desirable “sexual” citizens (Farrer, 2006).

We argue that the tension between adolescent sexual needs and desires, and the sexual abstinence taught in formal education drives young people to seek out alternative sources of sexuality-related information. Indeed, in China, adolescents are increasingly exposed to sexually explicit or suggestive content in the mass media and on the Internet. Although pornography is officially illegal in China, it is inexpensive and easily obtainable in major cities (McMillan, 2006). Friendship networks facilitate the dissemination of pornographic materials, especially among adolescent students (Parish, Laumann, & Mojola, 2007). It is

therefore not surprising that pornography and the Internet were the two major sources of sexual material for adolescent males in this study. Research suggests that Chinese youth tend to treat pornography as reliable educational materials (Liu et al., 1997).

Sources of sexuality-related information, other than formal education, are deemed in official discourse as both a challenge and a threat to the established role that the Chinese government (i.e., the main agent of sexuality-related knowledge for all of its citizens, especially adolescents) seeks to maintain (Evans, 1997). Consequently, the government officials are anxious to secure their role by fortifying official discourse and eliminating alternatives. In support of this assertion, the Chinese Ministry of Health recently issued new regulations that imposed restrictions to sex-related information, and virtually all sexuality-related websites are required to be registered and censored by health authorities, including academic and non-governmental organizations (Ministry of Health, 2009).

Instead of addressing the “real world” of adolescent sexuality, the 2008 health education guidelines were more likely developed to address public health and social concerns (e.g., the epidemic of HIV/STIs, unwanted pregnancies). One such concern is that China is now facing an era of sexually driven transmission of HIV/AIDS, with this pandemic having just been identified as the “most deadly infectious disease” (Li, 2009) in Mainland China. In fact, young people in China constitute the main body of infections in some provinces (Ru, 2006). Given this emerging public health catastrophe, the Chinese government has now become more committed than ever to confront this epidemic. In response to this public health threat, the 2008 guidelines, in contrast to the previous policy, integrate comprehensive HIV/AIDS prevention information into compulsory educational curriculum in China.

As a result, condoms are now being framed as an effective measure for HIV/AIDS prevention. However, this study revealed that as many as 26.6% of the surveyed adolescents were not fully convinced that having sexual intercourse without using condoms was a risk for HIV transmission. Almost the same number of adolescents reported doubts about the efficacy of condoms, in that 25.0% males and 26.1% of females believed that it was still possible to become infected from an HIV-positive person through sexual intercourse while using condoms. Of significant threat to public health are the 16.0% of males and 8.9% of females who claimed they would not take any protective measures even if they were aware of the potential risk of HIV transmission. Indeed, situating the discussion of condom use solely for HIV prevention does not adequately address the reality that adolescents now face or will face in future. In contrast to the low prevalence of HIV/AIDS, which is a significant concern to the state government, the epidemic of other STIs and the incidence of unwanted pregnancies are of more immediate and relevant concern to the individual. However, STIs/HIV, unwanted pregnancies and abortion are of increasing importance for public health and social stability. Remarkably, the 2008 guidelines omit prevention of STIs and contraception completely.

## **Conclusion**

The recent changes in sexuality education policy in China, while maintaining an abstinence-based approach, may be seen as an incomplete negotiation between the reality of adolescent sexuality and Chinese political ideology. Since school-based sexuality education is mandated through official discourse, there are inherent limits to its effectiveness, given the fact that priority is given to political ideology, which in the contemporary Chinese context emphasizes social stability and social harmony. The 2008 health education guidelines therefore seek to establish a form of sexual citizenship that

grants adolescents limited sexual rights and responsibilities, which include specific strategies to protect themselves from sexual assault and others that ensure their sexual health. In contrast, these same guidelines aim to regulate sexual behaviours that are deemed by Chinese authorities as threats to social stability, such as premarital sex and HIV/AIDS risk behaviours.

This abstinence-based approach may be deemed justifiable if the low incidence of sexual intercourse among adolescents in China is taken into account. Paradoxically, this approach may also lead to a complex set of problems when adolescents fail to protect themselves from health-compromising risks (e.g., unwanted pregnancies, STIs). Additionally, such an approach may actually marginalize a small yet critical number of adolescents who have initiated coital sexual behaviours. Therefore, school-based sexuality educational programmes may need to be supplemented with more comprehensive educational approaches (i.e., Web-based sex education) in order to empower adolescents to make informed and responsible choices.

In this paper, two limitations need to be considered. First, the data are derived from a broader study on multiple health-related behaviours rather than specifically focusing on sexuality related behaviours. Thus, some important data were not collected (e.g., the incidence of sexual intercourse with or without condoms). Second, conducting a survey on sensitive issues in Chinese school settings may also generate concerns about socially desirable responses and issues of privacy. These concerns were limited by careful explanation of the research purpose and ensuring confidentiality for participants. Research assistants independent of the school were employed to collect data in school classrooms in order to minimize the influence of teachers on students' responses.

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