Struggles for Recognition:
The Development of HIV/AIDS Curricula in Schools of Social Work in Taiwan

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ABSTRACT

There is a current debate in schools of social work in Taiwan about whether they should provide specific HIV/AIDS courses or integrate HIV/AIDS issues into the curriculum. However, an argument that draws on the understandings of curriculum development in social work has not emerged. This project not only explores why this is the case but also aims to resolve the debate.

This research is based on two methodologies, the development of a genealogy and content analysis of data collected to build the genealogy. Foucauldian conceptualisation of using a genealogy to explain the relationship between power and knowledge has been utilised as a primary theoretical framework. The texts analysed included social work documents as well as social documents. The research objectives were an exploration of what discourses related to HIV/AIDS were constructed in broader Taiwanese society and within social work; and what forces and stakeholders outside and within social work formed HIV/AIDS curricula in social work in Taiwan.

The first PLWHA case in Taiwan was reported in 1984, and four key discourses about HIV/AIDS were gradually constructed. They are individual pathological, programmatic, governmental, and socio-cultural discourses. The individual pathological discourse became dominant in Taiwan.
Taiwanese social work did not consider HIV/AIDS as an issue until 1992, nearly ten years after it was recognised as a serious medical and social problem in the West. This genealogical research shows that, over time, four key discourses about HIV/AIDS were also represented in Taiwanese social work texts. The programmatic discourse emerged as more popular in social work documents. The genealogy also showed that four identified subgroups within social work in Taiwan were more able to express their views about HIV/AIDS issues. They were social work scholars, practitioners, students and translated social work documents. Reflecting dominant wider social prejudices the genealogy revealed that Taiwanese social work scholars were likely to adhere to the individual pathological discourse, the discourse that blamed those with HIV/AIDS for their own predicament. The other three groups were likely to express a programmatic discourse, which often reflected the changing governmental response over time.

The genealogy also showed that influential forces outside social work included international responses on HIV/AIDS, the Taiwanese central governmental responses, social norms regarding sex, sexuality and homosexuality in Taiwan, and the status of social work in society.

The key findings of this research lay in the revelation of the power of the four key discourses, the four visible subgroups within social work and the influential forces outside social work in Taiwan that emerged as dominant throughout the genealogical study. These forces formed and shaped the development of HIV/AIDS curricula in a complex way. What these findings provide is a pathway for the development of a responsive curriculum for the education of future social workers in Taiwan.
AUTHOR’S DECLARATION

This is to certify that:

I. This thesis comprises only my original work towards the degree of Doctor of Philosophy.

II. Due acknowledgement has been made in the text to all other materials used.

III. The thesis does not exceed the word length for this degree.

IV. This thesis meets the University of Sydney’s Human Research Ethics Committee (HREC) requirement for the conduct of research.

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Date: ………………………………………………………………………..
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Glossary of Abbreviations

AIDS  Acquired Immune Deficiency Syndrome
CDCT  Center for Disease Control (in Taiwan)
GLBT  gay, lesbian, bisexual and transgender
HIV  Human Immunodeficiency Virus
IFSW  the International Federation of Social Workers
NGO  Non-governmental organisation
PLHIV  people living with HIV
PRC  the People’s Republic of China
ROC  the Republic of China
STD  sexually transmitted disease
STI  sexually transmitted infection
UK  the United Kingdom
UN  the United Nations
UNAIDS  the Joint United Nations Programme on HIV/AIDS
USA  the United States of America
WHO  the World Health Organization
Principles of Translation in this Thesis

I use the Hanyu Pinyin system of romanisation for Chinese words, names and phrases, except when a different conventional or preferred spelling exists, as in Taiwanese place names (for example, Taipei), names of political parties and governmental or non-governmental organisations (for example, Kuomintang), and titles of popular newspapers, journals and governmental documents (such as United Daily News).

In cases when there are no conventional English titles for textbooks, chapters in textbooks, journal articles, newspaper articles or theses, all of these titles are romanised and translated.

Regarding English-to-Chinese terms, such as HIV or AIDS, because the social meanings of these translated terms in Taiwanese society may differ from their original terms, all of these when used in translated Chinese forms in documents are romanised. But in my discussion, I only use original English terms.

All Chinese characters cited in their romanised forms in this thesis are italicised. All translated characters, whether in English or romanised forms, are listed in the translated Chinese Character List.

The ordering of Chinese names follows their conventional forms, except where persons had published works in English by an Anglicised form of their names. All of these persons’ Chinese works and publications are presented in the Anglicised forms. In cases where pseudonyms are used, such as in newspaper opinion articles, they are romanised and follow the Chinese ordering.

All English translations from Chinese material that appear in this thesis are my own work unless otherwise specified.
Chapter One
Introduction

In the Western social work literature, there is a debate about whether schools of social work\(^1\) should provide specific HIV/AIDS units of study or courses (for short, the term “course” will be used in this thesis) or integrate HIV/AIDS issues into curriculum (see Diaz & Kelly, 1991; S. O. Miller & Dane, 1990; Morales, 1995; Schinke, Schilling, Krauskopf, Botvin, & Orlandi, 1988; Weiner, 1990). This debate relates to a fundamental question within every educational institution, that is, who decides what should be taught and for what reason? However, an argument based on the current understanding of curriculum development has yet to appear in the literature about this debate of integrating HIV/AIDS issues in social work education. Therefore, this research aims to fill the gap by investigating the development of HIV/AIDS curricula, and exposing the hidden, unnoticed or unsaid factors or power struggles between different forces behind the development within and outside schools of social work in Taiwan.

The first section of this introductory chapter summarises the debate about integrating HIV/AIDS issues into social work curriculum and the process of curriculum development. The second section provides a brief overview of Taiwan, as the context and specific site of this research, followed by a description of research purposes and questions.

Background

In the early twenty-first century, HIV/AIDS continues to have a worldwide impact (Joint United Nations Programme on HIV/AIDS, UNAIDS, 2008, p. 5). It is not only a physical disease harming human beings, but also a source of stereotyping and discrimination damaging entire communities (Parker & Aggleton, 2003, p. 14). Although medical developments have gradually improved the quality of life of people living with HIV (PLHIV)\(^2\), the threat of stigma or discrimination still exists (UNAIDS, 2004, p. 4). PLHIV have become another oppressed minority around the world (Taylor-Brown, 1995, p. 1291), and unless this situation changes, the work of HIV

\(^1\) It is necessary to note that the “School” in Australian universities is similar to “Department” in Taiwan; and “School” in Taiwanese universities is similar to “Faculty” in Australia. This thesis refers to “School” rather than “Department” of social work.

\(^2\) UNAIDS favours the usage of PLHIV instead of PLWHA or AIDS patients, because the former term reflects “the fact that an infected person may continue to live well and productively” (2008b, p. 13).
prevention, treatment, care and support will not succeed (UNAIDS, 2007, p. 9).

International and national social work organisations, such as the International Federation of Social Workers (IFSW) and the National Association of Social Workers (in the USA) have developed critical documents, for example, the Social Work Manifesto on HIV/AIDS (IFSW, 2001) and the International Policy on HIV/AIDS (IFSW, 1990), which state the importance of working with PLHIV. The emergence of specific sections about HIV/AIDS in the Encyclopaedia of Social Work, the Conference of HIV/AIDS and Social Work (in the USA) and the Journal of HIV/AIDS and Social Services also conveys strong messages to social workers and social work students that HIV/AIDS is an unavoidable matter in professional practice (Kaplan, Tomaszewski, & Gorin, 2004, p. 153). However, there is still a debate about whether schools of social work should provide specific HIV/AIDS courses or integrate HIV/AIDS issues into curriculum.

Some scholars argue that it is necessary for social work educational institutions to provide specific HIV/AIDS courses, or at least integrate the issues into related courses (Logan, 1992; Merdinger, Wrenn, & Parry, 1990; Strug, Grube, & Beckerman, 2002; Weiner, 1990). The rationale for providing specific HIV/AIDS courses is to prepare social workers and students to become involved in the HIV/AIDS field and to work with PLHIV (Taylor-Brown, 1995, p. 1291). It is not only because social workers have a strong tradition of advocating for the rights of minority groups and working alongside them to achieve social reform (Adams, 2000, pp. 5-6), or because every social worker is likely to encounter PLHIV in her/his career independent of the fields in which he/she works (Shernoff, 1990, p. 5), but also because some social workers and social students are unwilling to work with PLHIV.

A number of papers have revealed that some social workers and students in countries including India, Israel, the UK, the USA and Zimbabwe do not think it necessary to provide services to, or work with PLHIV (e.g., Ben-Ari, 1996; O'Hare, Williams, & Ezoviski, 1996; Sachdev, 2005). The most common suggestion for changing such attitudes and unwillingness is to provide appropriate education (Strug et al., 2002).

Numerous scholars have reported, that the practice of formal AIDS education within schools of social work is not widespread in the USA and South Africa (Diaz & Kelly, 1991; Koob & Harvan, 2003; van Rooyen & Bernstein, 1992). In the USA, of 108 accredited masters programs of social work before 1999, only 42.6 per cent offered
HIV/AIDS courses, although 88 per cent offered HIV/AIDS field placements (Koob & Harvan, 2003). The authors, therefore, criticised USA schools of social work for not responding immediately to requests for HIV/AIDS training made by communities and students (Koob & Harvan, 2003, p. 315). The situation in South Africa is comparable. In 1991, of 21 schools of social work, 15 had integrated HIV/AIDS content into different courses across the curriculum, and three had provided specific HIV/AIDS elective courses. However, relative to the seriousness of HIV/AIDS in South Africa, the response from these schools was inappropriate (van Rooyen & Bernstein, 1992, pp. 54 & 58-59). Besides the studies on South Africa and the USA, there is no data showing the circumstance of HIV/AIDS training in formal social work education in other countries or in recent times.

Based on the research findings, scholars who support the integration of HIV/AIDS issues into social work curriculum continue to suggest the necessity of HIV/AIDS education, and provide training models, practical strategies or educational elements (e.g., Itzhaky & Atzmon, 1999; National Association of Social Workers, 2002; Strug et al., 2002).

The reasons advanced to explain the insufficiency or nonexistence of HIV/AIDS courses range from schools of social work cannot require such a specific course when available time is limited (van Rooyen & Bernstein, 1992, p. 57), to lack of appropriate educators (Diaz & Kelly, 1991, p. 41), to educators’ lack of HIV/AIDS knowledge (van Rooyen & Bernstein, 1992, p. 57). However, some critical factors and conditions in social work education or in broader society influencing the development of HIV/AIDS curricula have not been well discussed or investigated.

**Curriculum Development in Social Work**

The debate as to whether HIV/AIDS issues should be included or integrated into social work education relates to a fundamental question about curriculum development within educational institutions, that is, who decides what subjects should be taught, for what reason (Flinders & Thornton, 2004c, p. xi).

There is a close relationship between teaching and curriculum (Flinders & Thornton, 2004c, p. xi; Goodlad, 1991, p. 3), and concern about curriculum in teaching activities has existed through the generations (Pinar, Reynolds, Slattery, & Taubman, 1995, p. 25). In any education program, there are critical questions needing to be answered, such as what subjects should be taught? Why should these subjects be taught?
In recent times, understanding about curriculum development has been broadened by new questions (Brady, 1995, pp. 47-51), such as, who decides what should be taught, for what reason? What happens in the process of curriculum development? What factors influence curriculum development? These questions remind us that there are endless power struggles between different stakeholders within teaching and academic institutions throughout the world (Popkewitz, 2003 [1997], p. 448).

In educational systems, stakeholders, such as professional organisations, educators, practitioners and students, have distinctive opinions about what should be taught (Cuban, 1992, p. 216). That some topics are approved as part of a curriculum has been suggested to be the result of power struggles (Thornton, 2004 [2003], p. 308). In some ways, the decision about curriculum in educational institutions becomes a battleground among stakeholders (Cuban, 1992, p. 224).

In addition, hidden curriculum and extracurriculum are also influential in education (Margolis, Soldatenko, Acker, & Gair, 2001, p. 4). Broadly speaking, hidden curriculum refers to the lessons, activities or events which are inconspicuously encouraged or discouraged by schools within or outside curriculum guides or school policy (Vallance, 1991, p. 40). Extracurriculum describes student activities, organisations or experiences supported by educational institutions which happen outside the formal curriculum (Berk, 1992, p. 1002). These concepts, hidden curriculum and extracurriculum, are used to explain the unnoticed or unspoken forces forming students' academic or non-academic learning experiences (Margolis et al., 2001, pp 2-3). They remind educators that the potential influences in education may result from the informal, hidden, unspoken or unnoticeable factors within or outside curriculum (Gair & Mullins, 2001, p. 24). Nor can curriculum at the level of higher education escape the potential influences of those factors (Margolis et al., 2001, p. 2).

Understandings about curriculum development in professional learning at the level of higher education have gradually progressed (Curry & Wergin, 1996, pp. 356-357). However, the diversity of academic subjects, the specific development of each subject, and the different theoretical bases complicate understanding of curriculum development in higher education (Fulton, 1992, p. 1810). Despite this, various case studies in curriculum development in different academic disciplines or locations have been constructed (e.g., Jordan, 2008; Judge, 1992; Naylor, 1992; Rae, 2007; Schuerholz-Lehr, Caws, van Gyn, & Preece, 2007), and a few of models have been suggested to explain
critical factors in curriculum development (see Ratcliff, 1992). Some curriculum scholars maintain that it is necessary to construct more case studies, especially at the level of higher education, to advance the quality and quantity of curriculum study (Rhoades, 1995 [1991], pp. 174-175).

Being a part of professional education, social work educators also need to consider these questions in curriculum development (Coulshed, 1988, p. 155; Walker, 2002, p. 3). However, the nature and process of curriculum development, especially potential power struggles between different stakeholders, in social work, is not well understood (Burgess, 2004, p. 163). Walker (2002, p. 4) argues that curriculum study in social work is likely to "lack overtly theoretical discussion", and "be assertion of opinion rather than analysis". Furthermore, Burgess (2004, p. 164) comments, "[t]he literature and research on social work curricula has mostly been undertaken from the perspective of a specific discipline, user group or question". Moreover, the concern of effects of hidden curriculum or extracurriculum in social work education has not yet been well developed.

In short, curriculum development in social work education is important, however, the understanding is still limited. Some concepts, for example, the process of curriculum development or hidden curriculum, have not been well investigated; and some domains, such as power struggles, have been neglected. I would like to broaden these understandings in social work by investigating the development of HIV/AIDS curricula in schools of social work in Taiwan based on a theoretical view regarding power struggles between different groups within and outside social work.

**Rationale of Selecting Taiwan as the Location**

There were three reasons for selecting Taiwan as the location for this research. First, Taiwan is my home country. Second, although the overall incidence of HIV infection in Taiwan is relatively low compared with other countries (UNAIDS & World Health Organization, WHO, 2004, p. 36), HIV/AIDS in Asia is expanding rapidly (UNAIDS & WHO, 2007, p. 21). It is imperative to know how social work educators in Taiwan are preparing face the potential challenge in this area. Finally, the majority of existing research work about curriculum is based on Western experience, principally in the UK and USA, so a research finding located on a non-Western culture may provide new understandings.
The formal name of Taiwan is the Republic of China (ROC). It is located in the Western Pacific between Japan and the Philippines, off the southeast coast of China. According to the Center for Disease Control in Taiwan (CDCT) (n.d.-a), by the end of 2008, a total of 19,744 Taiwanese people were HIV positive. The affected groups within Taiwan are as broad as in other parts of the world, and include families and partners of PLHIV, male homosexuals and sex workers (C.-M. Cai, 2005, p. 2).

The *Houtian mianyi quefa zhenghouqun fangzhi tiaoli* (The AIDS Act) was promulgated in 1990 (Twu, Huang, Lai, Nai, & Su, 2004, p. 59). Under the Act, all Taiwanese citizens with HIV can access treatment and medical services for a lower price (Ko, 2003, pp. 39-40). However, PLHIV still have to fight different forms of prejudice or discrimination, including, for example, losing jobs or being rejected by relatives or friends. Foreign PLHIV are not allowed to enter Taiwan, even not for a short stay or holiday (see Persons with HIV/AIDS Rights Advocacy Association, 2004; 2005; 2006; 2007).

Since 1994, 16 non-governmental organisations (NGOs) have been established to provide social services for PLHIV or prevention education in the wider society (Y.-M. Chen & Kuo, 2007, p. 625). Social workers play very important roles in establishing or maintaining these NGOs, but the supply of current social services for PLHIV and other affected parties is still insufficient (Y.-M. Chen & Kuo, 2007, p. 625). Like the general public, PLHIV can experience multiple problems requiring different kinds of social services. It is highly likely that each social worker will encounter PLHIV at some points in their career regardless of the fields in which they specialises, and it is therefore necessary for all social workers to prepare to work with PLHIV (Mo & Chung, 2006 [2007], pp. 29-30 & 36). However, there is no research examining the development of HIV/AIDS curricula in any professional health care education, including social work, in Taiwan.

Undergraduate social work education in Taiwan is a four-year program and includes general required courses, department-required courses and electives (Feng, 2008, p. 42). Year One is devoted to foundational subjects such as Introduction to Social Work, and Sociology. Compulsory second year subjects include Case Work, Group Work, and Human Development and Social Environment. In the third year, compulsory subjects include Community Work, Administration in Social Welfare Organisation, and Introduction to Social Welfare (Chang & Mo, 2007, pp. 591-592; Feng, 2008, p. 42). Undergraduate social work students have to enrol in field placement from the second
semester of Year Three until Year Four (Feng, 2008, pp. 47-48). Elective subjects are permitted from the second year, such as Medical Social Work, Family and Child Welfare, Women's Welfare, or Social Policy (Sha, 2002, p. 6). Normally, undergraduate social work students takes 50 to 60 courses in their study (Sha, 2002, p. 19).

For almost forty years the Taiwanese Ministry of Education maintained a strict control over the standard of compulsory (social work) curriculum in universities (S.-F. Chen, 1997, pp. 349 & 352), only loosening its control in 1994 (Ministry of Education, 2001, p. 13). Now every educational institution, including schools of social work, can decide what courses are provided and what is taught in these courses. Although every school of social work has authority to decide which elective courses to provide, some elective courses are more popular, such as Social Policy, Child Welfare, and Women's Welfare (Sha, 2002, p. 6). The lack of some specific fields is very apparent, for example, Medical Social Work, Clinical Social Work, or HIV/AIDS Social Work (H.-Y. Zeng, 2002, pp. 27-28).

In summary, even though social workers play critical roles in establishing and maintaining social service organisations catering to PLHIV, the response to the request for HIV/AIDS training from schools of social work in Taiwan is unclear. Until now, there have been occasional papers in social work emphasising HIV/AIDS issues, but none on the state of HIV/AIDS curricula in social work education.

**Selecting Foucault's Work as a Theoretical Framework**

A Foucauldian framework was selected as the theoretical basis of this research to broaden the understanding of curriculum development in social work education in general, and the development of HIV/AIDS curricula in Taiwan specifically.

Foucauldian theory is appropriate in analysing the complicated interactions between knowledge, domain of subjects and power (Gao, 2004, pp. 97-98). The current emphasis of curriculum study, as indicated above, has shifted to power struggles behind the construction of teachable subjects (Flinders & Thornton, 2004d, p. 120), therefore Foucault's statement about the relationships between knowledge and power can provide useful theoretical perspectives. Popkewitz (1987; 1991; 2003 [1997]) and Walker (2002), for instance, have demonstrated the fruitfulness of applying his framework to curriculum study.

Furthermore, Foucault's work has influenced the increasing concern about the silence, unspoken voices or hidden curriculum in the field of education, especially his

My Personal Experiences

As a gay male living in Taiwan, the prejudices towards homosexuality and HIV/AIDS were unavoidable in my personal life and academic career. Some of my gay friends or work colleagues died due to AIDS-related diseases. So I have had a deep concern for gay, lesbian, bisexual and transgender (GLBT) issues as well as HIV/AIDS, dating from the time of my undergraduate social work program.

By taking courses, attending lectures and talking with educators, I came to understand what social work is, what social workers do and what their responsibilities are. While I was generally happy that social work education provided what I had expected and gave me opportunity to broaden my knowledge, as a gay student I was dissatisfied with the underrepresentation of my interests in the program, such as gay and lesbian or HIV/AIDS issues. In addition, I did not hear any discussion about these issues in either required courses or electives.

In the course of my studies, I started to come out as a gay man to my educators and fellow students. With only a few exceptions, the response was positive. But I also noticed some interesting phenomena. For instance, some educators told me “it is appreciated that you would disclose this to me, but please be careful in the future, some social work academics are conservative about this matter.” Such a response challenged my assumption that every social work scholar or social worker would be very open-minded and that my gay identity should not be a problem for them.

Furthermore, I still had to endure some naive questions about gay and lesbian issues, such as, “How did you know that you are gay? What are the possible reasons influencing your sexuality?” I was surprised by such questions because they implied that some fellow students or educators in my school were ignorant or retained out-of-date ideas about gay and lesbian issues. Sometimes I wondered what they would do or how they would behave when meeting gay or lesbian clients. Would they put similar insensitive questions to clients at the risk of undermining the worker-client relationships?

After finishing required courses, I began a field placement. No gay or lesbian
social work organization then existed, and I was not interested in other fields, so I decided to do my field placement in a grassroots HIV/AIDS social advocacy organization.

In that period (the mid-1990s), HIV/AIDS was still misunderstood as a “gay plague” in Taiwan. So, besides supplying caring services for some PLHIV, the NGO had to provide HIV/AIDS education for the then hard-to-reach gay community. I was very involved in education and prevention projects as well as providing extensive HIV/AIDS phone counselling.

Due to such experiences in the field placement, in my masters thesis I focused on the relationship between gay men and the then hostile social conditions surrounding HIV/AIDS in Taiwan. Meanwhile, I was the originator and core member of two pioneering gay organisations in Taiwan from 1992 to 2001.

Owing to my personal interest and motivated by what I had learnt, after obtaining two social work degrees, I entered a different HIV/AIDS organization as a social worker. In this organisation, I learned of the impact that social advocacy and legislation can make. The most difficult part for me was to negotiate with government officials about bureaucratic infringements on the rights of PLHIV.

Through this work in the HIV/AIDS field and involvement in gay organisations, I established trust and interdependence with the GLBT and HIV/AIDS communities. I also developed close connections with health care and social services providers in the HIV/AIDS field, as well as research scholars in the GLBT field. These experiences enabled me to obtain a part-time position teaching a course about sexual orientation issues in a school of social work before coming to Australia for my doctoral studies.

Having been involved in the fields of HIV/AIDS and GLBT in Taiwan, more and more questions occurred to me. Given that HIV/AIDS and gay-related issues are integral to social work, why are there no professional courses on these topics in social work curricula? How might social work education effectively address these specific issues?

Social work education has an undeniably important influence on social workers’ and social work students’ attitudes, knowledge and willingness to work with potential clients, including PLHIV. After reviewing the literature, therefore, I wonder why there is no clear explanation or theory about how to integrate specific issues, such as HIV/AIDS, into professional social work education.

In addition, some scholars declare that the priority of education should be to train
competent social workers to tackle newly developed or complicated social problems in society, and consider that values clarification and basic knowledge and work skills are fundamental issues to be covered. If this is the case, for what reasons do varied subjects based on different groups still exist in curriculum, such as Women’s Welfare, and Child Welfare? Meanwhile, some courses are excluded from the curriculum on the grounds of limited time and resources. For what reasons, or based on what institutional mechanism or social conditions, are these courses included in schools of social work, and other excluded?

These questions pushed me to investigate the process of curriculum development in schools of social work in Taiwan, focusing primarily on the area of HIV/AIDS issues.

**Research Purposes and Questions**

The main purpose of this research is to explore and understand the development of HIV/AIDS curricula in schools of social work in Taiwan based on a Foucauldian genealogical analysis as well as a content analysis employed to demonstrate the most dominant discourses regarding HIV/AIDS and PLHIV in Taiwan. The focus will be on what discourses have been produced or promoted in constructing HIV/AIDS curricula within and outside social work; and which stakeholders have presented their voices on this issue. The data draws on existing documents, such as newspapers, journal articles, students' theses, social work textbooks, government publications and any stored records within or outside schools of social work related to HIV/AIDS or curriculum development in social work education in Taiwan.

Three central questions guided the inquiry:

1. What happened in the process of development of HIV/AIDS curricula in schools of social work in Taiwan as well as broader Taiwanese society?
2. What arguments and meaning (discourses) have been produced or silenced in this process?
3. What stakeholders have been involved in this process?

**Significance of the Research**

This research is important for four key reasons. First, the investigation of the construction of a specific course and related factors or stakeholders can help social work educators understand the picture of curriculum development in social work, and recognise the potential power struggles and their influence on curriculum. Second, the description of the appearance, disappearance or silencing of arguments and meaning in
a debate about the integration of a specific topic may reveal unsaid or undocumented conditions existing in curriculum development in social work. Third, the introduction of a different theoretical perspective, a Foucauldian framework, can challenge and broaden the current understanding of curriculum development in social work. Fourth, the findings of this research located in Taiwan, a non-Western culture, may provide new understandings for curriculum study.

**Organisation of the Thesis**

The following chapters will consider how a specific topic, HIV/AIDS, has been treated in social work curriculum in Taiwan as well as the broader Taiwanese society. Chapter Two introduces Foucault’s key theoretical concepts that framed this analysis with reference to social conditions directing the development of HIV/AIDS curricula in social work. Chapter Three outlines current understanding about curriculum development and curriculum studies in social work. Chapter Four charts the development of social work education in Taiwan. Given the strong influence of historical discourses on contemporary thinking, social views about sexuality, education systems, and the development of social work in Taiwan are also summarised. Chapter Five explains the methodological approach and considerations taken in this thesis.

Chapter Six presents a content analysis of documents included in this thesis to support the genealogical analysis which will be presented in the three subsequent chapters. Chapters Seven and Eight detail the formation, construction or transformation of four identified discourses regarding HIV/AIDS and PLHIV in Taiwan. They are individual pathological, programmatic, governmental and socio-cultural discourses. The social conditions and non-discursive practices that made these, not those, discourses possible and visible are also identified. Based on the results of these two chapters, Chapter Nine investigates, through an analysis of social work documents, how Taiwanese social work practitioners, scholars or students responded to constructed social views about HIV/AIDS and PLHIV in the wider Taiwanese society, when forming HIV/AIDS curricula in schools of social work. A more comprehensive discussion of the interaction between HIV/AIDS curriculum and the broader Taiwanese society is presented in Chapter Ten.
Chapter Two
Foucault’s Key Concepts

The previous chapter presented the background to current debates about integrating or including HIV/AIDS issues into social work curriculum and outlined some fundamental questions pertaining to curriculum study. The reasons for selecting Foucault as the theoretical base and Taiwan as the specific site of this research have been stated.

Foucault’s interpretation of discourses supplies a theoretical perspective for understanding the influence of dominant organisations, institutions or groups. His reflection on the relations between power and knowledge is helpful for investigating the complicated interaction between knowledge, domain of subjects and power. Foucault pays much attention to how power is exercised and how power relations are formed in particular social contexts, and how knowledge is constructed in the exercising of power (Kearins & Hooper, 2002, p. 753).

His critical comments about education and disciplines have created increasing concern about the silence, unspoken voices or hidden curriculum in the field of education. Genealogical analysis as developed by Foucault represents a useful tool for investigating the conditions and processes of emergence and development of topics; and for tracking the production of the statements about “Truth” (McMullan, 2006, p. 925). However, genealogical analysis in and of itself is not keen to claim a “Truth” or announce a set of causal relations about specific social events (Gutting, 2003, p. 864). This suggests that casual and lineal reasoning should be carefully dealt with.

Foucault’s theoretical perspectives suggest ways to explore how HIV/AIDS is considered and under what conditions. This further supplies different interpretations of knowledge and arguments for integrating or including HIV/AIDS issues into a social work curriculum.

Before I explain the method used in this thesis later, this chapter outlines some Foucault’s key theoretical concepts, including discourse, power and knowledge.

**Discourse**

In linguistics, discourse refers to the expressive systems employed in human communication, which include symbols or language (Wetherell, Taylor, & Yates, 2001, p. 3). Based on this perspective, discourse can be understood as an objective, stable
communication system or activity in human life (McHoul & Grace, 1993, pp. 28-29).

Foucault sees discourse in a different way (Hall, 2001): he observes, generally speaking, that discourse is not a structured ahistorical human communication system, but an unstable constructed force including a series of sentences or propositions to influence the ways people see, think and understand the world (McHoul & Grace, 1993, p. 31). He defines it as "the group of statements that belong to a single system of formation" (Foucault, 2002d, p. 121), "a series of discontinuous segments whose function is neither uniform nor stable" (Foucault, 1998 [1984], p. 100), and is "determined in ... a given period, and for a given ... area" (Foucault, 2002d, p. 131).

Discourses determine and limit the ways people see and understand the world (McHoul & Grace, 1993, p. 33). What people know, what people do not know, what they do not consider correct or right or what they judge as irrational or ridiculous may have been formed by the powerful discourses that are constructed out of the struggles of competing discourses (Danaher, Schirato, & Webb, 2000, pp. 31 & 40). Foucault asserts that accepted discourses may change from period to period and from group to group, and entirely different discourses about the same or similar objects may be constructed in separate situations (2002 [1970], p. xv).

The emergence of discourses is unnoticed: "discourse is snatched from the law of development and established in a discontinuous atemporality. It is immobilized in fragments: precarious splinters of eternity" (Foucault, 2002 [1972], p. 184). Every emergence of discourse, in Foucault’s view, is a specific point which is constructed and formed by different social, political, economic or historical conditions and events (Gao, 2004, pp. 109-110). It is more critical to understand the conditions under which one specific discourse appears than to probe the emergence of the discourse: "beyond any apparent beginning, there is always a secret origin" (Foucault, 2002 [1972], pp. 27 & 30).

Discourses exist in society in different perspectives, such as discourse of social welfare, educational discourse, philanthropic discourse. Although they may be developed in different times, be forced into separate fields, or have distinctive characteristics, some traits are shared, such as, discontinuity, instability or reversibility (Foucault, 2002 [1972], p. 23). Discourses connect one to the other to construct an inescapable dragnet (Foucault, 2002 [1972], pp. 30-33). Among the connected discourses, there is no continuity, consistency or harmony; rather, different oppositions, multiple dissensions and unending conflicts (Foucault, 2002 [1972], pp. 40-41 & 173).
In the field where discourse connects, specific concepts or objects are gradually formed, that is the emergence of the formation of objects, through the process of excluding and including, the process of differentiation (Foucault, 1983, p. 223; 2002 [1972], pp. 30 & 45).

Although it seems that exclusion and inclusion are two distinct processes, there is an intricate interdependence between them: they not only tend to reinforce, but also to problematise, each other. On the one hand, the plainer the recognition for the excluded, the clearer the territory for the included; on the other, the more careful the definitions provided for the former, the more questionable the latter becomes (Foucault, 1996d, pp. 37-38).

Because of the complicated process of differentiating, specious definitions or constructed explanations based on any possible distinctions are likely to be provided to rationalise logic (Foucault, 2002 [1972], pp. 40-41). In the earlier developmental stage, besides the appearance of developing rationalisation, the effects of differentiation are unclear. This unexpectedly leads to a more severe process of excluding and including, as well as more violent competition between the excluded and the included for formatting objects of discourse (Foucault, 2002 [1972], pp. 45-47).

It should be noted that not every object of discourse can appear in any given time or location. The object of discourse only emerges and exists under some socio-historical conditions of a complex group of relations through the process of including and excluding (Foucault, 2002 [1972], p. 49). It is impossible for the constructed object to remain unchangeable (Foucault, 2002 [1972], p. 52). In contrast, it could be wise to say, "a variety of objects were named, circumstances scribed, analysed, then rectified, redefined, challenged [and] erased" in the domains that discourses connect (Foucault, 2002 [1972], p. 45).

The process of exclusion and inclusion relates to the exercise of power, and the formation of objects results in the construction of knowledge (Foucault, 1979, p. 155). Stated otherwise, in the field where discourses form, power and knowledge join together explaining the tracking of the development or transformation of knowledge or power (Foucault, 1998 [1984], pp. 100-102).

Discourses can construct the ways people understand the world, and influence what they consider correct or right, so that people who hold diverse discourses may understand or interpret the same issue differently and behave in different ways. An example would be the differing views on HIV/AIDS problems in society, and whether it
is critical to integrate HIV/AIDS issues into curriculum. In addition, even though social work educators may agree to some extent, it is necessary to educate students and social workers to be prepared and willing to work with PLHIV, as they may hold conflicting ideas about the necessity of working with PLHIV as well as different opinions about methods.

**Power**

Foucault departs from traditional views in his interpretation of power (Dreyfus & Rabinow, 1983, p. 184). In traditional theoretical approaches, power is an exercise used by more potent and advantaged groups over (an)other groups (Hoy, 1986b, p. 125); there is unchallenged inequality between the powerful and the powerless (Hoy, 1986a, p. 8); and the direction of power is usually from the top to the bottom and from the centre to the edge (D.-C. Yang, 1995, p. 112).

Foucault suggests, conversely, that power is not a fixed thing possessed by specific groups or individuals, but exists as force relations, processes or techniques (1979, p. 194). Power can be produced by exercised forces; and flow from one area or person to another (Foucault, 1979, p. 26; 1998 [1984], p. 92-93). Power has forces to produce, invest, construct or influence, not only to repress or inhibit reality, domains of objects and rituals of truth (Foucault, 1979, p. 194). Foucault asks: "if power were never anything but repressive, if it never did anything but to say no, do you really think one would be brought to obey it?" (2002d, p. 120)

Power involves complicated relationships in society (Foucault, 1998 [1984], p. 93). Power is constructed and formed in a society, and a society needs power to maintain order and development (Gao, 2004, p. 170). It cannot exist independently in society, and be exercised without social nexus (Foucault, 1983, p. 222). Power is only produced by actions and struggles between groups or societies. The implication is that there are power relations between individuals and groups everywhere (Foucault, 1980d, p. 98). A society, in Foucault’s view, is a continuously changing system characterised by numerous power struggles and power relations (Gao, 2004, pp. 154 & 186). Power relations are unfixed and will be modified or transformed following the results of power struggles (Foucault, 1980d, p. 98). Foucault argues that people are free to exercise power and form power relations, even if one side may have dominance over the other (1980b, p. 156). Foucault suggests “if there are relations of power in every social field, this is because there is freedom everywhere” (1996c, p. 441).
Although power is not a fixed thing controlled by specific groups, this does not mean that power inequality among individuals or groups does not exist (Foucault, 1983, pp. 217 & 223). In some circumstances, certain groups or individuals have more opportunities to influence the direction of power (Foucault, 1979, p. 194) and to occupy dominant positions (Dreyfus & Rabinow, 1983, p. 186), when they win power struggles and rationalise and normalise the newly formed power relations (Danaher et al., 2000, pp. 72-73).

When groups, whether the dominant or the dominated, are involved in power relations, they are under the control of the constructed power relations (Dreyfus & Rabinow, 1983, p. 186). All groups, powerful/powerless, voiceful/silenced, oppressing/oppressed, or normal/abnormal, fight in a social nexus to defend/obtain/seize unfixed power and exercise/exert/apply it (Gao, 2004, pp. 302-303). Because power is produced by exercising forces, this suggests that the potential transformation of power relations among groups (Foucault, 1983, pp. 225-226), and power struggles between groups are endless (D.-C. Yang, 1995, p. 118).

Foucault’s thinking on power is that it is less important to ask what power is or who owns it than to find out how power relations develop, what happens when power is exercised, and what effects power can produce when it is unfixed and cannot be owned (1998 [1984], p. 97). Foucault argues that in analysing power or power relations, it is critical to start from a fundamental point: “how is power run and exercised?” and "what happens when individuals exert [as they say] power over others?” (1983, p. 217) There are a few basic factors which need to be identified, such as what mechanisms permit which individuals or institutions to act upon the others' actions for what (intentional or unintentional) purposes, by which methods of rationalisation (Foucault, 1983, pp. 223-224)? In other words, the analysis focuses on five dimensions: systems of differentiation, objectives, employed measures, forms of institutionalisation and degrees of rationalisation. This approach makes it possible to reveal the specific social conditions which makes this, not that, power relation possible and visible (Smart, 2002, p. 79).

Foucault pays much attention to analysing unnotice marginalised social issues, such as mental disorder (1973), the relationship between physicians and patients (1975), punishment and disciplines (1979) and abnormality (2003). Analysing marginalised issues which have been neglected in traditional studies can demonstrate the cruel and ugly essence of power relations in modern society (Gao, 2004, p. 179). As Foucault
observes “power is so deeply rooted, ... all those micro-powers that are exercised at the level of [personal] daily life” (1980a, p. 59), and “a set of power techniques [which] is related to ... political forms or social forms [are used to rationalise] the management of the individuals” (1996l, p. 299).

According to Foucault, any process of decision-making is related to power and power relations, including the process of curriculum development, so the discussion of integrating HIV/AIDS issues into social work training programs should not assume that the process is based on rationality among different individuals or groups. If power really influences the direction and process of curriculum development, then rationality cannot be assumed as the basis of curriculum development. The “rationality” may be a beautiful excuse to rationalise unseen power relations.

**Knowledge**

After tracing the development of ideas and thoughts in different fields in Western societies, Foucault claims that knowing and understanding is constructed by the fierce struggles of competing discourses held by different individuals, groups or institutions (1979, p. 27; 2002d, p. 113). Knowledge is not out there somewhere waiting to be discovered or rediscovered, and it is not an abstract objective understanding of people and the world (Foucault, 1996a, p. 456; 1998a, p. 380).

Drawing on Foucault’s perspectives, there is a close, but unfixed, relationship between power and knowledge (1980c, pp. 51-52). As Foucault says: "Power produces knowledge... power and knowledge directly imply one another" (1979, p. 27), and “the formation of knowledge and the increase of power regularly reinforce one another in a circular process” (1979, p. 224).

Knowledge, the way we understand ourselves, interpersonal relationships or the world, are constructed by power (Foucault, 2002c, p. 231). Knowledge is a result and representation of power relations; and it exists for supporting established power relations (Gao, 2004, pp. 153 & 169). The sphere where knowledge is produced is usually where power is exercised (Smart, 2002, p. 64). The change in knowledge shows the exercise and redistribution of power (Foucault, 1996k, p. 138).

Knowledge also provides sound rationalisation for power relations to be more acceptable (Foucault, 1998 [1984], p. 144). Knowledge is not only the result of power relations, but can also influence the direction of power relations (Foucault, 1998 [1984], pp. 92-93). Although power produces and constructs knowledge, it also urgently needs
the establishment of knowledge to rationalise its existence and necessity (Gao, 2004, p. 287).

Broadly speaking, knowledge is constructed by the struggles of competing unnoticed discourses held by individuals, groups or institutions; and the discourses which survive the conflicts are acknowledged as rules, principles, disciplines or "Truth" (Foucault, 1979, p. 27; 2002d, p. 113) to form the perspectives according to which people see and think about the inside and outside worlds (Foucault, 1998 [1984], p. 144).

To be more precise, unnoticed discourses, the potential origin of knowledge, stem from the emergence of power relations (Foucault, 2002 [1972], p. 135). Power relations, when appearing, may be rooted in some unnoticed corners and held as unknown ideas; if they survive struggles, they may be integrated into societies through different rationalisations, and become part of social logics (Foucault, 1983, pp. 222-224). Then, the social logics are transformed into practices or rules employed by the institutions built by the individuals or groups who share them, and ultimately structured as academic disciplines, i.e., the knowledge (Foucault, 2002b, p. 410). Conversely, failed discourses are doomed to be ignored, silent or invisible (D.-C. Yang, 1995, p. 106).

When knowledge has its own academic form, it may separate itself from the human or social ideas or practices in which it was developed (Foucault, 1979, p. 305), integrate itself into new governmental skills or technologies (Foucault, 2002a, pp. 212-213), and change itself from period to period or from location to location (Foucault, 2002 [1970], p. xvii). Due to the specific character of the development of knowledge, the dynamic relationships between knowledge and power are not clearly visible nor easily understood (Foucault, 1980a, p. 59). Consequently, Foucault argues that there is no universal truth or pure knowledge somewhere waiting to be discovered, and knowledge is not an abstract self-evident understanding of the world (Foucault, 1979, p. 27).

Knowledge is constructed within power relations (Foucault, 2002c, p. 231). This suggests, in Foucault’s theoretical framework that the formation and transformation of knowledge reflect the exercise, distribution, change or redistribution of power relations (Gao, 2004, p. 238). As a form of discourse, knowledge contributes to the process of differentiation by providing rationalised explanation and standards; and this differentiation further constructs and rationalises the literate/illiterate, knowledge producers/knowledge receivers, and educators/educated (Gao, 2004, p. 212).
The groups, institutions or societies which produce, absorb or control recognized principles or knowledge occupy forceful positions and become more powerful to speak or strengthen knowledge or "Truth", define and categorise subjects, and build their authority and prestige (Foucault, 1996c, p. 441). These groups therefore are recognised as being more literate and knowledgeable, and as knowledge producers, experts or educators. The other groups are considered as illiterate and ignorant, and as knowledge receivers and these to be educated. Although the latter still have their own specific wisdom and knowledge, their wisdom and knowledge are devalued and belittled (Gao, 2004, p. 217).

Foucault argues that power can flow from one area or person to another (1998 [1984], p. 92-93) and exist everywhere (1980d, p. 98), however it cannot be permanently possessed by specific groups or individuals (Foucault, 1996d, p. 41). Due to the close relationship with power, knowledge and the constructed authorities of claiming “Truth” also exist everywhere, but are changeable and challengeable (Gao, 2004, p. 217).

Following from Foucault’s view, it is clear that an investigation of knowledge, like an analysis of power relations, should focus on how knowledge is constructed and developed, in what power relations or socio-historical conditions; which groups are involved in this process of producing knowledge; and who are voiced, authorised and professionalised, or silenced, neglected and devalued (D.-C. Yang, 1995, p. 49-50). Although specific social conditions do not make “Truth”, they indeed allow or legitimate certain discourses or claims to be considered as knowledge or “Truth” (Marshall, 1996, pp. 93 & 121). In an investigation of knowledge, it is also necessary to question, criticise and problematise the constructed knowledge and “Truth” (Foucault, 1996g, pp. 418 & 421). This, however, ironically implies that the knowledge which is seriously questioned or challenged is usually more dominant and powerful; conversely, the knowledge which attracts less criticism seems less important (Lemert & Gillan, 1982, p. 65).

In summary, drawing on a Foucauldian perspective about knowledge and power, the recognition or inclusion of some subjects in academic training programs may result from competing struggles between different discourses or groups. An investigation regarding the invisibility, emergence or development of specific issues, such as HIV/AIDS curricula in social work in Taiwan, should focus on how the issues have been dealt with, in what social conditions, and which groups have been involved in this
Discipline

Discourses not only form knowledge and shape the ways people know the world, but also influence the ways people locate themselves and interact with others (McHoul & Grace, 1993, p. 41). Discourses govern people and society by disciplinary power which combines with techniques and knowledge aimed at training, guiding and coercing individuals to increase their political obedience and economic utility (Foucault, 1979, pp. 23 & 138; Marshall, 1996, p. 95).

Discipline, part of the system of control and general oppression, is constructed for effective and efficient management or government (Foucault, 1979, p. 218). Discipline is a type of power with a series of skills, techniques and procedures to maximise control or monitor thought, action and the body at the lowest cost (Foucault, 1979, p. 215). Discipline is developed by historical mechanisms which combine the influences resulting from discourses, power and knowledge to modify humans to be more obedient and useful (Foucault, 1979, p. 68; 1998 [1984], p. 218). It is rarely a quick process, rather, formed in the confluence of minor processes with different origins or scattered locations, and gradually integrated into basic social logic, or critical productive cores of society in both visible or invisible ways (Foucault, 1979, pp. 79-80 & 137-138).

By using techniques such as gratification and punishment, discipline simultaneously strengthens individual physical force to make it more economically useful and modifies individuals to be more politically docile. These functions make a whole society seem normal, healthy and industrious (Foucault, 1979, p. 180). In this way, discipline, combined with techniques and knowledge, exercises its forces to control individual bodies, embed the values emphasised by powerful institutions, and become the undoubted logics spread through institutions, political relations and society (Foucault, 1979, p. 138).

When discourses connect or conflict, a number of objects are produced by the process of differentiation; then different statuses are constructed, such as to define/be defined, to monitor/be monitored, to oppress/be oppressed, or to gaze/be gazed upon (Danaher et al., 2000, p. 50). The groups, institutions or societies which practice defining, monitoring or gazing are likely to be recognised as superior; conversely, those which are defined or monitored are depreciated and devalued, and will gradually carry out endless self-monitoring and self-gazing (Foucault, 1979, p. 170). However, the
former are also inevitably implicated in the uninterrupted process of self-oversight, because no one is able to escape from the exquisite snare in a disciplinary society based on a whole technique of forces (Foucault, 1979, p. 217; 2000b, pp 225-226). In short, under the process of self-internalisation of the dominant social rules, everyone becomes a self-disciplined and self-regulated docile body.

However, disciplinary powers and discourses never completely dominate individual thought, behaviours or lives, even though they can apply different instruments, punishment or correction to regulate or control populations (Danaher et al., 2000, pp. 77-79). When definitions of the normal, the healthy or the good are produced, opposite definitions, such as the abnormal, the unhealthy, or the deviant, are also produced (Smart, 2002, p. 136). The existence of new definitions creates new categories and the possibility of counter-discourses, and causes struggles between discourses and counter-discourses (Danaher et al., 2000, pp. 79-80). Where there is power, there is resistance (Foucault, 1998 [1984], p. 95).

In short, people and society can be governed by disciplinary power combined with techniques and knowledge (Foucault, 1979, pp. 23 & 138). This suggests that social work could function as another tool employed to control individuals or groups in society (Harris, 2001, p. 346). On the one hand, in an educational environment, it could be said that educators provide knowledge, skills and values for students, acting in the best interests of the professional body, students and service users (Vecchiolla et al., 2001, p. 92). On the other, it could be that educators direct students to share the views the educators themselves hold (Harris, 2001, pp. 345-346).

**Resistance/Subjectivity**

Power relations construct resistance (Foucault, 1998 [1984], p. 95). Stated otherwise, resistance always follows power relations, is a part of them, and can only exist in them (Foucault, 1998 [1984], pp. 95-96). It means that resistance does not only develop between powerful and powerless, but everywhere (Foucault, 1996f, p. 260; 1996i, p. 386).

The fundamental question all resistance groups want to ask is "who are we?" (Foucault, 1983, pp. 211-212). In other words, the oppressed want the right to define their own life and specific culture (Foucault, 1998 [1984], p. 145), and to reject the labels or theories constructed by other groups (Foucault, 1996i, p. 383).

Because power relations always exist, it implies not only that they lead to
resistance (Foucault, 1996k, p. 144), but also that no one can totally separate him- or herself from the relationship between repression and resistance (Foucault, 1996i, p. 386). However, change can still be achieved, because some people have more influence on the direction of power, and resistance is a productive process to create, recreate or change situations (Foucault, 1996e, p. 79). The core factor in exercising resistance is the concern for self.

The concern for self refers to "a practice of self-formation: an exercise of the self on the self, by which one attempts to develop and transform oneself, and to attain to a certain mode of being" (Foucault, 1996c, p. 433).

The reasons for the importance of concern for self in exercising resistance are that some individuals, at a given moment, have been labelled or formed through a certain institutional practice; and their personal behaviours, identities and understandings are also scheduled and programmed by rationalised disciplines (Foucault, 1996c, p. 440). Therefore, it is critical for these individuals to reject the formed labels, liberate their own subjectivity and constitute the specific relations to themselves through certain practices (Foucault, 1996c, pp. 298-299).

The process of self-formation, the concern for self, begins from knowing themselves, and telling the truth about themselves. Presenting the sounds or situations of the oppressed is also the first step towards to exercising resistance against existing forms of power (Foucault, 1996e, p. 79). It shows the importance of constructing different discourses to fight against the dominant ones, and constituting active subjects through practices of the self (Foucault, 1998c, pp. 444 & 451). In this way, individuals can be reconciled with themselves, rediscover their nature, and re-establish full and positive relationships with themselves (Foucault, 1996c, p. 433). "[C]are of the self is required for right conduct and the proper practice of freedom, in order to know oneself ... as well as to form oneself, ... [and], to master the appetites that threaten to overwhelm one" (Foucault, 1996c, p. 435). It implies the necessity of holding a true and rational discourse, and of listening, writing and habitual self-reflection in linking constructed subjects and truth (Foucault, 2000a, pp. 99 & 101).

**Foucault’s Ideas about Education**

According to Foucault, education provides dual functions, disciplinary and nutrimental, for individuals and society (Marshall, 1996, p. 18). On the one hand, educational institutions are designed to be perfect disciplinary tools to make individuals
docile bodies (Foucault, 1980c, p. 40); on the other, education provides the basic tools for the possible development of resistance and the concern for self, i.e., the nutrimental function (Foucault, 1996c, p. 440). In addition, Foucault stresses the importance of intellectuals who benefit from education, especially higher education, for society and the movement of resistance (1996k, p. 136).

Educational institutions employ disciplinary techniques to force students to accept desirable social values and models of behaviours (Foucault, 1979, pp. 141-162). Different measures, such as controlling timetables, programs or activities, are exercised to fulfil this disciplinary function (Marshall, 1996, p. 95). People are trained for specific life skills, but their attitudes, values and understanding about themselves and others are also modified in invisible ways in this process (Foucault, 2000b, pp. 224-225). Educators may direct students to hold the values they keep, or educate students to adopt the former’s own views (Paechter, 2000, p. 5), although they may argue that the provision of education for students acting in the best interests of students and society (Pinar et al., 1995, p. 782).

Furthermore, the process of differentiation is exercised in educational institutions (Foucault, 1996k, p. 136). Although it is declared that everyone is entitled to education, some people are excluded from obtaining education because of the difficulty of being enrolled in educational institutions and the unhappiness in the learning process such as assessments and examinations (Foucault, 1983, pp. 218-219). In addition, the isolation of students from normal society, and the delivery of knowledge unrelated to students’ own experiences are further examples of the exercise of differentiation (Foucault, 1996h, pp. 69-70). Unfortunately, the construction of potential awards and significance for educational achievement has rationalised the disciplinary and differentiating functions (Foucault, 1996k, p. 136).

Although education has functions of disciplining and differentiating people, the values of education, for example, the habitual self-reflection and the existence of intellectuals, should not be overlooked. Habitual self-reflection could be the fundamental nutrimental function of education, and is also an appropriate response to the deficiencies of education (Foucault, 2000a, p. 96). This function is exercised simultaneously with disciplinary techniques in education to construct people (Besley, 2007, p. 57; Marshall, 1996, pp. 94-95). Disciplinary measures direct, shape or punish people through education to construct their identities, attitudes, values or understanding as described above (Foucault, 2000b, pp. 224-225). Meanwhile, people can also
gradually recognize the limits of socially constructed labels, develop and construct themselves and their own identities, and organise their own resistance (Foucault, 1996c, p. 433; Marshall, 1996, pp. 94-95). In addition, this constructed ability of care for the self can also make people use power thoughtfully and notice the exercise of developing and applying knowledge (Coelen, 2007, p. 47). This relates to Foucault’s expectation of intellectuals, especially when they are potential knowledge producers and educators who can occupy powerful positions to influence the development of power relations (Wain, 2007, p. 167).

"Intellectuals" who manipulate various forms of knowledge (Foucault, 1996k, p. 137) are expected to not only warn of the danger resulting from the mechanism of differentiation in society (Foucault, 1996h, pp. 68-69), but also fight against power that changes individuals in their objects, and against instrument in the domain of discourse (Foucault, 1996e, p. 75). Intellectuals are supposed to describe what happens in society (Foucault, 1998c, p. 450), re-examine current evidence and assumptions in social rules and institutions (Foucault, 1996a, p. 462), and work with practitioners who are in struggles with power, or participate in the formation of a political will (Foucault, 1996m, p. 463). They should not direct people in advance, present the frameworks of thought, or mold the political will of others (Foucault, 1996m, p. 462).

However, Foucault does not seek to explain ways to strengthen the nutrimental function, and to avoid disciplinary action in educational institutions (Marshall, 2003 [1989], p. 383). A similar situation also appears in his ideas about social work.

**Foucault’s View about Social Work**

From Foucault’s perspective, social work is one part of the whole disciplinary system exercising differentiation and exclusion in society (Foucault, 2002b, p. 416). “Social work is inscribed within a larger social function ... to surveil individuals and to redress them” (Foucault, 1999, p. 92). This comment accords with a general impression about the social control function of social work practice (L. Epstein, 1999, p. 8). Furthermore, Foucault pays less attention to social work than to medicine, psychiatry and education. Apart from sparse examples about social work in interviews or lectures to support his arguments about the risks of disciplinary institutions, Foucault does not directly analyse social work as a discourse of disciplinary academia.

However, his critical ideas about disciplinary organisations, power/knowledge and the construction of resistance provide a valuable theoretical approach for social work.
academics and social workers (Healy, 2000, p. 38), for example, examining assumptions in social work and checking the authoritative positions social work already holds, and employing the reflection in their daily teaching or practice (Chambon, 1999, pp. 76-78).

**Summary**

Based on Foucault’s key concepts around power and knowledge, some critical questions regarding the development of HIV/AIDS curricula in social work education in Taiwan in this research can be broadly advanced.

According to the discourses they hold, people differ in their views about what factors contributed to HIV/AIDS-related problems and which methods can be employed in broader society as well as in social work education to address these problems. As the first step, it seems critical to understand what discourses about HIV/AIDS have been formed and developed in Taiwan.

As Foucault argues, any process of decision-making, including the inclusion of subjects in academic training programs, is related to power and power relations among different discourses and groups, and not merely based on rational discussions or negations. This means that the potential power relations within and outside schools of social work, and between Taiwanese society and schools of social work, should not be overlooked. Tracking the development of these constructed discourses about HIV/AIDS may reveal what groups were or have been involved in the process of producing, empowering or silencing the formed discourses regarding HIV/AIDS, and in what social conditions.

Power constructs or influences reality and rituals of truth. Some questions should be considered including what mechanisms or power relations permitted social work educational institutions to/not to provide, or integrate HIV/AIDS issues in their training programs for what intentional, unintentional, stated or unsaid purposes? What messages does the educational institution intentionally or unintentionally convey to its students by including or excluding some teachable topics? What messages may be perceived or interpreted by students or practitioners when some courses do or do not appear in curriculum?

In addition, Foucault claims that his work is to problematise the currently visible and clear understanding or knowledge (1998a, p. 375), and to raise different interpretations (1996f, p. 261). His concepts create different interpretations for understanding arguments for and the development of integrating HIV/AIDS issues into
social work curriculum. These views and questions, as well as the general understanding about curriculum, which will be discussed in detail in the next chapter, will direct this investigation.
Chapter Three  
Curriculum Development in Social Work Education

As discussed in the previous chapter, knowledge is constructed in specific power relations and socio-historical conditions (Foucault, 2002c, p. 231). Knowledge is the result of competing discourses held by individuals and groups (Foucault, 1979, p. 27). These theoretical concepts suggest that the formation of specific topics in curriculum, the teachable knowledge, is the result of power struggles between stakeholders within teaching institutions (Popkewitz, 2003[1997], p. 448). Similar power struggles also take place in forming and directing the development of HIV/AIDS curricula in Taiwanese schools of social work.

In this chapter, curriculum study, development of social work education, curriculum study in social work, related factors influencing curriculum in social work in the literature, and arguments about integration of HIV/AIDS issues into social work education will be outlined.

Curriculum Study

Concerns about curriculum in education have existed since the beginning of teaching activities, whether it is lecturing or apprenticeship training, in laboratories or in field work (Marsh & Willis, 2007, p. 3; Pinar et al., 1995, p. 25). Fundamental questions, such as "what subjects should be taught?" and "why should these subjects be taught?" frame the field of curriculum study (Flinders & Thornton, 2004c, p. xi).

Academics have responded in varying ways to these integral questions (Marsh & Willis, 2007, pp. 2-3). Explanations as to why particular subjects have been included in educational programs range from cultural recognition in society, to the imprimatur of the authorities, to the obvious usefulness of the subjects (Jackson, 1992a, p. 22). Tylor (2004 [1949], p. 52) proposes four questions for broadening the discussion about what and why subjects should be included in education: What goals should the educational programs or institutions seek to attain?; What kind of educational experience can be provided to attain these goals?; How can these experiences be organised?; How can it be determined whether these goals are being attained? (Brady & Kennedy, 2007, pp. 162-163) These four questions have not only influenced the views of contemporary curriculum specialists, but also become important elements in curriculum studies, that is, objectives, learning experiences, organisation, and evaluation (Jackson, 1992a, p. 25;
However, it is necessary to note the problems Tyler's view could create (Brady & Kennedy, 2007, pp. 165-166): the ignorance of the unspoken perspectives or assumptions in his account. Jackson (1992a) argues "... Tyler's point of view ... might be called the commonsense solution to the problem of curriculum improvement. ... [However], ... we must ... acknowledge that common sense can be wrong" (p. 28). Stated in a different way, it is important to critically examine the accounts in debates around curriculum development, even though they are likely to be regarded as commonsense understandings.

Discourses determine and limit the ways people understand the world (McHoul & Grace, 1993, p. 33). Here, Tyler's contribution has become a dominant discourse in curriculum study, influencing what people do or do not know, and what they consider correct or wrong (Jackson, 1992a, p. 25). Furthermore, because dominant discourses are likely to be integrated into social logic as commonsense knowledge, it becomes more difficult to be aware of the questionable parts of the knowledge (Foucault, 1998 [1984], p. 144).

Two different approaches have been identified to the fundamental questions, "what subjects should be taught?" and "why should they be taught?" One approach is society-oriented, and another is learner-oriented (Flinders & Thornton, 2004b, pp. 48-49). The main difference between the two is whether the importance of education is based on "the thing studied or the student studying" (Connelly & Lantz, 1991, p. 16).

In the former approach, curriculum is employed as a tool for reproducing current dominant cultural or social values, and topics are included in curriculum as a means to fulfil social needs or to continue social beliefs (Apple, 2004 [2000], pp. 179-180; Connelly & Lantz, 1991, p. 16). In the latter, individual learners' characteristics, experiences or needs are the key concerns in education, so the selection of topics should reflect these personal differences (Connelly & Lantz, 1991, p. 16). The society-oriented approach is more powerful in contemporary educational institutions (Pinar et al., 1995, p. 245). This debate also clearly reflects what Foucault observed as the dual functions, disciplinary and nutrimental, that educational institutions provide for individuals and society (Marshall, 1996, p. 18). On the one hand, Foucault argues that educational institutions are designed to be perfect tools to mould individuals into docile bodies (Foucault, 1980c, p. 40); on the other, he implies that education does really provide the basic tools for potential individual or collective resistance (Foucault, 1996c, p. 440).
Following the development of professional education, including health professions and social work education, a third, service-user-oriented or competency-based, approach has been introduced (Curry & Wergin, 1996, p. 344; Rosinski, 1983, p. 183). In this approach, the main stated concern in educational programs is the welfare of those who use professional services (Curry & Wergin, 1996, p. 344). What service users need or expect decides which topics should be taught in professional education; their welfare and needs become the basis for arguing for the inclusion of particular courses (Curry & Wergin, 1996, pp. 345-350). However, there is still a serious debate within this approach: which are the most deserving of professional care, the society or individual service users (Bisno & Cox, 1997, p. 386)? This debate results from an observation that despite statements that every potential service user can expect to receive equal professional service, more disadvantaged individuals, however, receive less than their less needy counterparts (Blumenfeld & Raymond, 2000, p. 29). The situation relates to another important question in curriculum study, who decides what should be taught in educational programs?

Pioneering scholars in curriculum study questioned how educational institutions or educators decide on the selection of topics or courses in curriculum design. What happens in the process of curriculum development? Who decides what should be taught and for what reasons (Brady, 1995, pp. 47-51; Brady & Kennedy, 2007, pp. 4-9; Lindquist, 1996, p. 640)? These questions remind us that the concern of curriculum study should not only focus on attributes of the curriculum, but also pay attention to the process of curriculum development (Brady & Kennedy, 2007, p. vii; Ratcliff, 1996, p. 10). This suggests that curriculum study has gradually paid more attention to the process of curriculum development than to content (Darling-Hammond & Snyder, 1992, p. 41; Marsh & Willis, 2007, pp. 306-307).

Two approaches to the process of curriculum planning and development have been discussed, one based on an assumption of human rationality in selecting educational subjects, and another concerning the power struggles in the process of curriculum development (Brady & Kennedy, 2007; Lindquist, 1996).

The former approach suggests that stakeholders involved in designing curriculum are able to rationally analyse information and evidence in order to select subjects to be taught (Lindquist, 1996, pp. 634 & 644). Tyler's theory (2004 [1949]) is a typical example of this approach.

The power-based approach argues that the formation of curriculum and the process
by which some subjects are included in or excluded from curriculum are the result of power struggles amongst different groups (Cuban, 1992, p. 224; Marsh & Willis, 2007, pp. 306-308). Curriculum design is not only a question of education, but also a question of power struggles over priorities for teaching within and outside education institutions and between different stakeholders (Flinders & Thornton, 2004d, p. 120; Hunkins & Hammill, 1995 [1994], p. 21). In curriculum development, conflicts about what counts as teachable and fundamental knowledge based on different approaches and cultures always exist (Apple, 2004 [2000], p. 182; Tierney, 1995 [1989], p. 35). The process of curriculum development is also a sphere in which different voices and groups justify and rationalise their existence in varied knowledge communities (Apple, 2004 [2000], pp. 180 & 182; Hunkins & Hammill, 1995 [1994], pp. 28-29).

Some scholars suggest that the two approaches simply represent different sides of curriculum development, and that a combination of the two could benefit curriculum study (Lindquist, 1996, p. 642). Others strongly support the power-based approach arguing that it is critical for educators to note that there are endless power struggles amongst different stakeholders within and outside teaching and academic institutions throughout the world (Brady & Kennedy, 2007, pp. 6-7; Cuban, 1992, p. 224; Popkewitz, 1997, p. 131).

The power-based approach to curriculum development reflects Foucault’s theoretical framework about the relationship between power and knowledge, "[p]ower produces knowledge ... power and knowledge directly imply one another" (Foucault, 1979, p. 27). The inclusion or exclusion of subjects in curriculum development results from complicated competition amongst different forces. No subject can be acknowledged as or promoted to a teachable topic within curriculum without the approval of powerful individuals, institutions or organisations (Flinders & Thornton, 2004a, pp. 202-203). Therefore, concern about potential forces or stakeholders within and outside teaching institutions has become another important part in curriculum study (Brady & Kennedy, 2007, p. 3; Cuban, 1992, p. 224). This also implies that Foucault’s theoretical framework can be used in the investigation of curriculum development.

In short, curriculum specialists have provided a range of answers to fundamental questions in education, such as "what subjects should be taught?"; "why should these subjects be taught?"; and "who decides which subjects should be taught?" In this section, some basic concepts in curriculum study, such as theoretical approaches or process of curriculum development have been outlined. The understanding of these curricular
concepts provides a key reference for this research.

**Hidden Curriculum and Exacurriculum in Education**

The concept of hidden curriculum has been progressively stressed in professional education areas, such as nursing, medicine and pharmacy (Lempp & Seale, 2004, p. 770). A hidden curriculum, generally speaking, refers to the unspoken, unnoticed or unexpected practices, processes, experiences or outcomes outside the formal written or spoken curriculum in educational institutions (Margolis et al., 2001, pp. 1-2; Vallance, 1991, p. 40). A hidden curriculum can be imaged as unspoken educational practices, such as game-playing in a playground as a mechanism of socialisation for school students (Oseroff-Varnell, 1998, p. 114-117). It can be unexpected educational outcomes, for example, the marginalisation of controversial subjects in curriculum can be seen to represent the marginalised condition of those subjects in wider society (Muzzin, 2001, pp. 152-153). It (re)presents and (re)produces current dominant social values and beliefs (Costello, 2001, pp. 58-59; Vallance, 1991, p. 41).

Like education, hidden curricula perform dual functions, disciplinary and nutrimental, in controlling and supporting students and faculty in educational institutions (Oseroff-Varnell, 1998, p. 108). Oseroff-Varnell's research reveals that, if students followed the stated and unstated expectations and standards in class, they were highly likely to be acknowledged as successful or good by their instructors, even though they felt frustrated and stressed about obeying the unseen and complicated rules (1998, pp. 108 & 115). Lempp and Seale (2004) found that 36 students in one medical school in the UK had been trained to value hierarchy in the hospital system and moralise competition among students and potential colleagues if they wanted to be successful (p, 771-772). Research findings about hidden curricula reflect Foucault's (1996h, p. 69) observations about students in education. Educational institutions exercise two different functions, exclusion and inclusion. If students follow the (overt and covert) rules, they are marked as successful and included in powerful groups; otherwise they are excluded from groups and labelled as failures.

**Extracurricula**

Extracurricula means the activities and events sponsored by schools that occur outside the formal school curriculum, such as sports, music clubs or student government, and can also be referred to as the third curriculum, the informal curriculum or co-curricular activities (Pinar et al., 1995, p. 789). Characteristically, extracurricula are planned by students themselves, take place outside the formal educational timetable and
are voluntary (Berk, 1992, p. 1002). Kuh (1995) suggests that graduate students were more likely to have valued academic outcomes in college if they had powerful out-of-class experiences (p. 145). Pinar and his colleagues (1995, p. 788) argue that student lore is deeply formed by nonclassroom experiences, such as organising or leading student clubs. Although extracurricula has considerable potential importance in education, it is largely ignored in curriculum study (Pinar et al., 1995, p. 790).

In brief, in addition to the overt written curricula, hidden curricula and extracurricula have deep influences on students, faculty and the whole educational institution. Understanding of the latter two concepts, especially at the level of higher or professional education, is still at an early stage, although since the 1960s, some scholars have presented their ideas about the two curricula. Therefore, in investigating curriculum development in social work, it is important to also examine the unseen influences from the two types of curricula.

Curriculum Studies about Higher Education

Most curriculum studies focus on kindergarten to year 12 (k-12) education rather than higher education. For example, in “Handbook of research on curriculum” (Jackson, 1992b), there is no specific chapter on issues related to curriculum in higher or professional education. In “Curriculum studies: Major themes in education” (Scott, 2003), none of the 92 chapters in four volumes focuses on these issues. Rhoades’ research reveals similar findings (1995 [1991], pp. 151 & 175).

Some scholars suggest that current understandings in k-12 curriculum studies can be applied to consideration of curriculum in higher education and that it is unnecessary to develop separate explanations (Tierney, 1995 [1989], pp. 36-37). Like their more junior counterparts, tertiary education institutions have to deal with basic questions in curriculum design, such as, "what subjects should be taught?" or "why should these subjects be taught" (Burgan, 2006, p. 49). Tylor’s views about curriculum discussed above, are often referenced by scholars studying curriculum in higher education (Hunkins & Hammill, 1995 [1994], p. 16). In higher education institutions, there are also numerous conflicts and power struggles between stakeholders in curriculum decision-making (Conrad & Pratt, 1995 [1983], p. 349; Toohey, 1999, pp. 31-33). The social, political and economic influences on curriculum design or development in higher education are also recognised (Tierney, 1995 [1989], p. 45; Toohey, 1999, p. 19).

Other scholars argue that although some aspects of k-12 curriculum development
can be applied in higher education, more studies are required to fulfil this academic gap due to fundamental differences between the two levels (Rhoades, 1995 [1991], p. 175). Moreover, the diversity of disciplines in higher education institutions is clear (Burgan, 2006, pp. 51-52). Every academic discipline has its own historical origin and development and different views and approaches regarding knowledge, teaching and curriculum (Lattuca & Stark, 1995). Besides comparing issues mentioned above between or amongst disciplines in higher education institutions (see Anderson, 1995 [1987]; Sorcinelli, 1995 [1991]; Toohey, 1999), it is still necessary to conduct research based on broad curriculum knowledge for specific professionally oriented education and its curriculum and related social conditions to obtain more refined and detailed understandings (Rhoades, 1995 [1991], p. 167).

Although curriculum development in higher education is not a central concern in curriculum studies, this does not mean that understandings or research about curriculum in each academic discipline are underdeveloped (Rhoades, 1995 [1991], p. 163). Every educational institution needs to answer fundamental questions about what subjects should be taught for what reasons (Jackson, 1992a, p. 3), and almost every discipline has its own specific journal(s) dealing with such educational issues (Rhoades, 1995 [1991], p. 163). In the social work field, for example, there are at least six journals that focus on educational issues, such as the Journal of Social Work Education, the Social Work Education, the Canadian Journal of Social Work Education, the Journal of Continuing Social Work Education, the Journal of Teaching in Social Work, and the Advances in Social Work Education.

However, the development of understanding about curriculum issues varies from discipline to discipline with differing foci of studies (Rhoades, 1995 [1991], pp. 164-167). In addition, investigation of power struggles in curriculum development at the higher education level is quite recent (Burgess, 2004). This would suggest that a study about curriculum development in a specific discipline needs to cover not only the discipline’s own development, but also current understandings in curriculum studies.

**Social Work Education**

Social work education was developed following the emergence of social work practice, and is designed to improve the quality and consistency of services provided by social workers (Frumkin & Lloyd, 1995, p. 2238). It was originally developed from in-service training programs for volunteers in charity organisations, and later in formal
education in academic institutions (Frumkin & Lloyd, 1995, p. 2238; K. A. Kendall, 2000, pp. 8-10).

Initially, social work training programs were held within organisations, where senior social workers’ experience or opinions were valued in deciding what knowledge or skills should be delivered to new workers or volunteers via regular meetings and discussions about cases or skills (K. A. Kendall, 2000, p. 11). These programs and methods influenced subsequent educational programs for social workers (K. A. Kendall, 2000, p. 102).

At the beginning of the 20th century, in the UK, the Netherlands and the USA, a few formal social work educational programs were established in universities or academic institutions (Frumkin & Lloyd, 1995, p. 2238; K. A. Kendall, 2000, p. 61). Some professional groups, for example the Central Council for Education and Training in Social Work (UK), the Council on Social Work Education (USA), and the International Association of Schools of Social Work were formed to provide standards for curricula at international or national levels (Frumkin & Lloyd, 1995, pp. 2238-2239; Randolph, 2003, p. 7). The essential training activities in formal social work educational programs include classroom lectures and discussions, and practicum in field settings (Frumkin & Lloyd, 1995, p. 2244).

Those important elements in early social work training programs have endured as features of current social work education in higher education institutions, and social work curriculum is usually decided by a small elite group (Harris, 2001, p. 345; K. A. Kendall, 2000, pp. 102-103). Consequently, the sorts of arguments or limitations that occurred in the past still exist, such as why these topics, but not others, should be taught; who and what determines content worth learning, and how that content should be taught (Lyons, 1996, p. 41). Furthermore, the way that curriculum development is determined by elites assumes that knowledge taught in educational programs is unchangeable and progressive (Flinders & Thornton, 2004b, p. 48). In other words, from this theoretical perspective, curriculum is constructed as ahistorical and is seen to have an allegiance to technological rationality (Pinar, 2004 [1978], p. 150).

However, based on Foucauldian concepts, knowledge is not an abstract understanding of objects and the world; in contrast, it is formed by the sharp struggles of competing forces within and amongst individuals, groups and institutions (Foucault, 1979, p. 27). This implies that curriculum development is a question of power, and relates to different forces, such as internal arguments, external social or academic
effects, or the needs or goals of institutions and students (Brady, 1995, pp. 22-24; Harris, 2001, pp. 343-344). In other words, it is also critical to understand factors within and outside (social work) education that influence curriculum development.

**Factors Influencing Social Work Curriculum Development**

*Factors within Social Work*

Although social work is considered as an entity with its codes of ethics, culture and identity, it is indeed a composite professional body with diverse subgroups (Hopps & Collins, 1995, pp. 2266 & 2272). Wheeler and Gibbons (1992, p. 302) suggest that "social work should be defined as a federated profession: a group of different occupational specialties unified into one profession by a common social assignment." The diversity leads to ongoing conflicts about curriculum development within social work education, such as debates between specialised and generalist social work training programs and arguments regarding which topics should be included in social work education (Burgess, 2004, p. 177).

In social work education, specialisation refers to the notion that every specific topic, for example, HIV/AIDS, should be provided as an individual course in curriculum (Parsloe, 2001, p. 13). Specialisation can provide students and inexperienced workers more certainty and make them more willing to work in these areas. Moreover, potential employers and service users may have greater confidence in hiring and accepting students or workers who have been trained in specific courses or topics (Parsloe, 2001, p. 13).

However, in the limited timeframe of educational programs, it is not feasible to include an ever-increasing array of subjects (Parsloe, 2001, p. 13). Attempting to do so may restrict workers from moving from one field of practice to another (Brieland, 1995, p. 2250), and result in superficial preparation and training (Bisno & Cox, 1997, p. 383). Because of these potential limitations, an appeal for a generalist approach emerged (Brieland, 1995, p. 2250).

Generalist education means "the centrality of the multimethod and multilevel approach (in educational programs), based on an eclectic choice of theory and the necessity for incorporating the dual vision of the profession on private and social justice concerns" (Landon, 1995, p. 1103). In generalist educational programs, the fundamental knowledge, values and skills in social work can be provided in depth for students, and some related topics can be integrated across the curriculum (Burgess, 2004, p. 177).
However, this generalist approach ignores that the definition of the “fundamental knowledge, values and skills in social work” is a product of power struggles (who decides which knowledge is more fundamental and teachable?) (Cuban, 1992, p. 224). In addition, in generalist educational programs, when some core subjects are established, the marginalisation of non-core subjects also occurs (Eisner, 2004, p. 299). The formation of non-core subjects suggests, in an indirect way, that they are unimportant or inessential for students or educators (Sapon-Shevin & Goodman, 1992, pp. 100-101). Furthermore, the integration of subjects into curriculum implies unavoidable conflicts in educational institutions and reflects the potential struggles between different knowledge and values (Flinders & Thornton, 2004a, p. 203; Jardine, LaGrange, & Everest, 2004, p. 326).

Factors at a Societal Level

Factors from broader society which tend to influence curriculum development in education generally, and in social work education specifically, include political climate, legislative decisions, education policies and the economic situation (Cuban, 1992). A characteristic of social work is its readiness to fight for the discriminated against and the disadvantaged. This is central to its core values, such as social justice and equality; it implies that there are strong connections between social situations or problems and social work practice (Bisno & Cox, 1997, p. 386; Harris, 2001, p. 343-344). Commonly, changes in social work education and curriculum result from changes in society, for example, social movements and shifts in dominant thoughts and ideas (Frumkin & Lloyd, 1995, p. 2240). All debates or theory developed in (social work) curriculum study are connected to social contexts and social difference (Flinders & Thornton, 2004c, p. xiii). For this reason, stigmatised and marginalised topics in society, such as homosexuality and HIV/AIDS, are also likely to become stigmatised and marginalised subjects in curriculum (Brown, 1998, p. 1; Jeyasingham, 2008, p. 139; Morrow, 1996, p. 10; Thornton, 2004 [2003], p. 309).

Homosexuality is a stigmatised topic in many societies, and polluted by homophobia or heterosexism (Adam, 1998). The stigmatisation of homosexuality or homosexual behaviours can not only lead to stereotyping, prejudice, discrimination or homophobic hate-crime, but also to a lack of interpersonal, social and legal support and acknowledgement (Appleby & Anastas, 1998; Hunter, Shannon, Know, & Martin, 1998). In school curricula (including social work education), the lack of social support and
acknowledgement of homosexuality results in silence around this topic (Fish, 2008; Jeyasingham, 2008; Thornton, 2004 [2003]).

HIV/AIDS is another stigmatised topic. AIDS stigma, simply speaking, refers to discrediting beliefs or attitudes towards HIV/AIDS or PLHIV, combined with fear of HIV contagion (Devine, Plant, & Harrison, 1999, p. 1213; Herek, 1999, p. 1107). Because of the AIDS stigma, PLHIV have often been evaluated as dangerous or undesirable, and the negative impressions about HIV/AIDS or PLHIV have been successfully integrated into dominant ideologies (Fife & Wright, 2000). AIDS stigma not only results in prejudice or discrimination against PLHIV, but also gives the broader society the illusion that it is immune from HIV/AIDS (R. S. Lee, Kochman, & Sikkema, 2002, pp. 309-310). Negative impressions about HIV/AIDS or PLHIV infiltrate different social mechanisms and are taught to a new generation (Link & Phelan, 2001, pp. 373-374). In school curricula, HIV/AIDS is likely to be considered as a biomedical phenomenon, and located in health education (Silin, 2004 [1995], p. 229), which suggests that the psychological, social and political aspects of HIV/AIDS have tended to be ignored (Richter et al., 2006, p. 362). Such ignorance may discourage a serious discussion about social meaning or individual values or ideas about HIV/AIDS (Silin, 1995, pp. 131-132). This reinforces the marginalisation and stigmatisation of HIV/AIDS in society as well as in the curriculum (Silin, 1995, pp. 9-10).

Factors at an Individual Level

Individuals, including current and potential participants in social work education and practice, such as educators, students and service users, also have influence on curriculum development (Brady, 1995, pp. 22-24).

Educators

It is expected that competent social workers will have qualified through approved social work education (Gambrill, 2000, p. 387; Parsloe, 2001, p. 10), and that the quality of education depends on the quality of the educators (Elliott, 2003 [1994], pp. 394-395). So social work educators are expected to provide knowledge, skills and values for students, train them to become competent practitioners for a broad range of social work roles, and equip them to confront future challenges based on client as well as professional interests (Gambrill, 2001, p. 238; Vecchiolla et al., 2001, p. 92). They are also expected to make sound decisions about the most appropriate materials and content for the courses they teach (Mitchell, 2001, p. 465), not just follow the standard
Simultaneously, educators take on a disciplinary function, directing students to adopt the values they support (Harris, 2001, pp. 345-346). Consequently, the selection of course materials is potentially influenced by educators' individual world views as well as their personal strengths and weaknesses, interests or expectations (Brady, 1995, pp. 48-51).

Although educators may believe firmly in their own objectivity and that they act always in the best interests of the professional body, students and service users, there exists a gap between what they think they should provide and what they actually deliver (Pinar et al., 1995, pp. 745 & 748). For example, even though HIV/AIDS is deemed an essential topic in social work education by international or national social work organisations (International Federation of Social Workers, 2001), HIV/AIDS issues are still not widely integrated into courses (Koob & Harvan, 2003; van Rooyen & Bernstein, 1992). If educators avoid engaging with students about HIV/AIDS, it may add to an image of HIV/AIDS as an unimportant subject in life, in education generally and in social work specifically (Silin, 2004 [1995], p. 232). It also suggests that educators may be influenced by broader societal impressions of HIV/AIDS (Mueller, Cerny, Amundson, & Waldron, 1992, p. 278).

**Students and Practitioners**

In a generalised image of educational institutions, students are often regarded as ignorant, passive or voiceless, while teachers and educators, in contrast, are authoritative, knowledgeable or dominant (Pinar et al., 1995, p. 781). Although students are a vital part of curriculum study, little research has been done that places students' personal experiences, ideas or voices at the centre of attention. Educational institutions may be mainly concerned with what students achieve in examinations (Brady, 1995, p. 150), or their potential professional performance (Moffatt & Miehls, 1999, p. 66). From this perspective, students are expected to assume the values and beliefs of the institutions or society at large (Brady, 1995, p. 58). Based on this assumption, what should be taught depends on its usefulness as a tool for reproducing the current dominant social values and fulfilling social needs (Connelly & Lantz, 1991, p. 16; Edgerton, 1994, p. 1334). In other words, students are educated or disciplined to become useful and productive social tools (Foucault, 1996h, p. 69). This assumption also appears in social work education, where students are expected to become
competent practitioners; acquire basic values, knowledge and skills; and behave in ethical ways to continue and fulfil the social work tradition and responsibilities (Frumkin & Lloyd, 1995, p. 2245). What social work students should learn, based on this approach, is decided by what social work organisations, training institutions or educators value (Walker, 2002, pp. 4-5).

However, as Foucault suggests, where there are power relations, there is resistance (Foucault, 1998 [1984], p. 95). Before enrolling in any educational programs, students have already developed a degree of self-awareness, formed interpersonal relations and acquired some understanding about society and the world (Pinar et al., 1995, p. 784). If the offered curriculum is too different from their experience and knowledge, they may react in such different ways as arguing for inclusion of particular courses (Burgan, 2006, pp. 53-54), mutely accepting what is offered (Fleck-Henderson, 2002, p. 4), feeling alienated from what their teachers emphasise, or adopting strategies to counteract the spoken or unspoken disciplinary force (Pinar et al., 1995, pp. 783-785).

The strategies employed by students may lead to different results: if they adopt “unacceptable” strategies, they may be labelled as “problematic”, and the educational institution may employ disciplinary methods to solve these problems (Leung, 2002, p. 171). Alternatively, there may be some modification or transformation of curriculum if students use “acceptable” strategies (Burgan, 2006, p. 54; Pinar et al., 1995, pp. 784-785). Therefore, although students are likely to be generally powerless in educational institutions, they can still influence the construction of curriculum in some ways (Elliott, 2003 [1994], p. 395). This suggests that it is necessary to explore students’ voices in an investigation of curriculum development.

Social work practitioners occupy a similar position to students and have a similar impact on curriculum development. On the one hand, their professional personality is likely to be deeply influenced and constructed by their formal education (Frumkin & Lloyd, 1995), so to some extent, they are placed in less valued positions than their scholar counterparts in social work education (Y.-C. Chou, 2002, pp. 92-93). As Foucault argues, the educators, not the educated, are highly valued in education (1996c, p. 441).

On the other hand, their work experience and practical wisdom are emphasised in training programs, and can provide different opinions and forces, including representing service users' voices, to modify curriculum development (Shardlow & Doel, 1996). They are not only educated, but can also be potential educators, such as field instructors.
in practicum, guest speakers or full- or part-time lecturers (Frumkin & Lloyd, 1995, p. 2242). They can share work experience to break taboos around stigmatised topics, supervise junior social workers or students, and alert educational institutions to the urgency of producing unbiased students or practitioners (Itzhaky & Atzmon, 1999, pp. 58-59; Lloyd, 1995, p. 1276). As described above, in the early development of social work in some countries, it was senior social workers, rather than social work scholars, who were instrumental in designing and providing training programs for newcomers (K. A. Kendall, 2000, p. 11).

_Service Users_

The other influence on curriculum development in social work is the "service user" (Gambrill, 2001). Within the profession, it is generally held that social workers are responsible for providing an excellent level of service to the community (Gambrill, 2001, p. 228). Every decision and practice employed by social workers should be based on service users' interests (Hopps & Collins, 1995, p. 2273-2274). Equally, social work education should be based on such a consideration (Gambrill, 2001, p. 238). Some academics even suggest that social work education could benefit from the involvement of service users in the design of programs (Parsloe, 2001, p. 17).

Although social work is guided by the fundamental principle of addressing service users' interests, the efforts and the effects of social work educational programs result in uncertainty (Beresford, 2000, p. 496). Service users’ voices or life experiences are likely to be marginalised in dominant academic discourses to some extent (Beresford, 2000, p. 493). What educational programs provide for social work students can be far from service users' life experiences (Walker, 2002, p. 2), and it is often not easy for educators to interpret clients' voices or to invite them to design educational programs (Gambrill, 2001, p. 238).

Fortunately, the emergence of varied social movements has brought to the forefront minority voices and experiences, and attempts have been made to address the discrimination which minority groups or service users, including PLHIV, encounter in society (Beresford, 2000, p. 492). Service users' personal or collective narratives have been formed as alternative discourses to challenge those constructed in academic institutions by scholars (Gilson & DePoy, 2001, p. 156). The emergence of service users' voices has affected the direction of curriculum development in social work (Frumkin & Lloyd, 1995, p. 238; Gambrill, 2001, p. 2240).
In short, since social work education originated in the late 19th century, the development of appropriate educational programs for students and practitioners has been and will continue to be a core issue for every social work educator. Diverse factors can dynamically influence the development of curriculum in social work (including teaching about HIV/AIDS), such as internal arguments, external social or academic effects, and the needs and goals of students and institutions. These factors not only influence the development of curriculum in direct and perceptible ways, but also in devious, invisible or silent ways, through the hidden curriculum or extracurriculum within or outside schools of social work.

**Curriculum Studies in Social Work**

Social work scholars do not ignore the importance of curriculum design in social work education (Coulshed, 1988, p. 155). Current discussion about curriculum in social work can be categorised into four approaches (Walker, 2002, pp. 4-7). The first approach treats curriculum as a response to the needs of dominant groups. This means that curricula in social work education are likely to be a reproductive process to support or reinforce current creditable social or political values; and that what should be taught is based on what has previously been taught or valued (Walker, 2002, pp. 4-5). For example, Siddiqui (2001) argues that social work education should have more focus on its professional identity and prepare students for specific professional tasks; and that more curriculum space should be provided for training higher level skills.

The second approach, which is usually developed by a minority group and its advocates, for example, PLHIV, women, gays and lesbians, people with a disability or racial groups, treats curriculum as a response to the needs of these minority groups (Walker, 2002, p. 5). Curriculum in social work education can be a means to change the unjust or unequal treatment of minorities outside social work educational institutions; and what should be taught is based on what can qualify as beneficial tools for minority groups (Walker, 2002, p. 5). Many social work scholars employ this approach to argue the importance of the inclusion of different issues in social work education, for example, HIV/AIDS (e.g., Logan, 1992; Schinke et al., 1988; Weiner, 1990); gay and lesbian (e.g., Appleby & Anastas, 1998; Bassett & Day, 2003; Brown, 1998; Foreman & Quinlan, 2008; Hunter et al., 1998; Jeyasingham, 2008; Mule, 2006); disability (e.g., Ballan, 2008; Davis, 1997; Gilson & DePoy, 2001); ageing (e.g., Diwan & Wertheimer, 2007; Kolomer, Lewinson, Kropf, & Wilks, 2006; E.-K. O. Lee & Waites, 2006; Moone, 2007;
Olson, 2007); women (e.g., Abramovitz, Hopkins, Olds, & Waring, 1982; Bent-Goodley & Sarnoff, 2008; Brandwein & Wheelock, 1978; Nichols-Casebolt, Figueira-McDonough, & Netting, 2000); and multicultural social work (e.g., Abrams & Gibson, 2007; Gutierrez, Yeakley, & Ortega, 2000; Lum, Zuniga, & Gutierrez, 2004).

The third approach, an evaluative approach, emphasises the effects or achievements of curriculum design (e.g., Allen & Norman, 2003; Colarossi & Forgey, 2006; Csikai & Raymer, 2004). The last approach provides critical discussions or comments about the ideas or debates in curriculum development in the field of social work education (e.g., Burgess, 2004; Galambos & Greene, 2006; Williams & Nelson, 2007).

These four approaches are not mutually exclusive. Minority groups and their advocates can employ ideas from the social work tradition to argue for the integration of a specific issue into the curriculum (e.g., Young & LoMonaco, 2001), while traditionalists can quote an evaluative project to support the appropriateness of current educational curriculum (e.g., Gilbar, Ben-Zur, & Gil, 2003; Savaya, 2001).

In social work literature in Taiwan, a further common approach is evident, in which curriculum models or the rationale for the integration of specific topics into curricula in developed countries, such as the USA or the UK, are employed as theoretical evidence to argue the necessity of such models or topics in Taiwan. This may result from the strong dependence on the USA social work model which has been employed in Taiwan since the late 1940s. This will be discussed in detail in Chapter Four. For instance, M.-L. Chen (2001) argues the importance of school social work in Taiwan through reference to the history of this field in the USA.

Briefly stated, different perspectives on social work curriculum have evolved. However, despite fruitful discussion around the fundamental questions, "What subjects should be taught?", "Why should the subjects be taught?" and "Who decides what should be taught and for what reasons?" in curriculum study, the nature and process of curriculum development, especially the potential power struggles between different stakeholders, is not well understood (Burgess, 2004, p. 163). In addition, there is no published article or book that presents debates about the integration of specific topics in general, or HIV/AIDS specifically, into social work curriculum based on a holistic approach. Current arguments about the inclusion of HIV/AIDS issues in social work will be briefly described below.
Arguments about Integration of HIV/AIDS Issues into Social Work Education

Since the appearance of HIV/AIDS, there has been ongoing debate about the necessity of integrating HIV/AIDS issues into social work curriculum, or providing specific HIV/AIDS courses. The arguments supporting the integration of HIV/AIDS issues into social work education are summarised below.

The most common argument is the difficult, unequal or unfair social conditions PLHIV have to encounter. Besides the physical impact of HIV/AIDS, the stress, rejection, ostracism or repression resulting from psychosocial stigma and discrimination often have serious consequences for PLHIV and related groups (UNAIDS, 2000a). PLHIV have become an oppressed minority (Taylor-Brown, 1995). Because of its acute social impact, some social work scholars argue that HIV/AIDS issues should be included in social work education (Strug et al., 2002).

A second argument is social workers' and social work students' unwillingness to work with PLHIV, their ignorance about HIV/AIDS, or their negative attitudes towards HIV/AIDS and PLHIV (e.g., Dworkin, Albrecht, & Cooksey, 1991; O'Hare et al., 1996; Owens, 1992; Peterson, 1991, 1992; Pitts, Jackson, & Wilson, 1990; Rimmerman & Sheffi, 2002; Sachdev, 1998, 2005; Wexler, 1989). The research findings imply that those social workers or social work students with negative attitudes, biased information or unwillingness to work with PLHIV may seriously damage their (potential) service users as well as the image of social work (Gant, 1995). Based on the service-user-oriented educational approach in social work, this condition should not be allowed to exist or continue (Shernoff, 1990, p. 5; Soliman & Miah, 1998, p. 40).

Some scholars have investigated the effectiveness of educational interventions that provided HIV/AIDS training or information for social workers or social work students in the USA, and indirectly emphasised the importance of HIV/AIDS programs in social work (see, Linsk et al., 2002; Poindexter, Lane, & Boyer, 2002; Riley & Greene, 1993; Straughan, 2000). Others have directly proposed HIV/AIDS educational goals and models and identified the information necessary to be taught in educational programs (see, Gant, 1995; Itzhaky & Atzmon, 1999).

When specific HIV/AIDS courses are unavailable, some realistic strategies for educating social work students in HIV/AIDS issues have been suggested, for example, collaborating with other disciplines to offer interdisciplinary courses, integrating HIV/AIDS content into existing curricula and providing HIV/AIDS documents to students (Campos, Brasfield, & Kelly, 1989; Diaz & Kelly, 1991).
All the arguments supporting the inclusion of HIV/AIDS issues in social work curriculum can be grouped under the second approach, "minority-advocates" (Walker, 2002). Other academics have employed different methods or evidence to emphasise their arguments.

**Summary**

Based on a Foucauldian analysis of power relations and knowledge, there is no absolute truth or knowledge; all the understanding, information or attitudes people hold are constructed by power struggles between different institutions, groups or individuals (Foucault, 1979, pp. 26-27). Therefore, the basic question "what should be taught, and for what reasons" cannot be answered without considering power struggles (Cuban, 1992, p. 224).

Because power struggles exist everywhere (Foucault, 1979, p. 26), including the field of curriculum development in social work education, curriculum design is not only a question of education, but also of power struggles over priorities for what needs teaching (Flinders & Thornton, 2004d, p. 120). Therefore, it is necessary to consider the potential effects of power relations on curriculum development. However, according to Walker's (2002) review and my own review of the argument of integrating HIV/AIDS issues into social work, the influence of power struggles in curriculum design in social work is often overlooked.

Foucault argues that whether an object, such as HIV/AIDS topics, can appear in a specific domain, for example, social work curriculum, depends on a complicated process of inclusion and exclusion among different discourses and power struggles (Foucault, 2002 [1972], p. 49). Specious definitions and constructed explanations, then, are gradually constructed to rationalise the logic of inclusion and exclusion (Foucault, 2002 [1972], pp. 40-41). For this reason, the scholars who support the integration of HIV/AIDS issues into social work curriculum have employed different arguments to rationalise the inclusion.

However, as discussed above, in curriculum studies, a fundamental question "Who decides which subjects should be taught for what reason?" should be answered. Many factors and stakeholders are able to influence curriculum development in educational institutions, but not every participant has equal opportunity to express his or her ideas or thoughts in this process. Do the unequal conditions limit or silence potential voices, thereby preventing specific topics, such as HIV/AIDS issues, from being included in
social work curriculum?

A possible way to answer the questions above is through the examination of related documents to find out what happened in the domain of curriculum. What has been constructed? Who influences or (has influenced) curriculum development in Taiwan? However, as Foucault suggests, when analysing power relationships and knowledge, it is necessary to understand in what socio-historical conditions the power relationships and knowledge are formed in this specific way (1983, pp. 223-224; 1996g, pp. 418 & 421). Therefore, before starting this investigation, it is also necessary to understand the social and historical context of Taiwan, where this study is located.
Chapter Four
Development of Social Work Education in Taiwan

Following a summary of relevant Foucauldian theory and current understandings of curriculum studies in the previous two chapters, this chapter outlines the development of social work and social work education in contemporary Taiwan. Given the importance of historical discourses in influencing contemporary thinking, the first section provides an overview of social views about sexuality and homosexual behaviours between men, and education systems in traditional Chinese culture and Taiwanese society. Taiwan is strongly influenced by Chinese culture. The impact of Chinese culture in forming understandings about sexuality, male-male sex or love and education in contemporary Taiwan cannot be overlooked. The political and social situation in different periods in ancient and contemporary China and colonised and modern Taiwan are also discussed.

**Ancient China**

Ancient Chinese society was, broadly speaking, politically, ideologically and culturally unified. A rigorous centralism was established in the *Qin* Dynasty (221-206 B.C.E.) (H.-Y. Lin, 1989, p. 57). During this period, an autocratic academic approach developed, for example, the *Fa* was the only accepted school in the *Qin* Dynasty, and the Confucian school was highly revered from the *Han* Dynasty (206 B.C.E.– 220 A.D.) (F.-J. Wang, 1965, pp. 72-74). Culturally, a system of hierarchies of family and status based on Confucian ritual norms (*li*) was formed (Sommer, 2000, pp. 5-6), and the Chinese written character systems were standardised (Purcell, 1936, p. 7). The formation of the system of hierarchies of family and status in Chinese society contributed to guiding principles for sex and sexuality (D.-L. Liu, 2003, pp. 12-13 & 109); while the standardised written characters contributed to the development of education (F.-J. Wang, 1965, p. 77).

Sex or sexuality was considered a basic need and a normal part of human life in traditional Chinese culture (van Gulik & Goldin, 2003, pp. 168-169). Male-male love or sex\(^1\) was not viewed as a problem in ancient Chinese society (see Zhou, 2000), except

\(^1\) In ancient Chinese culture there was no concept of “homosexual(s) or homosexuality”. To describe this behaviour, I will sometimes use “male-male” or “female-female” sex or love instead of homosexual sex or love.
in the case of rape or forced sex\(^2\) (X.-F. Guo, 2007, p. 22-23). Male-male sex and *nan jiyuan* (brothels for male-male sex) can easily be identified in historical records\(^3\) (D.-L. Liu, 2003, p. 14). The first clear identification of a male-male love relationship in Chinese historical records appeared in the 7th century B.C.E.\(^4\) (Xiaoming, 1984, pp. 21-22). The existence of public brothels (for male-female or male-male sex) and neutral descriptions of these places in novels and historical records suggest that sex work was considered a normal activity in ancient Chinese culture (D.-L. Liu, 2003, pp. 159-162 & 754-756).

However, there was some regulation of sexuality to monitor people’s behaviours, based on social position in the male-centred hierarchy and inter-personal relationships, rather than sexual acts or preference (D.-L. Liu, 2003, pp. 9-10; Sommer, 2000, pp. 162-163). People in the lower social classes, including most women, were strictly regulated, whereas, men, especially those in higher social classes, such as royalty or aristocracy, were likely to enjoy more sexual freedom. They were free to have concubines and to form loving or sexual relationships with other men (Xiaoming, 1984, p. 10), when they fulfilled their familial and social responsibilities (D.-L. Liu, 2003, pp. 10 & 13; Sommer, 2000, pp. 33-34).

There has been a long and strong tradition of education amongst the Chinese (F.-J. Wang, 1965, pp. 80-01). The education system was relatively stable in ancient Chinese history (Ye, 2000, p. 213). The key goal for most students was to pass the *Keju*\(^5\), the civil service examination, to be officials in the Chinese imperial government (H.-Y. Lin, 1989, p. 65; N.-R. Lin, 2004, pp. 13-14). The stable education and *Keju* systems were challenged in the *Qing* Dynasty (1644-1912 A.D.) when Western countries expanded their economic and political influence in China (Y.-W. Chou, 2004, p. 62; R. Yang, 2002, p. 31). This resulted in the establishment of Western education institutions in China in the late 19th century, which became the prototype for modern universities in contemporary Taiwan (R. Yang, 2004, p. 316).

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\(^2\) This kind of regulation was not included in legal codes in Chinese jurisprudence until the early *Qing* Dynasty (in the middle 18th century) (Guo, 2007, pp. 21-22).

\(^3\) Conversely, female-female sex or love was relatively invisible, although such experiences and stories can be found in ancient novels or plays.

\(^4\) This is a record of a king and his male lovers in the period of *Chun-Chiu*.

Contemporary China from 1912 to 1949

In 1912, the Qing Dynasty was replaced by the Republic of China (ROC). Popular thought in this period was dominated by quanpan xihua (an overall Westernisation at different levels, such as political, educational and legal systems) (F.-J. Wang, 1965, pp. 361-364; R. Yang, 2002, p. 33).

The commencement of quanpan xihua was due to intellectuals’ disappointment over the preceding political and educational revolutions. There had been high expectations that the introduction of Western tools, knowledge and education systems in the late Qing could assist China’s development (R. Yang, 2002, p. 33). In the view of Chinese intellectuals, obstacles to the establishment of a modern country and an efficient national government included traditional Chinese values and culture, and old-fashioned educational texts (F.-J. Wang, 1965, p. 361). Some argued that all traditional Chinese values and culture should be abandoned, and replaced by Western systems, values, knowledge and lifestyles (R. Yang, 2002, p. 33). Many dominant or popular Western schools of thoughts or theories were introduced during this period (Tsang, 1968, p. 21).

Western ideas about sex and homosexuality, including the 19th century discipline of sexology, with its tendency to consider sex in a pathological way, were imported into China and eagerly embraced (Dikotter, 1995, pp. 1-2). Polygamy and sex work came to be considered as vices that should be abandoned (see Shao, 2005, pp. 2-4), and male-male sex or love was named as (nan) tongxinglian (male homosexuality), and deemed as an abnormal psychological condition that should be cured (Xiaoming, 1984, p. 252). The ideas of sexology, as well as a shift in social attitudes on sexuality and homosexuality, emerged as new social norms and were used to rationalise the necessity of state regulation of sexuality (Dikotter, 1995, pp. 183-185).

The Ministry of Education was established in 1912 (Ministry of Education, 1957, pp. 434-435), and Western higher education systems and institutes were introduced (R. Yang, 2004, p. 316). Higher education institutions were considered to exist for the benefit and purposes of the state (L.-Y. Wang, 1998, p. x), and the state had the authority to monitor or control them (Tsang, 1968, p. 24).

Colonised Taiwan

During the late 16th century, when the small and faraway island of Taiwan was “discovered”, Chinese began to emigrate there, and Chinese culture was introduced to
the island (Roy, 2003, p. 19). In 1895, Taiwan became a Japanese colony after the Qing government lost the Sino-Japanese War (Ching, 2001, p. 15).

While Taiwan was under Japanese military control, Japanese interests were given precedence (Roy, 2003, pp. 36-37). All policies, practices and institutions in Taiwan were used as tools for political assimilation, social stabilisation and colonial development (Ching, 2001, pp. 23 & 25). Although the Taiwanese people were harshly controlled by the colonial Japanese government (Roy, 2003, pp. 40-41), it cannot be claimed beyond doubt that sexuality was also highly regulated, as current understandings and available data regarding views about sexuality in this period are minimal (J.-Y. Wu, 1997, p. 23).

In the early period of Japanese control, Taiwanese people could only receive basic education and only a few received vocational training (W.-H. Wu, 2000, pp. 164-165), as the objectives were to develop useful workers and ensure political obedience (K. Zeng, 1996, p. 39). Opportunities in higher educational institutions for Taiwanese were limited (W.-H. Wu, S.-F. Chen & C.-T. Wu, 1989, p. 117).

In the 1920s, the colonial government lacked educated local persons to carry out specialised jobs and it became evident that there was a need for more skilled labour (L.-L. Zheng, 2001, pp. 305-306). Consequently, Taihoku Imperial University, the first university in Taiwan, was established in 1928 (W.-H. Wu et al., 1989, p. 121). However, many Taiwanese still had to go overseas to obtain an education, due to the ongoing inequality between Taiwanese and Japanese (L.-L. Zheng, 2001, p. 74). This phenomenon led to more Western schools of thoughts and theories being introduced into Taiwan via returning students.

Modern Taiwan from 1949 to 1970

In 1949, the Kuomintang government was defeated in mainland China, and moved to Taiwan (Moody, 1992, pp. 66-67). The threat from the Chinese Communist Party government which established the People’s Republic of China, and an unstable social and economic situation, deeply affected Taiwan (Maguire, 1998, pp. 31-32). The USA provided Taiwan military and economic support (W.-H. A. Tang, 1997, pp. 80-81 & 83) to counter such threats (Moody, 1992, pp. 67-68).

Within Taiwan, social stability, state security and economic development were emphasised (Kumnuch, 1996, pp. 29 & 35-36), while people’s needs and demands were

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6 This university became a comprehensive university in 1943, and was renamed the National Taiwan University in 1945 after Taiwan was restored to China (Roy, 2003, pp. 150-151).
largely neglected (Roy, 2003, pp. 88-89). This was driven by a belief that economic development was the route to increased social and political stability and strengthened defence capabilities (Zhan, 2001, p. 107; Kumnuch, 1996, p. 42).

From the outset, the Kuomintang government, the sole ruling party, controlled Taiwanese society through strict martial law (P. C.-M. Wang, 1999, pp. 321-322), simultaneously establishing basic infrastructure to improve economic conditions (Roy, 2003, pp. 78-79 & 88-89). Media were directly supervised and censored (Moody, 1992, pp. 68-69), and political opposition parties were prohibited (Tang, 1997, p. 47). All national elections were suspended, with only local elections allowed (T.-F. Huang & C.-H. Yu, 1999, p. 87). The basic rights of assembly and association were only conditionally allowed (Neary, 2002, pp. 104-105).

Many systems introduced by the ousted Japanese colonial government, including higher education and social service systems were discontinued (W.-H. Wu et al., 1989, p. 124; M.-Y. Yang, 1998, p. 39), and replaced by American systems, including social work education and practice (Y.-C. Chou, Haj-Yahia, F. Z.-Y. Wang, & Fu, 2006, p. 769).

Social Thinking about Sexuality
During the period of strict martial law under the Kuomintang government, pathological views about homosexuality merged with harsh social and political measures to control Taiwanese society (Damm, 2005, pp. 68-69). Any sexual activity that deviated from a heterosexual monogamous lifestyle, such as polygamy, homosexual behaviours, prostitution, nudity, pornography, cross-dressing and participation in orgies, was prohibited as against the social order, and a danger to the stability of Taiwan (Martin, 2003, p. 13). Weifan shehui shanliang fengsu (breathing social orders and virtuous manners), and fanghai fenghua (behaving indecently) were two broad and ambiguous terms employed to criminalise any sexual behaviour that was against the mainstream social order⁷ (A. Y.-N. Zhao, 2001, pp. 126-127). Sexual minorities were strictly monitored and controlled because their behaviours were construed as deviant (Chung, 2000, p. 109). Martial law was lifted in 1987, but this oppressive situation persisted into 1990s.

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⁷ It is necessary to note that beside these two ambiguous terms, there was no specific mention of homosexuality, male-male sex or female-female sex in any legal code.
Development of Social Work

The concept and system of social work in Taiwan was introduced from the West, the USA primarily, in the 1940s (Y.-S. Zheng, 2006, p. 7). Although the term “social work” was used, this concept was transformed into a social administration model utilised by the Kuomintang government to stabilise and control society and develop economic conditions (Y.-Y. Huang, 1988, p. 32). The so-called “social workers” were usually Kuomintang staff, governmental officials, or retired intelligence agents (Y.-S. Zheng, 2006, pp. 103-104). The first association that used “social work” in its title was the Association of Chinese Social Work, founded in mainland China in 1943, and re-founded in Taiwan in 1950. Most members of this association, whether in China or Taiwan, were Kuomintang members, leaders or staff of trade organisations, or governmental officials (Y.-S. Zheng, 2006, pp. 103, 104-106). The suggested missions of these “social workers” were “surviving military threat from PRC, and increasing the state’s security and interests” (Social Work Monthly, 1952, p. 131, as cited in Y.-S. Zheng, 2006, pp. 106-107). The major “social services” provided by these “social workers” in the Kuomintang government in the 1950s were management of social insurance for labourers, military personnel and governmental officials, and social relief for the poor (Y.-Y. Huang, 1988, pp. 33-34). This suggests that the imported and translated “social work” of the 1940s and 1950s in Taiwan was fundamentally different to its Western counterparts, and the initial development of social work in Taiwan was Kuomintang party-led (M.-Y. Yang, 1998, p. 40), as social work became a means of social control by the government (Y.-S. Zheng, 2006, p. 100).

Social work practice in the non-governmental sector started in the late 1940s (Y.-S. Zheng, 2006, pp. 123-124). The main NGOs in this period were foreign religious charitable organisations (usually from the USA), such as the Christian Children’s Fund or World Vision, sponsored by the United Nations’ (UN) International Children’s Emergency Fund (M.-Y. Yang, 1998, pp. 43-44). They were imported into Taiwan to provide services for children (Y.-C. Chou et al., 2006, p. 769). A social service department in a hospital was also built with the assistance of social workers from the USA in 1949 (M.-Y. Yang, 1998, pp. 43-44), and some Taiwanese practitioners received

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8 Although the concept of social work was imported from the West, social assistance or social relief by the wealthy already existed in ancient China (W.-Y. Lin, 2002, p. 02).

9 To distinguish between current understandings of social work and social worker and the terms as employed by the Kuomintang government, the latter in this thesis will be placed in inverted commas.
grants from the UN to obtain social work training in the USA (Y.-C. Chou et al., 2006, p. 769). In addition, due to social instability and a poorly developed economy, distinguished families were permitted to give private aid to the poor and homeless (M.-Y. Yang, 1998, p. 43). Apart from aid provided by distinguished families or foreign NGOs, due to strong political control by the Kuomintang party, no civic activity or grass-root organisations existed to provide social services or to influence related policies or practices (Tang, 1997, p. 84). Furthermore, the assistance from the USA in this period, whether in human capital or via organisations, suggests that social work in Taiwan was highly influenced by the USA (Z.-L. Li, 1995, p. 409).

In 1964, the UN Economic and Social Council suggested that every member country should establish a social work system to achieve the goal of developing communities and the creation of a welfare state (M.-Y. Yang, 1998, p. 53). Being a member of the UN General Assembly and the Security Council (Moody, 1992, p. 45), the Kuomintang government, in 1965, proposed a social policy based on the idea of employing social workers to fulfil the work of community development (Y.-S. Zheng, 2006, pp. 138-139 & 152). However, the inclusion of social workers in government was not implemented until the 1970s (M.-Y. Yang, 1998, p. 48), when two welfare policies to address wealth inequality were employed (Y.-C. Chou et al., 2006, p. 769).

**Development of Social Work Education**

Under Kuomintang control, Taiwan’s security, interests and economic development were strongly emphasised (Kumnuch, 1996, pp. 29 & 35-36). This focus was also reflected in higher education policy (L.-Y. Wang, 1998, p. 35). Human capital was seen as a fundamental factor in economic development, and thus directed education policies (L.-Y. Wang, 1998, pp. 37-38 & 42). For this reason, vocational education was strongly emphasised, while general higher education was of lesser importance (L.-Y. Wang, 1998, pp. 38-39). However, general higher education was still highly valued, due to strong diploma worship in Chinese society (Song, 2001, pp. 30-31).

The University Act was ratified in 1948 to provide the state with legal authority to govern universities (S.-W. Yang, 2004, p. 99). All universities became totally controlled by the Ministry of Education at almost every level, from the appointment of the university president to the management of curriculum (S.-F. Chen, 1997, pp. 349-351). Besides the standardised list of required courses in different subjects (Law, 1995, p. 326), elective courses in schools could only be provided with the approval of higher

The first systematic social work training programs in Taiwan originated in the early 1950s (Feng, 2008, p. 37). The training programs were not provided in a university, but in a governmental department, the Bureau of Social Affairs of the Provincial Government of Taiwan (M.-Y. Yang, 1998, pp. 41-42). One such course was the Short-term Social Work Training Groups, and another was a training course for social administrators (Chang & Mo, 2007, p. 584).

In the Short-term Social Work Training Groups, there were two divisions, one designed for administrative officials in local governments with a focus on occupational activities, and the other for staff in children’s charity organisations (Y.-Y. Huang, 1988, p. 38). The curriculum for the latter was based on the curriculum standard developed by the American Association of Schools of Social Work in 1944, and the courses included Introduction to Social Work, Social Casework, Group Work, and Vocational Training (Y.-S. Zheng, 2006, pp. 113-114). Another training program established in 1951 was a two-year program for officials in local governments (M.-Y. Yang, 1998, p. 42), but fundamental social work courses developed by the American Association of Schools of Social Work, such as Social Work, Social Assistance, Social Problems, Social Work Practicum, were also provided (Y.-S. Zheng, 2006, pp. 115-116). Most educators in the two training programs were from the disciplines of sociology or education, and had graduated from universities in the USA (Y.-S. Zheng, 2006, pp. 113 & 115).

From the mid 1950s, social work training was provided as electives courses in schools of sociology in universities or individual colleges (Feng, 2008, p. 39). Meanwhile, in-service training programs were provided in charity NGOs and in the departments of social service in hospitals (Y.-S. Zheng, 2006, pp. 122-123), but the trainers and the materials were still strongly based on a USA approach (M.-Y. Yang, 1998, p. 44).

That systematic social work training programs were provided by the government reflects that the development of social work and social work education was strongly influenced by the government. From the courses provided in the training programs, it is clear that the government then held a “social work is social administration work” view. This explains why a training program for social administrative officials was included in the Social Work Training Groups, and in the program for officials in local governments, social work courses were also delivered (Y.-S. Zheng, 2006, pp. 114-115). In addition, the adoption of the curriculum developed by the American Association of Schools of
Social Work is further evidence that the USA social work curricula were highly influential in Taiwan (Y.-S. Zheng, 2006, pp. 125-127). Furthermore, that most educators in this period were from sociology or education, rather than practising social workers, suggests that scholars’ opinions were more highly valued in the early development of social work education in Taiwan.

In the 1960s, three national meetings shaped the development of social work education in Taiwan: the “Symposium on Social Work Teaching” (1964), the “Teaching, Learning and Doing Social Work Conference” (1969), and the “Central Social Work Meeting” which was held within the Kuomintang party (1971) (Chang & Mo, 2007, p. 584; Y.-S. Zheng, 2006, pp. 163-165 & 167). The main delegates of the three meetings included government officials, Kuomintang party senior members, social work education counsellors invited from the USA, scholars teaching social work courses in schools of sociology, and workers in charity organisations or hospitals (Y.-S. Zheng, 2006, pp. 163-165). Because the three meetings discussed social work education issues, officials from the Ministry of Education were requested to attend. Social affairs were a part of interior affairs, so officials from the Ministry of Interior Affairs also attended. That officials in the Kuomintang party were invited, and one national social work education meeting was held within the Kuomintang party, reflects clearly that the development of social work in Taiwan was strongly party-led (Y.-S. Zheng, 2006, pp. 163-167).

Some recommendations were made, such as separating sociology and social work into two divisions or schools; developing curriculum standards based on those developed by the Association of American Schools of Social Work; producing appropriate social work training materials through writing or translating; and supplying scholarships for students to obtain masters or doctoral degrees in social work or related fields in the USA (Y.-S. Zheng, 2006, pp. 163-167). That the curriculum borrowed from the model developed by an American social work organisation, and students were sent to the USA to obtain higher social work degrees demonstrates that the USA based social work practice, training and curricula were highly valued and strongly influenced the development of social work in Taiwan.

During this period, most social work courses were still taught as elective courses in schools of sociology; in 1963, the first school of social work was approved to be established as a night school in the private Chinese Culture College (W.-Y. Lin, 2002, p. 12). In addition, a school of social service was founded in a private theological college
in 1960, and a school of child protection and education was established in a private college in 1967 (Y.-S. Zheng, 2006, pp. 160-161). A possible reason for the latter two schools being approved might have been the critical shortage of workers in children’s charity organisations and departments of social services in hospitals (W.-Y. Lin, 2002, p. 17).

During this period, the Kuomintang government still employed tight measures to control higher education systems, and all schools in universities were expected to fulfil the needs of the state (Zhan, 2001, p. 109). The establishment of social work schools in private higher education institutions suggests that in the mind of the Kuomintang government, social work or social administration could fulfil some national needs, but was not considered important enough to be provided in public higher education institutions that were supported by national funding and resources (Chang & Mo, 2007, p. 585; Y.-S. Zheng, 2006, p. 115).

Modern Taiwan: the 1970s

In the 1970s, two important international events seriously influenced the development of Taiwan: the loss of the UN seat to the People’s Republic of China (PRC), and the severance of official diplomatic ties with the USA and another 30 countries (Roy, 2003, pp. 139-140). These two diplomatic defeats resulted in societal instability and economic recession in Taiwan (Clough, 1998, p. 11).

Development of Social Work

Losing the UN seat to the PRC, and the severance of diplomatic ties with the USA shaped the development of social work in Taiwan (Maguire, 1998, p. 79). The UN and the USA had been major financial suppliers for most social services after the Kuomintang government arrived in Taiwan (Tang, 1997, pp. 80-81). The discontinuation of formal relationships with the UN and the USA led to the termination of finance for most social services, resulting in some organisations having to close (M.-Y. Yang, 1998, p. 47).

When assisted funding from the UN and the USA discontinued, the Kuomintang government passed the Children’s Welfare Act (in 1973), the first social welfare act in Taiwan (Tang, 1997, p. 99), and introduced an experimental social work system for two wealth inequality policies (Y.-C. Chou et al., 2006, p. 769). The enactment of the Children’s Welfare Act, however, was not accompanied by increased funding for child welfare (M.-Y. Yang, 1998, p. 47). This suggests that the Kuomintang government was
not seriously concerned about children’s welfare, and the passing of the act was a hurried response to international and domestic criticisms and pressures (M.-Y. Yang, 1998, p. 47).

Furthermore, although Taiwan’s economic growth was remarkable\(^{10}\) (W.-X. Lin, 1981, pp. 116-117), poverty and wealth inequality were still problems\(^ {11}\) (Y.-S. Zheng, 2006, p. 185). Besides improving economic conditions, the main measures used to alleviate poverty and wealth inequality were training for the poor and assistance to find jobs (Y.-S. Zheng, 2006, p. 193). Only the poor who suffered from disabilities or aging were eligible to apply for governmental subsidies, but the amount of these subsidies was low (Tang, 1997, p. 105). In 1973, social workers were introduced into some government departments and assigned to conduct means tests and subsidy provision (Y.-S. Zheng, 2006, p. 193). This was the first time that social workers were employed by the Taiwanese government (M.-Y. Yang, 1998, p. 48).

Although social workers were finally included in the governmental sector, they were not officially included in the bureaucratic system (M.-Y. Yang, 1998, pp. 49-51). All social workers in government branches were under contracts as temporary officials\(^ {12}\) (Y.-S. Zheng, 2006, p. 193), so that social work was marginally positioned in the bureaucratic system. In addition, social workers were introduced to fulfill a governmental policy, conducting means tests and subsidy provision for the poor (M.-Y. Yang, 1998, pp. 48-49). This reflects that social work was introduced by the authoritarian Kuomintang government as a tool to discipline and control people.

Related welfare acts, such as the Social Assistance Act, the Elderly Welfare Act and the Disabled Citizens Welfare Act were quickly passed in the 1980s to provide legislative bases for poverty and wealth inequality work (Tang, 1997, pp. 102-105). In these acts, social work was formally listed as a necessary component. These acts directly opened a space for social work participation in the nominated fields (X.-B. Xiao,

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\(^{11}\) In 1971, approximately 2.42% of the Taiwanese population was categorised as low-income household (when the familial gross income was one third of the average).

\(^{12}\) In Taiwan, only permanent officials have power of policy development and decision-making, and access to promotion and retirement pensions (M.-Y. Yang, 1998, p. 59). If a position is temporary, it suggests that this position is unimportant. The temporary status of social work positions reflected that the government did not consider social work important enough to warrant permanent positions. If employed social workers wanted to become permanent officials, they had to pass the Civil Service Examination to obtain qualifications as officials (cited from X.-B. Xiao, 2006).
2006, pp. 5 & 14). However, governmental funding for the elderly, the disabled, and for social assistance was limited (Tang, 1997, pp. 99 & 104). In addition, the Kuomintang government still monopolised control over all Taiwanese society through martial law (Roy, 2003, pp. 135-136), and social service departments in hospitals and foreign charity organisations were still the major social service providers at the societal level (M.-Y. Yang, 1998, pp. 47-48).

Development of Social Work Education

During this period, the higher education system in Taiwan did not change very much. The unchallenged centralised authority implemented an original educational plan designed to stabilise society and provide sufficient technicians (L.-Y. Wang, 1998, pp. 67-71). Higher education institutions were totally controlled by the Ministry of Education (Z.-W. Zhang, 2002, p. 137). Regarding the development of social work education, however, there were two key events in this period: the inclusion of a USA-approach social work curriculum standard into the Regulations Governing Required Courses and the establishment of more divisions or schools of social work in universities.

In the 1960s, the three national social work education meetings, described above, recommended that social work courses be developed to the curriculum standard set by the American Association of Schools of Social Work in 1944 to improve the quality of social work education (M.-Y. Yang, 1998, p. 46). The suggested standard was approved and included in the Regulations Governing Required Courses by the Ministry of Education in Taiwan in 1971 (Y.-S. Zheng, 2006, p. 165). Apart from a few small modifications, the curriculum remained basically unchanged until the mid-1990s (Y.-S. Zheng, 2006, p. 165). This standard based on an American model deeply informed social work education in Taiwan. Many scholars have criticised the Americanisation of social work education in Taiwan (Y.-C. Chou, 2002, pp. 100-101; Y.-Y. Huang, 1988, p. 125; G. Lu, 1977, as cited in M.-Y. Yang, 1998, p. 46), but theories, social work systems and educational innovations from the USA continue to be heavily relied upon or referenced by Taiwanese social work scholars (W.-Y. Lin, 2002, p. 38). In addition, because of their access to knowledge and ideas from the USA, social work scholars gradually occupied more professional and powerful positions enabling them to determine the direction of social work education (or even social work) in Taiwan (Y.-C. Chou, 2002, p. 98).
Meanwhile, divisions of social work were established within schools of sociology. In the 1970s, ten institutes provided social work courses, six of them divisions of social work, not just a few elective courses in schools of sociology (Feng, 2008, p. 38). In 1979, a division of social work in the private Tuhghai University was approved for upgrading to a school of social work, becoming the first independent school of social work in the day-time program in Taiwan (M.-Y. Yang, 1998, p. 45).

The establishment of schools of social work exclusively in private, not public, higher education institutions in this period suggests that social work education was still not a priority in higher education in Taiwan. Priority was instead given to what were considered practical and useful subjects. By 1984, for instance, in all nine public universities, there were seven engineering and four business faculties (Ministry of Education, 1984, p. 973). Meanwhile, no school of social work existed in any public university. Social work was clearly overlooked by the state.

**Modern Taiwan after 1980**

In the 1980s, Taiwan experienced a period of rapid political and cultural change (Law, 1997, p. 51; Roy, 2003, p. xii), transforming into a semi-democratic society (Maguire, 1998, p. 86). The first opposition party, the Democratic Progressive Party, was formed in 1986, martial law was removed in 1987, and the prohibition on rights of assembly and association was lifted (Myers, 1998, p. 36). The first direct presidential election was held in 1996, and the Democratic Progressive Party won office in 2000 (Roy, 2003, pp. xii-xiii). Different social groups were allowed to form, and related social movements, such as the labour movement, student movements, feminist movements and gay and lesbian movements emerged in this period (Shiau, 1999, pp. 101-102). The social and political transformation created a space in which social work could participate (Y.-C. Chou et al., 2006, p. 770).

**Social Thinking about Sexuality**

The Taiwanese gay and lesbian movement emerged in the 1990s, after the appearance of HIV/AIDS and the lifting of martial law (H.-Q. Zhuang, 2002, pp. 10-11). Since then, gay and lesbian organisations have continued to be active in advocating for rights, and educating all of Taiwanese society regarding appropriate attitudes towards sexual minorities (Ke-fei, 2002, pp. 54-56).

Nevertheless, discrimination against gays and lesbians remained, despite two acts outlawing discrimination based on sexual orientation in educational institutions and
employment. These were the Gender Equity Education Act and the Employment
Services Act. Furthermore, *Weifan shehui shanliang fengsu* and *fanghai fenghua* were
retained in legal codes to discipline and monitor homosexuals, transgender individuals
and sex workers. But because of the lack of specific references to homosexuality in any
legal code, some anti-GLBT organisations and individuals used this point to insist that
homosexuals in Taiwan were not discriminated against, but had “special rights” (Guan,
2004, pp. 18-19). The heterosexual family remained the basic unit for most social
policies and programs in Taiwan, which automatically excluded sexual minorities who
were not in heterosexual marriages from enjoying basic rights. These factors combined
to place sexual minorities in Taiwan in an uncertain and unprotected position.

*Development of Social Work*

Professional social work organisations were formed in the 1980s, such as the
Medical Social Service Association of ROC\(^\text{13}\) (1983) and the National Association of
1434 voluntary organisations were founded for the purposes of delivering social
services and charity (Department of Statistics, Ministry of Interior Affairs, 2008). Social
services and voluntary charity organisations recruited social workers to handle business
and routine procedures (Y.-C. Chou et al., 2006, p. 770).

Following the enactment of welfare acts\(^\text{15}\), and the involvement of social workers
in related areas, social work gradually occupied an “expert” position in the
problematisation of social issues and rationalised its involvement in such issues (F. T.-Y.
qualified to take a national examination to become a licensed social worker\(^\text{16}\) (M.-Y.
Yang, 1998, p. 1), as well as listing the professional obligations of social workers (H.-R.
Xiao, 2005, p. 35). A code of ethics was proclaimed in 1998 by the Department of
Social Affairs to standardise social worker practice and to protect service users’ interests
and rights (Y.-C. Chou et al., 2006, p. 770). These are widely viewed as critical

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\(^{13}\) This organisation is currently known as the Medical Social Work Association of ROC.

\(^{14}\) The title of this organisation has changed to the Taiwan Association of Social Workers.

\(^{15}\) The welfare acts that were passed after the 1980s include the Child and Youth Sexual Transaction
Prevention Act (1995), the Physically and Mentally Disabled Citizens Protection Act (1997), the Sexual
Assault Prevention Act (1997), and the Domestic Violence Prevention Act (1998). All of the acts identify
the responsibilities and rights of social workers involved in these social issues (cited from Xiao, 2006).

\(^{16}\) In Taiwan, graduates of schools of social work are not guaranteed to become licensed social workers.
Only those who can pass the Professional Qualification Exam (including categories such as physicians,
lawyers or accountants) are licensed social workers (Department of Social Affairs, Ministry of Interior
Affairs, n.d.).
achievements in social work history in Taiwan (W.-Y. Lin, 2002, p. 31). However, that the code of ethics was proclaimed by the Ministry of Interior indirectly demonstrates that the government still had authority to be involved in social work development.

*Development of Social Work Education*

Changing social and political conditions in Taiwan in the late 20th century forced the government to adopt more open education policies, and contributed to the reform of education (Zhan, 2001, p. 110; L.-Y. Wang, 1998, p. 100).

Previously, universities were under the state’s harsh control, which ensured a degree of quality control but prevented universities from developing autonomous curricula or systems (Z.-W. Zhang, 2002, pp. 93). After the fundamental amendment of the University Act in 1994 (Ministry of Education, 2001, p. 13), the Ministry of Education had to loosen controls over universities, such as abolishing the Regulations Governing Required Courses, allowing different types of higher education institutes to appear, and permitting educational institutions to establish more flexible systems to attract students (S.-F. Chen, 1997, p. 352; Z.-W. Zhang, 2002, pp. 104 & 109-110). This meant that each university or school could employ a more flexible approach to organising academic programs and designing its own curriculum (Z.-W. Zhang, 2002, p. 104).

The expansion of higher educational institutions is another characteristic of educational development in this period (Zhan, 2001, p. 110). The number of universities and colleges in Taiwan increased from 26 to 70 between the 1980s and 2000s (R. T.-Y. Wu, 2000, p. 9). However, the increase in the number of higher educational institutions led to some questions and criticisms, including concerns about the quality of higher education, the imbalance between market-oriented subjects and humanities, and the tightening competition for funding and enrolments (Z.-J. Huang, 2001, p. 7; Y.-J. Liu, 1999, pp. 13-16). These potential risks provided an impetus for the state to continue its control over higher educational institutions in different ways (Z.-W. Zhang, 2002, p. 140).

After the amendment of the University Act, the Ministry of Education should have changed its role from a centralised authority to a coordinating government body. However, the state still subtly controlled the entire education system (Z.-W. Zhang, 2002, p. 139). The decentralisation of governmental control ironically enabled the government’s hold of education to remain unchallenged (Z.-W. Zhang, 2002, pp.
For example, the state could influence the development of educational institutions by providing generous resources and funding based on the state’s own needs; equally, it could avoid responsibility for regular support for public institutions by claiming respect for each institution’s financial independence (N.-R. Lin, 2004, p. 126). In addition, the government could assert its power by monitoring the quality of the institutions, from universities to schools, before the establishment of non-government evaluation organisations (Z.-W. Zhang, 2002, p. 140).

The amendment of the University Act and the enactment of the Social Worker Act were the two most critical events influencing the development of contemporary social work education in Taiwan. The amendment of the University Act and changes in the higher education system created space for the establishment of new schools or institutes of social work or social welfare (H.-Y. Zeng, 2002, p. 26). After 1994, 12 bachelor programs, 13 masters programs and three doctoral programs were established (Chang & Mo, 2007, p. 590). Altogether, social work education programs can produce approximately 2000 social work graduates every year in Taiwan (Chang & Mo, 2007, pp. 590-591; Sha, 2002, p. 7). The expansion of the number of social work education programs has resulted in some doubts about the quality of social work education (B.-J. Lu, 2004, as cited in X.-B. Xiao, 2006, pp. 13-15).

The abolition of the Regulations Governing Required Courses allowed each social work school in Taiwan to develop its own curriculum (Chang & Mo, 2007, p. 591; Feng, 2008, p. 40). However, some courses that were previously listed in the regulations are still compulsory in a few schools (W.-Y. Lin, 2002, pp. 33 & 36; H.-Y. Zeng, 2002, p. 27). Furthermore, the courses provided are usually dependent on what social work educators can teach (W.-Y. Lin, 2002, p. 17; Sha, 2002, p. 21). Social work scholars, rather than practitioners, continued as the main educators in social work in Taiwan (M.-Y. Yang, 1998, pp. 57-58). Scholars’ views on social work education and curriculum are therefore more influential (Y.-C. Chou, 2002, pp. 98 & 1-7).

The enactment of the Social Worker Act in 1997 and the introduction of the national Professional Qualification Exam (for Social Workers) indicates that social work has achieved professional status in Taiwan (Feng, 2007, p. 595). However, in limiting access to a social work licence (Shen, 2002, p. 42), the Act pushes many social work students and unlicensed social workers to spend considerable time preparing for the

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17 Before 1994, there were 13 bachelor, 8 masters and 2 doctoral social work programs.

Summary

The outline above demonstrates that the development of social work education in Taiwan is different from its Western counterparts, especially in relation to the translation and introduction of this system from the USA, the controlling role of the government, and the dependence on the USA-based social work education model. It also shows that the development of social work education in Taiwan is strongly related to political and social conditions, such as the lifting of martial law and the emergence of social movements.

The development of higher education policies in Taiwan is clearly critical to the development of social work education. However, the amendment of the University Act in 1994 allowed academics in general, and social work scholars in particular, more freedom to develop their own curriculum, especially the elective courses. This historical change created space for different topics in the social work curriculum. For this reason, the broad field of educational policies will not be included as a specific factor in this investigation.

Regarding views about sexuality, the most critical point was in the shifts of social attitudes towards sexuality and homosexuality or homosexual behaviours from ancient Chinese culture to contemporary and modern Taiwanese society. The emergence of a gay and lesbian movement in modern Taiwan in the 1990s was another critical factor in forming and shifting the social responses to sexuality in Taiwan.

The close relationship between the government and the development of social work in Taiwan requires that an understanding about interactions between the Taiwanese government, Taiwanese society and schools of social work is critical in an investigation about the formation and transformation of social work curriculum, including HIV/AIDS curricula.

Theoretical Framework and Research Questions

Based on a broad understanding of Foucauldian theoretical concepts, curriculum studies and the development of social work education in Taiwan outlined in the previous
three chapters, three specific questions are formed to guide this research.

Foucault argues that there is no absolute “Truth” or knowledge existing in the world, and that all understanding and attitudes people hold are constructed by power struggles between different institutions, groups or individuals (1979, p. 26-27). The basic question as to "what should be taught and for what reasons" cannot be answered without considering power struggles (Cuban, 1992, p. 224), because curriculum development is a process of power struggles over priorities for inclusion (Flinders & Thornton, 2004, p. 120). However, the influences resulting from potential power struggles between stakeholders in social work curriculum development, including HIV/AIDS curricula, are often overlooked.

In addition, an understanding about the inclusion of specific topics in social work curriculum as well as diverse factors dynamically influencing curriculum development has not been well investigated. Furthermore, HIV/AIDS has been recognised as a stigmatised human physical condition (Herek, 1999, p. 1107), but this acknowledgement has not previously been considered as a factor in the investigation of the development of HIV/AIDS curricula in social work education.

Foucault maintains that it is critical to examine socio-historical conditions to determine how a relationship between power and knowledge construction proceeded in a specific way (1983, pp. 223-224). However, there is no published article or book that investigates the construction and integration of specific topics, such as HIV/AIDS, into social work curriculum based on this holistic approach.

Taking these considerations into account, three questions previously stated in Chapter One, will be explored in this research:

1. What happened in the process of development of HIV/AIDS curricula in schools of social work in Taiwan?
2. What arguments and meaning (discourse) have been produced or silenced in this process?
3. What stakeholders have been involved in this process?

Prior to proceeding to the detailed research in this thesis, the next chapter provides an overview of how the research was conducted by providing a description of the methodology.
Chapter Five
Methodology

Foucauldian theory has been used as the framework for this research, and a Foucauldian genealogical analysis is the main methodological basis for understanding the development of HIV/AIDS curricula in schools of social work in Taiwan. In addition, a content analysis was employed to measure the presence of the most powerful and dominant discourses regarding HIV/AIDS and PLHIV in Taiwan. The basis for the methodology selected and the process of data collection and analysis will be outlined separately below.

Outline of the Journey of this Research

Critical conditions or thoughts shaping the development and finalisation of this research are summarised here to provide a background explanation for the mixed methods approach, which combines a content analysis with a genealogical analysis, as a means of understanding the development of curricula about HIV/AIDS in social work schools in Taiwan.

Initially, a Foucauldian genealogical method was employed as the only method in my proposal for investigating the development of curricula about HIV/AIDS in Taiwanese schools of social work.

In addition, interviewing some key persons, such as social work educators or social workers, who were involved in including or teaching HIV/AIDS issues in social work, to obtain information about potential power struggles within social work education and the process of HIV/AIDS curriculum development was also considered. In the original proposal, ‘syllabus’ was suggested as the possibly critical document as a way of identifying key persons for future interviews or discussions. Syllabus is the “unnoticed” product of power relations within social work education deciding and limiting students about what to read and how to read. For these possible interviews or discussion with key persons, I did apply for ethics approval. The documents of ethics approval are listed as the appendix.

However, two conditions that appeared during the data collection phase in Taiwan between 2005 and 2006 prevented me from obtaining information from syllabus reading and interviews.

The first limitation was that used syllabi and class handouts produced more than
certain number of years ago were not kept. Consideration was given to obtaining these documents via contacting social work educators or asking social work students or graduates from different social work schools to provide me these old materials, but it would have made the research unrealistic and unmanageable, especially, because besides syllabi, there were many other documents to collect. A decision was made, therefore, to collect all available, stored or kept, syllabi from every social work school.

The second limitation was that most collected syllabi only showed a summary of the courses, assignment or examination requirements, but not the list of detailed topics or content that would be taught, nor the suggested reading lists that would decide or limit what students read and how students were guided in their reading. Among the syllabi that were collected, only one clearly mentioned that HIV/AIDS would be covered as a topic in the course (which was produced by me when I taught ‘Sexual Orientation and Social Work’ in 2001).

Because of these unwanted, but unsurprising factors, interviews were not conducted and syllabi were not a key source in this research.

After data collection, I began to build a genealogical analysis, utilising Foucault’s concepts as a framework. However, some concerns emerged for me as a researcher trained in a largely quantitative research context: I felt uncertain about justifying that I was not biased to include or exclude any possible cases in analysis; and about presenting the validity of the identification of the dominance of specific discourses.

I carefully followed scholars’ suggestions about undertaking genealogical analysis and interpretation (see Andersen, 2003; G. Kendall & Wickham, 1999; Scheurich & McKenzie, 2005), but I was not satisfied with the means they used to justify the process of sampling and selecting presented cases or examples. I was searching whether there was a more persuasive means of supporting the justification of certain sources. Scholars, for example Leavy (2000) and Sarpavaara (2007), also expressed similar dissatisfaction in their papers.

The validity of identifying the dominance of discourses in a Foucauldian study was an ongoing concern in my engagement with the idea of a genealogical process. I wanted to understand how, in Foucault’s works and previous studies based on his methodological propositions, that Foucault or the other scholars interpreted or justified

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1 However, it is necessary to note, in 2008, when I finished the draft of this thesis, a social worker working in HIV/AIDS field in Taiwan was invited to teach a course titled ‘HIV/AIDS and Social Work’ in a school of social work. This phenomenon suggests that interview method with this social worker could be appropriate for future research.
one or another discourse as the most powerful one, and how there were transformations
among conflicting discourses. However, there appears to be no clear explanation
regarding this issue provided neither by Foucault nor other scholars. Given these
concerns, I chose to combine genealogical analysis and content analysis as two separate
means of analysis.

Although this unusual combination is not a common research discussion covered in
scholarly literature, there are at least two published journal articles that employ it (see
Kempner, 2006; Ninnes, 2002). In Ninnes’s (2002) study, content analysis was used in
the first phase in demonstrating how many pages and what percentage of junior high
school science textbooks in Canada, Australia and New Zealand were devoted to space
science, then a genealogical analysis was applied to investigate the transformation of the
presentation and representation of space science among these textbooks. Kempner
(2006) utilised Foucauldian genealogy to track the formation and transformation of
‘cluster headache’, a constructed medical ‘reality’ in medical textbooks; and also used
content analysis to introduce the pattern of this formation and transformation among
ideas about ‘cluster headache’.

In addition, debates about the combination of critical discourse analysis and
content analysis may provide some useful insights into the use of genealogical analysis
and content analysis, as some scholars argue that critical discourse analysis is a
fundamental part of genealogical analysis (Danaher et al., 2000, pp. 31 & 40).

Diametrically opposed opinions exist about combining critical discourse analysis
and content analysis. Generally speaking, content analysis is positioned in the positivist
theoretical paradigm, and employs a systematic and quantitative approach in analysing
texts and documents (Titscher, Meyer, Wodak, & Vetter, 2000, pp. 57-58). In contrast,
critical discourse analysis is situated in the critical theoretical (or social constructionist)
paradigm, focusing on the dynamic relationship among texts, power relations and
knowledge construction (Wodak, 2001, pp. 9-12).

The key argument against this combination is because they are seen to be two
methods with differing, conflicting, or even contradictory approaches, epistemologically

However, scholars arguing for this combination suggest that both of these methods
belong to a broader school of analyses of texts (Fierke, 2004, p. 36); and the
quantitative data provided by content analysis can be a powerful evidence for
supporting critical discourse analysis (Hardy, Harley, & Phillips, 2004, pp. 20 & 22),
especially when comparisons made between discourses over periods of time are the research focus (Lupton, 2004, pp. 487 & 490-491). In addition, employing content analysis and critical discourse analysis beneficially increases understanding about multilayered human society (Lowe, 2004, pp. 25 & 27), because of complementary characteristics between the two different approaches (Neuendorf, 2004, p. 35). Furthermore, the fact that many research projects have been based on this methodological combination (Lupton, 2004, pp. 490-491) provided further justification for such an approach in this study.

**Genealogical Method**

A genealogical method is a historical investigation which has, as its starting point, current questions or situations (Foucault, 1996a, p. 460). It is a method of making things more fragile through historical analysis, and of revealing the history of struggles between different forces (Foucault, 1980d, p. 83). It is employed to reveal why and how things were able to establish themselves in certain ways or directions at given points in time (Foucault, 1996n, pp. 412 & 414). A genealogical method also helps explain how objects are able to enter a domain of knowledge and can then be presented as objects to be known; at the same time, it examines how some objects are marginalised, hidden or silenced through processes of containment, exclusion or surveillance (Foucault, 1996n, pp. 408-409). Genealogical analysis explores the conditions in which something is spoken about, who does the speaking, the positions they speak from and the institutions that prompt them to speak, store and distribute what they say (Walker, 2002, p. 20). In other words, it suggests ways of considering how certain issues were or were not addressed, in what circumstances and to what effect; how and under what conditions discourses emerged, became dominant and were incorporated into specific fields (Walker, 2002, p. 27).

In short, genealogical analysis can provide details and a picture of the complexity of power relations in different contexts in which some objects appear or disappear. Therefore, genealogy was employed in this research to investigate, in social work education in Taiwan, what kinds of specific discourses about HIV/AIDS have been constructed or have become the untold agreement; how and why they have been constructed; and which potential power struggles influence the development of HIV/AIDS curricula.
Combination of Genealogical Analysis and Content Analysis in this Thesis

Two key tasks of using a genealogical analysis are to identify recurrent discourses in a variety of documents (Danaher et al., 2000, pp. 39-40), and to trace the formation, transformation, continuity and discontinuity amongst different discourses (Andersen, 2003, pp. 20-21). The characteristic of genealogy creates space for a combination of genealogy and content analysis, as scholars suggest that the quantitative data provided by content analysis can be a powerful evidence for supporting critical discourse analysis (Hardy et al., 2004, pp. 20 & 22).

Content analysis is a systematic and quantitative technique in analysing texts and documents (Titscher et al., 2000, pp. 57-58) for “making replicable and valid inferences from data to their context” (Krippendorff, 1980, p. 21), determining the foci of individual or societal attention, and comparing different or similar emphases or presenting trends in documents (Weber, 1990, p. 9).

The main purposes of employing content analysis in this research are to explore discourses about HIV/AIDS in different periods in Taiwan and to identify which voices have been presented or silenced in this process. Content analysis is a quantitative way to demonstrate, with some certainty, which discourses are more popular than others, and to provide strong evidence to support the genealogy (Hardy et al., 2004, pp. 20 & 22).

As explained in Chapter Two, discourses determine and limit the ways people see, understand and interpret the world (McHoul & Grace, 1993, p. 33). What people consider correct or right, or what they judge as irrational or ridiculous may have been formed by dominant discourses (Danaher et al., 2000, pp. 31 & 40). Without institutional or societal support, no specific discourse, after its emergence, can survive (Foucault, 1996d, p. 37). Therefore, investigating opinions or discourses about HIV/AIDS expressed in newspaper opinion articles, interpellation documents or textbooks, is a way of understanding the discourses people accept. If a discourse was not present or was barely acknowledged in any document, it is difficult to argue its existence or even its dominance. In contrast, dominant discourses were those popularly presented or, at least, easily identified in a range of publications.

Data Collection

Different kinds of information were collected to provide materials for genealogical and content analysis. Initially, the objective was to obtain potentially informative documents related to HIV/AIDS issues in society and social work educational
institutions, such as syllabi and text books, students' theses, academic research papers,
and any other materials produced to support or oppose the development of HIV/AIDS
curricula, as well as journal, magazine and newspaper articles, governmental documents
and relevant documents produced by PLHIV.

However, during the data collection phase in Taiwan from 2005 and 2006 as
shortly described above, it became apparent that this original plan was unrealistic and
unmanageable, first, because of the huge quantity of documents; and secondly, because
some old materials, such as syllabi or class handouts has not been kept.

To make the research more manageable, data collection was limited to social work
textbooks, student theses and journal articles (henceforth referred to as social work
documents) as well as legislators’ interpellation documents in the Legislative Yuan²,
governmental responses to the interpellation documents, related governmental policies
or regulations, and opinion articles in three major national newspapers China Time
Daily, Min Sheng Daily, and United Daily News (henceforth referred to as public
documents).

The National Library (of ROC) was the primary repository of documents.
HIV/AIDS NGOs were an additional source of relevant materials. Government
documents, such as statistics, policies or regulations on HIV/AIDS prevention and
interpellation documents were obtained from the databases provided by the Legislative
Yuan or from individual departments, such as the Ministry of Health and the Center of
Disease Control.

The collection was confined to existing documents. No individual, group or
institution was asked to create documents for this research. Note-taking, including
indexing and summarising, was the main strategy to retain and organise data from
disparate sources. All documents were obtained in duplicate and stored at separate
locations to guard against data damage or loss. The obtained documents were typed
from photocopies into Microsoft Word and checked against originals to ensure correct
reproduction. The texts were also transferred into a customised Endnote (a bibliographic
software), and NVivo (a qualitative analysis software).

A total of 494 newspaper opinion articles, 360 interpellation documents, 360
governmental responses to interpellation documents, six student (masters) theses, 22

² The Legislative Yuan is the supreme national legislature in Taiwan. It exercises the legislative power on
behalf of the people. In terms of its power and function, the Legislative Yuan is equivalent to a parliament
in other democracies.
social work journal articles and 168 social work textbooks, published between 1982 and 2006, were included for analysis. As 1982 was the year when the first newspaper opinion article discussing HIV/AIDS issues in Taiwan was identified, while in 2006 a specific AIDS Act in Taiwan was drafted to transfer the focus from disease-prevention to human rights protection.3

Rationale and Processes of Data Selection and Collection

In this section, I detail the rationale for and processes of selecting social work textbooks, newspaper opinion articles and interpellation documents. In doing so I acknowledge that collecting so much material indeed created greater complexity for the study.

Social Work Textbooks

Social work textbooks were selected as the proxy of understanding curriculum development in social work, although it is questionable whether changes in textbooks can be considered as changes in curriculum. However, according to Lewy and Goodlad (1991, p. 12) most teaching activities are determined by what is included in textbooks. Furthermore, Wachholz and Mullaly (2000, p. 51) argue that textbooks are a major source of curriculum, and modify what educators teach and what students learn. Even though there are many sources outside or inside educational institutions influencing the formation and development of curriculum, such as policies, parents groups and teachers’ own learning (Pinar et al., 1995, p. 14), textbooks do constitute a fundamental force in the construction and direction of curriculum (Pinar et al., 1995, p. 744). Therefore, it is safe to employ social work textbooks as a proxy of understanding curriculum development in this research.

I used the Collection Database provided by the National Library via a key-word search employing “social work”. A list of 168 social work textbooks in Chinese (whether written by Taiwanese scholars or translated from foreign social work textbooks) published from 1985 to 2006 was obtained.

I carefully read through all 168 textbooks, and identified whether the textbooks included HIV/AIDS issues. The extent of HIV/AIDS information included in the textbooks varied, in some cases a brief mention in a sentence, in others a full chapter. Finally, 47 works published between 1992 and 2006 were identified as the population of social work textbooks mentioning HIV/AIDS issues.

3 The Act was successfully amended in the mid 2007.
Newspaper Opinion Articles

Views presented in newspaper opinion articles and interpellation documents in the Legislative Yuan were selected as representative of social opinions on HIV/AIDS issues in Taiwan.

Social work is a practice-oriented profession, and expected to be sensitive to social issues, problems and injustices (Gutierrez et al., 2000). Social problems or injustices are deeply affected by different locations, and different voices or forces direct the way they are considered. Voices in the field of social work are only some of them. Therefore, besides investigating how social work practitioners and scholars responded to HIV/AIDS issues in Taiwan, and gradually modified the curricula, it is critical to understand other voices or opinions related to HIV/AIDS, and in which ways these other voices and opinions have been formed and accepted. Opinion articles published in the three most popular newspapers in Taiwan offer this opportunity.

A key-word search using the electronic database Newspaper Database established by the National Library in Taiwan was the key process for searching newspapers. The keywords used in this search included “HIV or AIDS” and “reader letter, letter-to-editor, column, editorial, special report, or personal experience articles”. The newspapers included in this research were China Times Daily, Min Sheng Daily, and United Daily News. A total of 494 articles published from 1982 to 2006 was obtained for review.

The selected newspapers were the most popular and influential in Taiwan accounting for two-thirds of Taiwan’s newspaper readership over a long period (Lo, Paddon, & H. Wu, 2000, p. 883; Y.-T. You, 2001, p. 41). All were founded before 1981 (China Times Daily, established in 1950, United Daily News in 1952, and Min Sheng Daily in 1978) (Lo et al., 2000, p. 886); and were still in print on the last day of 2006. Min Sheng Daily had a particular reputation for its professional reporting health and medical issues.

Different sections of newspapers, such as editorials, columns or specific news reports, which can represent broad societal opinions on issues such as HIV/AIDS and PLHIV (Asera, Bagarukayo, Shuey, & Barton, 1997; Pratt, Ha, & Pratt, 2002) were included in this study. A special Taiwanese newspaper section, Fukan, which included

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4 Although their leadership in market share was threatened by the publication of Apple Daily after 2003, they still attract a major number of readers in Taiwan.
5 Independence Morning Post and Liberty Times were also important and popular in Taiwan; however, only started to print from 1988. In addition, Independence Morning Post ceased publication after 2002. Therefore these two newspapers were not included.
articles such as essays or personal experience-sharing, was also included. Indeed, the first newspaper opinion article identified in this research was an article published in the *Fukan* section.

**Interpellation Documents**

Interpellation documents from the Legislative Yuan were selected as representing forces influencing the formation, development or transformation of relevant policies and legislation in Taiwan. The rationale for including interpellation documents is based on Foucault’s idea that thoughts and discourses are very much organised by systems (1996j, p. 199), including legislative or educational systems. Any specific discourse, after its emergence, will not last long if there is no institutional or systemic support for its existence (Foucault, 1996d, p. 37). In other words, a specific societal opinion or voice about HIV/AIDS constructed in Taiwan would not survive without institutional support either from government or NGOs. Therefore, it is necessary to understand what kinds of perspectives or opinions influenced the formation or transformation of legislative systems regarding HIV/AIDS issues. For similar reasons, it is also important to track governmental responses to these interpellation documents, which are recorded as “Response from the Executive Yuan” in the *Legislative Gazette*.

A key-word “HIV or AIDS” search was conducted using the *Interpellation Document Database* established by the Legislative Yuan. The result was a total of 360 interpellation documents contributed by legislators and 360 Responses from the Executive Yuan between 1985 and 2006. In addition to these 360 government responses, other government documents including regulations, gazettes, proclamations, policies, practical manuals and national HIV/AIDS prevention and care plans were sourced to expand information regarding what perspectives the Taiwanese government held or holds on HIV/AIDS issues.

**Data Coding**

To identify the key issue(s) discussed, represented or misrepresented in different documents collected from different sources, an initial coding was developed. Even though some important concepts had been proposed in the existing literature, it was inappropriate to use such concepts directly without prior testing.

In the initial coding, a sample of one-fifth of the opinion articles (100) and interpellation documents (72) was coded according to issues discussed in the literature, such as constructed HIV/AIDS problems, and formed concepts of HIV/AIDS, PLHIV
or high risk groups.

Three main issues were identified to track the formation, transformation, continuity or discontinuity of the representation of HIV/AIDS or PLHIV in documents, and were used to reflect the development of HIV/AIDS curricula in schools of social work in Taiwan. These were the emphases on the problems related to HIV/AIDS, attitudes towards HIV/AIDS or PLHIV, and the constructed concept of Us/Them.

Approaches to Considering What Factors Contribute to HIV/AIDS Problems

Specific perspectives on the outside world or events, for example, “Is HIV/AIDS a problem?” or “For what reasons is HIV/AIDS considered a problem?”, are formed by the struggles between competing discourses held by different groups or institutions. Therefore, it is meaningful to ask what approaches or discourses have been formed, by whom, to influence popular thinking about HIV/AIDS.

The coding decisions took into account the approach employed in individual documents to define HIV/AIDS as a problem, the attitudes expressed towards HIV/AIDS or PLHIV, and which groups were classified as “them”. Then these documents were examined to track the pattern of the construction, formation or transformation of the identified discourses. Also noted were key social events and the formation of specific policies, legislation or administrative decrees regarding HIV/AIDS. Points of connection or collusion between discourses and policies or legislation were identified. It became evident that the existence of specific social conditions or systems made some discourses more likely to appear than others (Foucault, 2002 [1972], pp. 27 & 30). Four approaches to HIV/AIDS were identified: individual pathological, programmatic, governmental and socio-cultural.

The individual pathological discourse emphasises that individuals or personal “pathological” behaviours are the main cause of HIV/AIDS. Some people still think, for example, that gay men’s specific sexual behaviours are responsible for the prevalence of HIV/AIDS. In this case, gay men (individuals) or their sexual behaviours (personal “pathological” behaviours) are the focus, so these types of arguments are coded as an “individual pathological discourse”.

The programmatic discourse pays attention to issues that occur in related programs which may result in some undesirable problems. For instance, some argue that surgeons with HIV should not be allowed to operate, because there could be a risk of infection for patients. Because the concerns in this argument are for a client’s welfare, and whether a
surgeon may operate, it is coded as a programmatic discourse.

The governmental discourse suggests that HIV/AIDS has become a serious problem due to government inaction in addressing HIV/AIDS. Any suggestion or comment regarding government inaction or delay falls into this category.

The socio-cultural discourse highlights cultural beliefs or social attitudes towards HIV/AIDS or PLHIV. When writers discussed AIDS stigma, homophobia or social rejection, their opinions were coded as a socio-cultural discourse.

The identification of four key discourses is designed to provide a clearer understanding of multiple views of HIV/AIDS between 1982 and 2006 in Taiwan. It is necessary to note that a strict distinction between discourses is hard to draw because of their close inter-connection. Foucault suggests that discourses meld to form an inescapable dragnet (2002 [1972], pp. 30-33), although there is no continuity, consistency or harmony among the connected discourses (2002 [1972], pp. 40-41 & 173).

If writers exhibited multiple approaches to the issues of HIV/AIDS, the main emphasis would determine how their views were coded. For instance, a legislator in his interpellation document criticised the government for not completely monitoring foreign visitors which in his view resulted in a risk of HIV transmission into the Taiwanese society.

Some commissioned South American and African agricultural trainees came from countries with a high prevalence of Aizibing⁶. I wonder whether they have been infected with Aizibingdu⁷. Whether they have passed the unwanted virus to locals? ... Those trainees attend classes in the day time, but are free in the evening, so some of them go whoring and dawdling, … and may be carelessly spreading unwelcomed diseases or viruses. … Therefore, I strongly ask that the government pay more attention to

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⁶ Aizibing (愛滋病) is an unofficial translation of AIDS in Taiwan. Other unofficial transliteration includes Houtian mianyi shitiaozheng (後天免疫失調症), Aizi (愛滋) (a short version of Aizibing), Aisibing (愛死病), and Aisi (愛死) (a short version of Aisibing). The official term is 'Houtian mianyi quefa zhenghouqun' (後天免疫缺乏症候群). However, this term is much longer than Aizibing or Aizi, so the latter translated terms have been popularly used, even in some governmental documents. The basic meaning of the characters ‘ai’ (愛) is ‘love or to love’, ‘zi’ (滋) is ‘to grow’, ‘si’ (死) is ‘death or to die’, and ‘bing’ (病) is ‘illness’. Due to the strong negative symbolic meaning, the term ‘Aisi’ is almost invisible in current documents. However, if some documents still use(d) Aisi, rather than Aizi or AIDS, it clearly shows that the documents presented strongly negative attitudes towards HIV/AIDS or PLHIV. Some Taiwanese prefer using the English terms, Acquired Immunodeficiency Syndrome or AIDS, in their articles. I use these different terms flexibly to appropriately present the original meanings demonstrated by analysed documents. In my own discussion, I will consistently use HIV/AIDS.

⁷ Aizibingdu (愛滋病毒) is an unofficial translation of HIV. The term ‘bingdu’ (病毒) refers to ‘virus’. The official translation of HIV is 'Renlei mianyi quefa bingdu' (人類免疫缺乏病毒). Some people used HIV or Human Immunodeficiency Virus in their articles or interpellation documents.
checking and screening all of these unnoticed populations, such as foreign trainees or visitors to avoid the possible increasing rates of Aizibing cases (M.-H. Huang, *Interpellation Document*, Legislative Gazette, 09 June 1985, p. 45).

Although this legislator appeared to identify government inaction as the central problem, his strong subtext was that every foreign visitor could be a PLHIV bringing unwanted disease into Taiwan. One paragraph of this interpellation document described some foreign visitors’ behaviours in strongly critical terms. In contrast, he did not employ negative terms to criticise the Taiwanese government for failing to monitor foreign visitors. For these reasons, this interpellation document was categorised as an individual pathological approach.

*Attitudes towards HIV/AIDS or PLHIV*

Attitudes towards HIV/AIDS or PLHIV presented in documents are other important issues to investigate. If specific negative or mixed attitudes appeared repeatedly in analysed documents, this suggests that the general society of that time might hold similar attitudes.

Overall, attitudes towards HIV/AIDS or PLHIV can be categorised into four types, positive, neutral, negative or mixed. Writers’ attitudes can be reasonably gauged by the language they employ to describe HIV/AIDS or PLHIV. A writer’s comments that “we can learn something from HIV/AIDS or PLHIV”, “HIV/AIDS is not a plague” or “PLHIV are people who should be treated equally, not criminals”, were coded positive. If they described HIV/AIDS as a disease or a physical condition which should be avoided, but without any negative comment, the attitudes were coded as neutral. Similarly, a mention of PLHIV as people who could expect to encounter social or interpersonal problems, without blame attached, suggests a neutral attitude. However, negative descriptions of HIV/AIDS as a punishment, or PLHIV as dangerous people given to “shameful” behaviours, warranted a negative code. When authors expressed contradictory or confused comments regarding HIV/AIDS issues or PLHIV, their comments were coded as mixed.

Some scholars suggest that it is acceptable to combine the mixed and neutral groups, because the former may also include some positive or neutral message (Hsu, T.-S. Wu, & W.-C. Lin, 2003). However, this argument fails to convince. A mixed attitude can conceivably harbour simultaneous negative and positive messages, and the effect it has is different to a neutral attitude.
**Constructed Concept of Us/Them**

The “us and them” is a popular construction employed to develop an individual’s belongingness or “us-ness”, or to prevent possible undesirable effects from the “them” (Devine et al., 1999, p. 1214). Some scholars prefer “other” or “others” to refer to groups which are oppressed, devalued or discriminated against (J. H. Miller, 2001, p. 1). Studies across societies have revealed and argued that “other” or “others” are socially stigmatised groups, such as gays, injecting drug users or sex workers (Gilmore & Somerville, 1994), and they are often silenced or voiceless in society and in the media due to their powerlessness or their constructed inferiority (Hogan, 1997).

However, the initial coding revealed that the images of “other” or “others” would change according to variations in writers’ approaches to HIV/AIDS issues. It is hard to accept that some “other” or “others” in the data were voiceless or silenced. For example, when a governmental discourse was employed, “other” was usually the inactive or irresponsible government, not one or other stigmatised group. Similarly, when socio-cultural discourse was used, “other” transformed from the discriminated against to the discriminating. For this reason, the concept of “us/them”, not only “other” or “others”, was used in this thesis to demonstrate that “them” might not be the silenced oppressed “other” groups, but may at times occupy superior positions or own greater resources.

**Data Analysis**

**Content Analysis**

Narrative data analysis, undertaken as part of the initial coding, was used to determine the approaches of opinion article writers, legislators or social work scholars and how they framed and emphasised their arguments. Note was made of any details writers provided about themselves, such as gender, occupation, educational background or other features. Some characteristics are easily identified, such as publication year, name or location.

This analysis provides insights into what individuals or groups lent their voices in the formation or transformation of HIV/AIDS discourses. Hallett and Cannella (1997) use a similar approach to reveal that “medical/scientific updates” and “human interest” were the two dominant types of HIV/AIDS-specific articles published between 1986 and 1990 in two newspapers in Arizona, USA (p. 30).

Other information may fall “between the lines” and require more careful reading
(Babbie, 2007; Newman, 2004), such as the disclosure of being a gay man or a person living with HIV.

One reason for employing content analysis was to capture stigmatised group members’ own voices. Opinion articles in newspapers, whether in letters-to-the-editor or Fukun, may offer some opportunities for minorities to speak out about their views and experiences (Gibson, 2004, pp. 93-94; Reader, Stempel III, & Daniel, 2004, pp. 64-65), although the publication of opinion articles is still influenced by dominant discourses and forces, as in broader society (Wahl-Jorgensen, 2001, pp. 309-310; 2002, pp. 78-79). A scan of opinion articles identified eight groups in Taiwan that have close relationships with HIV/AIDS. They are gay men, injecting-drug users, soft-drug users, sex workers, sex customers, foreign visitors, foreign labourers and foreign spouses.

The content analysis was restricted to the sample used in the initial coding. To increase reliability, all sample data were numerically coded at least twice, at different times (Krippendorff, 1980, pp. 130-131). All coding work was done by this author, so it is unrealistic to test reproducibility or accuracy (stronger forms of reliability). If there was an inconsistency between two coding results, a third coding for the inconsistent parts was made in order to form the final decision.

**Genealogical Analysis**

It is important to point out that there is no singularly agreed process for how a genealogical analysis can be undertaken (Kearins & Hooper, 2002, p. 739), although some practical suggestions have been developed (Schurich & McKenzie, 2005, pp. 841-842 & 853-854).

Based on the Foucauldian framework, power and knowledge directly imply one another (1979, p. 27), and knowledge is constructed within power relationships in specific socio-historical conditions (2002c, p. 231). This suggests that a genealogical analysis should emphasise questions of “how”, rather than “what” and “why” (Andersen, 2003, p. 10). Patience is required to trace the possible development of continuity and discontinuity among discourses in varied documents (Andersen, 2003, p. 21).

Broadly speaking, a genealogical investigation starts from unnoticed and overlooked documents (Gao, 2004, p. 112). The next step is to identify recurrent discourses in these documents, and to patient trace the formation, transformation, continuity and discontinuity among different struggling discourses (Danaher et al., 2000, pp. 31 & 40). At this point, designating isolated, unrelated and unnoticed events which
happened in the process of the construction of specific “discourses” or “knowledge” is also fundamental to the genealogy (Foucault, 1998b, pp. 280-281).

The next step is to recognise the socio-historical conditions which made some discourses and areas of knowledge or power relationships possible and visible; and discover the conflicts, dominance, cooperation or mutual rationalisation among power relationships in the process of construction of specific “discourses” or “knowledge” (Foucault, 2002 [1972], pp. 23, 27, 30 & 184; Smart, 2002, pp. 58-59). It is also critical to analyse relationships between discourses and non-discursive practices, because the formation of the former is supported and strengthened by the latter, and the existence of the latter is rationalised by the former (Andersen, 2003, pp. 19-20).

The final stage involves explanations for this process of mutual construction between discourses and non-discursive practices (G. Kendall & Wickham, 1999, pp. 27-31). In other words, researchers should redefine, re-explain and reform the connections among these events and the potential power relationships underlying them (Gao, 2004, pp. 158-159). “Ridiculous” or “wrong” views or understandings should also be covered to determine in what social or political conditions they evolved (Andersen, 2003, p. 21).

Although scholars, such as Scheurich and McKenzie (2005, p. 853) prefer using Foucault’s *Discipline and Punish* (1979) as an example for conducting genealogical research, I found *Fearless Speech* (2005) was a more interesting and accessible means of understanding Foucault’s ideas of how to use a genealogical approach in research. In this book, Foucault outlines possible ways to conduct a genealogy. He demonstrates how he found the transformation of the word “parrhesia” used in different plays in ancient Greek and in what conditions. Before he describes the transformation of “parrhesia”, he provided five different perspectives (discourses) of understanding or using this word in plays.

Based on the methodological suggestion above, I used the four discourses identified previously, as well as the transformation of “us/them”, as the key points upon which to draw the development of views about HIV/AIDS, PLHIV and related groups in Taiwan, and to discover the specific social conditions that supported the formation or transformation of these discourses in Taiwanese society. This will be the first part of my genealogical analysis (in Chapters Seven and Eight). Simultaneously, I traced the

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8 Simply speaking, ‘parrhesia’ refers to how a free person openly expresses his (or her) ideas or beliefs (Foucault, 2005, pp. 46-52).
transformation of the four identified discourses in social work textbooks and journal articles to determine possible developmental patterns of HIV/AIDS curricula in schools of social work. This will be detailed in the second part of my genealogical analysis (Chapter Nine). Besides describing the development of these discourses, I provided interpretations of the data and analysis.

**Data Interpretation**

There are endless possible explanations in a genealogy (Smart, 2002, p. 59). Three issues should be considered when genealogical interpretation is applied to a reading (Walker, 2002, p. 42). First, the social conditions under which the documents were produced and read. Second, devices and processes within the documents or texts, for example, omissions or suppressions. Third, potential influences or biases resulting from the researcher's individual experiences or approach. Three dimensions around the document should be included in the process of analysis and reading: text, discursive practice and social practice (Fairclough, 1992, p. 73).

It is necessary to ask a series of questions when reading and interpreting documents (Smaller, 1999, p. 109), such as What is to be made of this document? Why do I select this document to read and analyse? Why do I read this document in this way and what possible reasons produce this kind of reading? What information or message does this document present or imply? What are the hidden messages within it?

Out of this dynamic process of reading, analysing, interpreting and questioning, emerge interpretations, ideas or guesses leading in turn to a further search for different evidence and interpretations that may support or oppose earlier ideas. The new explanations will lead to other questions, searches and findings culminating in a more comprehensive understanding of the issue (Smaller, 1999, pp. 109-110 & 120). As Walker (2002, p. 42) suggests, "(T)he main issue of employing genealogy in analysing documents is not to disclose a truth, but is to read and to interpret the effect or meaning the documents or the texts create." This means that even though the analysis starts by examining textual materials, different levels of discursive practice will be covered, and the understanding is intended to include a much wider domain of social practice in which the materials were produced (Newman, 2004, p. 60). Some basic strategies of analysing and interpreting qualitative data were also employed in this research, such as reading thoroughly, coding, and categorising and sorting for patterns (Creswell, 2003, pp. 191-195).
As the analysis progressed, a chronology of events and documents relating to changing of HIV/AIDS issues in Taiwan as well as the area of social work was established. From the information could be drawn a broad picture of the development of HIV/AIDS curricula in schools of social work in Taiwan.

**Silence Analysis and Interpretation**

Some materials collected for this research may not communicate anything about HIV/AIDS, or anything about influences on the development of HIV/AIDS curricula in social work education. How can such silences or invisibility be analysed and interpreted?

Potential answers to the silences in social work textbooks may be found by employing alternative sources; such as the gaps which exist between newspaper opinion articles and textbooks. Huckin (2002) suggested a systematic way of identifying silences in texts to allow the unvoiced to be heard and the underrepresented be demonstrated. The first step was identifying and listing topics discussed, reported or represented across the selected documents and materials. The next step was a comparison between the list and the original documents and materials, with specific attention to the topics included in or excluded from the original documents. Third, questions were raised regarding the appearance or disappearance of certain topics in some documentation, to probe the deep meaning or discourses the text presents, such as, "Are the textual silences in this text conventional to the genre? Do these textual silences form an ideological pattern? How so?" (p. 356). Gutierrez et al. (2000) employ a similar method to find the missing parts of understanding about Latinos between the news presented in American newspapers and academic peer-reviewed social work research papers. They found that "many of the issues that affect Latinos in their daily lives are not covered in the social work literature" (p. 550).

By using Huckin's (2002) silence identification, the unspoken, unstated or silenced voices in different materials could be reheard and redemonstrated in this analysis. Then the analysis was integrated into the established chronology of events and documents related to the appearance or changes of HIV/AIDS issues in social work mentioned above.

Therefore, even though there is silence in some documents or materials, it can be interpreted as an indication of many things and may disclose information (Johansson, 1999, p. 60). In addition, the Foucauldian rejection of straightforward models of
explanation and emphasis on the complexity of reality provides strong support for listening to many different voices (Foucault, 1996b, p. 371).

**Considerations of Validity**

To increase the accuracy and credibility of this research, steps were employed to check whether the description and organisation of the data and context were accurate and complete; whether my personal experiences and perspectives potentially damaged this research; and the ways in which I dealt with any such problem (Creswell, 2003, pp. 195-196).

Having a theoretical background based on Foucauldian concepts and a commitment to gender and sexual orientation equality and social justice, I was aware of how my personal experiences, commitments, worldview and theoretical framework might influence the research process. The experiences of GLBT activism, working as a social worker in HIV/AIDS areas and a lecturer in sexual orientation issues have informed my perspectives on the inequality and injustice encountered by GLBT and PLHIV, and motivated my interests in social work education, especially around GLBT and HIV/AIDS issues. On the one hand, these experiences provided me with valuable background knowledge, and with a prolonged engagement, persistent observation and cultural sensitivity for this topic. On the other hand, a strong commitment to responding and advocating for HIV/AIDS, sexual orientation equality and social justice may influence my explanation and interpretation of the documents.

Furthermore, as an international student examining my home country, I have avoided decoding my home culture and reporting it back to a Western educational institution. To do so, I have had to be aware of how Western education influences the interpretation of my own culture, and how my interpretation represents my home country, culture and circumstances to Western culture. In addition, my position as a privileged researcher undertaking doctoral education in Australia might influence and change my existing relationships in the field of HIV/AIDS in Taiwan.

Therefore, besides declaring the potential influences my personal experiences could bring to the study, I formed peer groups to review and question the account I produced. The close connections with scholars in the GLBT and HIV/AIDS field in Taiwan facilitated such an arrangement. Regular discussion with my supervisors was another way to avoid potential damage.

However, it is important to note that the explanation and interpretation put forward
in this thesis is only one of many possible paths of understanding. Genealogical analysis makes no claims to “Truth” (Kearins & Hooper, 2002, pp. 736-737). The materials and texts analysed here could and probably would have been interpreted differently by someone else.

**Ethical Considerations**

Because I only collected existing documents, there was minimal risk of ethical problems. Although I did not conduct formal interviews, I did apply for ethics approval for any possible informal discussions with scholars in social work in Taiwan that might occur in the process of my data collection.

**Language-in-Use**

Because the process of data collection occurred in Taiwan, and all documents obtained were written in traditional Chinese, the consideration of language-in-use is a specific concern in this research.

In order not to lose reality constituted in language, I kept all documents collected and wrote and analysed data in English. I translated the work after describing the themes in the final part of the analysis. All excerpts presented in the study were translated and reconstructed from traditional Chinese to English by me, as the sole researcher in this study. The principles of translation in this thesis have been outlined above.
Chapter Six
Content Analysis Results

The main focus of this research is to investigate by means of genealogical analysis how schools of social work in Taiwan responded to HIV/AIDS in curricula, and what discourses about HIV/AIDS or PLHIV were constructed in both broader Taiwanese society and within the social work field.

As explained previously, the validity of identifying the dominance of discourses in a Foucauldian study was a central and ongoing concern in this research; and the quantitative data provided through the content analysis is presented as powerful evidence for supporting critical discourse analysis (Hardy et al., 2004, pp. 20 & 22). Based on the arguments detailed previously, content analysis is employed in this chapter to measure the prevalence of the most dominant discourses about HIV/AIDS and PLHIV in Taiwan in order to support the forthcoming genealogical analysis. Dominant discourses appeared repeatedly throughout the texts analysed, and were not difficult to identify in the documents investigated in this research. Conversely, if a discourse was barely evident in the texts, it was recognised as having no capacity for dominance or even a recognisable or articulated presence in Taiwanese society.

This chapter conducts a content analysis of relevant documents ranging from newspaper opinion articles and interpellation documents in the Legislative Yuan (henceforth referred to as public documents), to social work students’ theses, scholars’ journal articles and social work textbooks (for short, these documents will be called social work documents).

The results of this content analysis increase understanding of the collected data. Part of this analysis will be represented by the constructed social problems related to HIV/AIDS during the period of study in Taiwan, and provide a base, in the subsequent chapters, from which to reflect, with the analysis of social work documents, about how Taiwanese social work practitioners, scholars or students responded to the constructed HIV/AIDS problems, and then formed the development of HIV/AIDS curricula in schools of social work in Taiwan.

The major emphasis is the analysis of four constructed perspectives towards social problems related to HIV/AIDS in Taiwan (these approaches will be considered as different discourses in this thesis) as well as an analysis of attitudes towards HIV/AIDS
presented in each document. These characteristics provide insight into the meanings expressed in the documents.

In addition, the quantity of stigmatised groups’ own voices that appeared in opinion articles, whether HIV/AIDS issues can be identified in what kinds of social work textbooks included in this study, and formats of presenting HIV/AIDS information in social work textbooks will also be investigated. These fields are of interest, because this information reveals whether “oppressed groups” spoke out for themselves, and how HIV/AIDS issues were treated by Taiwanese social work scholars.

Some features of documents and document writers, such as the name format, gender and location (of document writers) or length of the documents (Babbie, 2007), will not be presented, due to the indirect relationships with the genealogical analysis. Before the content analysis result, an overview of the HIV/AIDS prevalence in Taiwan will be provided.

**HIV/AIDS in Taiwan**

In late December 1984, a transferring American traveller was urgently delivered to a hospital suffering from AIDS-related illness, and became the first reported AIDS case in Taiwan1 (Hsu et al., 2003, pp. 97-99). According to the Center for Disease Control in Taiwan (CDCT) (n.d.-a), by the end of November 2008, a total of 17,280 people in Taiwan were known to be HIV positive, including 16,603 Taiwanese and 677 foreigners. Although the overall incidence of HIV infection in Taiwan is relatively low (UNAIDS & WHO, 2004), the incidence of reported local HIV positive cases has increased sharply, from 5,242 at the end of 2003 to 15,651 by the end of December 2007. This represents an increase of nearly 196% over four years.

Although many Taiwanese still think that gay men or men having sex with men are more likely to be infected with HIV, the patterns of the spread of HIV/AIDS in Taiwan demonstrate a different story. According to records (CDCT, n.d.-b), before 1990, of 112 PLHIV cases, the number of haemophiliacs with HIV (43) was marginally higher than the number who had contracted HIV through homosexual and bisexual behaviours (41). In 1990, and from 2000 to 2003, male-male intercourse was the leading cause of new HIV infections. Between 1991 and 1999, however, heterosexual sex was the major cause, while from 2004 to 2007, injecting drug use became the main factor for new HIV

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1 Later, a physician checked his haemophilic patients, and found a few of them had been infected with HIV at early as January 1984 (CDCT, n.d.-d). Therefore, it is arguable whether this transferring traveller from USA was the first AIDS case in Taiwan. It is better to term this case as the first reported AIDS case.
infection. The pattern of the spread of HIV/AIDS in Taiwan is clearly complicated.

To prevent the spread of HIV/AIDS, the Taiwanese government employed various strategies, such as establishing *Houtian mianyi quefa zhenghouqun fangzhi weiyuanhui* (the national AIDS Committee) in 1985, initiating education programs for the general population from 1987, passing the AIDS Act in 1990 and implementing the National AIDS Prevention Policy in 1994 (CDCT, n.d.-c). In addition, highly-active antiretroviral therapy was introduced to treat PLHIV in 1997 (Y.-M. Chen & Kuo, 2007, p. 624).

In 1987, a twenty-something PLHIV wearing a mask and using a pseudonym appeared at a news conference to awaken Taiwanese to the necessity of HIV/AIDS prevention. It was the first time a PLHIV’s direct voice was heard publicly Taiwan. In 1992, the first HIV/AIDS NGO, the Light of Friendship AIDS Control Association of Taiwan, ROC, was founded, reflecting a growth in activism and the NGO sector. There are now 16 HIV/AIDS NGOs providing services for PLHIV and their friends and relatives in Taiwan (Y.-M. Chen & Kuo, 2007, p. 625).

**Overview of Documents Included in Content Analysis**

A total of 165 newspaper opinion articles, 64 interpellation documents, six social work theses, 22 journal articles and 168 social work textbooks, published between 1982 and 2006, was included for content analysis (see Table 6-1 below).

| Table 6-1: Number of documents by publication periods\(^2\) |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Periods                         | SA\(^1\) | CA\(^2\) | IDL\(^3\) | SWJ\(^4\) | SWTheses\(^5\) | SWTextHA\(^6\) | SWTextC\(^7\) |
| 1982-1986                      |     3     |      3     |      0     |     2     |      0     |      0     |      0     |      0     |      0     |      0     |    19     |      5     |    5       |
| 1987-1991                      |     18  |      18     |      1     |     2     |      11    |      0     |      0     |      0     |      0     |      0     |    32     |      19     |    19      |
| 1992-1996                      |     34  |      34     |      19     |     29    |      21    |      3     |      17     |      4     |      9     |      34    |    20     |      34     |    20      |
| 1997-2001                      |     16  |      16     |      18     |     28    |      19    |      30    |      10     |      53    |      3     |      57    |    17     |      40     |    40      |
| 2002-2006                      |     29  |      29     |      27     |     42    |      16    |      28    |      3     |      16    |      2     |      23    |    24     |      31     |    31      |
| Total                          |    100 |    100      |    65       |    100    |     64     |     100    |     19     |     100    |     6     |     100    |    47     |     100    |    100     |

\(^1\) SA = societal articles which are newspaper opinion articles written by general society members.

\(^2\) CA = community articles, newspaper opinion articles written by community members, i.e., social work practitioners and scholars, HIV/AIDS organisation workers or members, or PLHIV.

\(^3\) IDL = interpellation documents in the Legislative Yuan.

\(^4\) SWJ = social work journal articles on HIV/AIDS written by social workers, students or scholars.

\(^5\) SWTheses = social work student theses on HIV/AIDS.

\(^6\) SWTextHA = social work textbooks which have mentioned HIV/AIDS issues.

\(^7\) SWTextC = all social work textbooks have been read through in the research.

Initial coding revealed that the approaches and perspectives shown in newspaper opinion articles written by social work practitioners, HIV/AIDS NGO workers or

\(^2\) To clearly show the trend and change in data in this chapter, all of the data will be presented in intervals of five years.
members or PLHIV (community articles) differed to those written by others (societal articles). In addition, the latter type greatly outnumbered the former. This suggests that social workers were underrepresented among those writing about HIV/AIDS in Taiwan. A purposeful attempt was made to include all community articles (65) to highlight these voices.

The first identified societal article was published in 1982, followed by the first interpellation document in 1985, while the first community article did not appear until the 1990s. In 1992, were the first publications of three social work journal articles and a social work textbook addressing HIV/AIDS issues.

Most of the societal articles included in this content analysis were published in 1992-1996 (34 articles), dropping to only 16 articles in 1997-2001. Most of the interpellation documents were also submitted in 1992-1996 (21 papers). By contrast, most of the community articles (27) included in the content analysis were published in 2002-2006. The majority of social work journal articles and social work students’ theses (both were around 50%) were produced in 1997-2001. Most of the social work textbooks containing HIV/AIDS information were published after 2002.

These findings suggest that, HIV/AIDS issues were not emphasised by Taiwanese society or the government until the 1990s, although the first reported AIDS case appeared in Taiwan in 1984 and in the mid-1980s the UN acknowledged the challenges of HIV/AIDS (Garbus, 1996, p. 369). The finding also suggests that, in Taiwan, social work responses to HIV/AIDS issues seriously lagged behind comments from society at large, and that social work scholars acted more slowly on this issue than their practitioner counterparts.

Approaches to Considering What Factors Constructing HIV/AIDS Problems

This section examines changes in approaches used to define what factors contributed to the construction of HIV/AIDS problems in analysed documents (see Table 6-2). These approaches are considered as different discourses in this thesis.

As previously stated, four key discourses were identified. The individual pathological discourse maintains that specific groups or individual “pathological” behaviours are the main cause of HIV/AIDS, while the programmatic discourse focuses on issues occur in related programs. The governmental discourse suggests that HIV/AIDS became a serious problem due to government inaction, while the socio-cultural discourse highlights social beliefs or attitudes towards HIV/AIDS.
### Table 6-2, Approaches of considering what factors constructing HIV/AIDS issues as problems shown in analysed documents

<table>
<thead>
<tr>
<th>Period</th>
<th>Societal Articles</th>
<th>Community Articles</th>
<th>Interpellation Documents</th>
<th>Total Public documents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN1 PR1 GO1 SC1</td>
<td>IN2 PR2 GO2 SC2</td>
<td>IN3 PR3 GO3 SC3</td>
<td>IN4 PR4 GO4 SC4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>1982-1986</td>
<td>100% 0% 0% 0%</td>
<td>0% 0% 0% 0%</td>
<td>0% 0% 100% 0%</td>
<td>100% 0% 25% 0%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>1987-1991</td>
<td>39% 6% 39% 22%</td>
<td>18% 0% 100% 0%</td>
<td>1% 57% 43% 0%</td>
<td>4% 42% 38% 15%</td>
</tr>
<tr>
<td>1992-1996</td>
<td>29% 6% 47% 18%</td>
<td>34% 11% 0% 21%</td>
<td>68% 19% 38% 0%</td>
<td>24% 2% 42% 28%</td>
</tr>
<tr>
<td>1997-2001</td>
<td>38% 6% 44% 13%</td>
<td>16% 11% 6% 67%</td>
<td>10% 18% 26% 5%</td>
<td>13% 5% 57% 13%</td>
</tr>
<tr>
<td>2002-2006</td>
<td>14% 7% 34% 45%</td>
<td>29% 4% 0% 15%</td>
<td>81% 22% 69% 0%</td>
<td>42% 3% 26% 49%</td>
</tr>
<tr>
<td>Total (%)</td>
<td>30% 5% 40% 25%</td>
<td>100% 8% 3% 31%</td>
<td>58% 100% 44% 2%</td>
<td>48% 2% 40% 29%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>30 5 40 25</td>
<td>100</td>
<td>28 1 31 4</td>
<td>64 8 91 67</td>
</tr>
</tbody>
</table>

1. ID = individual pathological discourse  
2. PR = programmatic discourse  
3. GO = governmental discourse  
4. SC = socio-cultural discourse

<table>
<thead>
<tr>
<th>Period</th>
<th>Written Textbooks</th>
<th>Translated Textbooks</th>
<th>Journal Articles and Theses</th>
<th>Total Social Work Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN PR GO SC</td>
<td>IN PR GO SC</td>
<td>IN PR GO SC</td>
<td>IN PR GO SC</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>1982-1986</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td></td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td></td>
<td>50% 50% 0% 0%</td>
<td>0% 0% 50% 50%</td>
<td>0% 0% 29% 29%</td>
<td>0% 0% 27% 27%</td>
</tr>
<tr>
<td></td>
<td>1997-2001</td>
<td>15% 62% 0% 23%</td>
<td>0% 54% 0% 46%</td>
<td>15% 50% 0% 38%</td>
</tr>
<tr>
<td>2002-2006</td>
<td>50% 25% 0% 19%</td>
<td>50% 25% 0% 25%</td>
<td>0% 80% 0% 20%</td>
<td>45% 35% 0% 21%</td>
</tr>
<tr>
<td>Total (%)</td>
<td>50% 25% 0% 19%</td>
<td>50% 25% 0% 19%</td>
<td>50% 25% 0% 19%</td>
<td>45% 35% 0% 21%</td>
</tr>
<tr>
<td>Total (N)</td>
<td>12 8 0 6</td>
<td>24 6 11 1</td>
<td>23 2 13 0</td>
<td>25 20 30 1</td>
</tr>
</tbody>
</table>

| Period       | Total |  |  |  |  |
|--------------|-------|---------|---------|---------|
|              | IN PR GO SC | Total |
| 1982-1986    | 75% 0% 25% 0% | 4 |
| 1983-1991    | 42% 4% 38% 15% | 26 |
| 1992-1996    | 27% 7% 38% 28% | 85 |
| 1997-2001    | 20% 22% 35% 22% | 85 |
| 2002-2006    | 29% 12% 19% 41% | 101 |
| Total (%)    | 28% 13% 31% 29% | 100% |
| Total (N)    | 83 38 92 88 | 301 |
In the analysed documents, governmental discourse was the most common (31% in total), whilst programmatic discourse was the least common (13%). However, the popularity of the four discourses varied across the different kinds of documents.

Governmental discourse was common in societal articles and interpellation documents (40% and 48% respectively), less so in community articles (31%) and social work documents (1%). Community articles were distinguished by a socio-cultural discourse (58%); by contrast, only 6% of interpellation documents employed this discourse. Social work documents were likely to express discourses different from those in other kinds of documents. Programmatic discourse was the most commonly used in social work documents (35% in total), although it was the least common in other kinds of documents.

Programmatic discourse also featured strongly in translated textbooks, and journal articles and theses (26% and 52% respectively). However, social work textbooks written by Taiwanese scholars were most likely to express an individual pathological discourse (38%); whilst only 8% of journal articles and theses adopted this discourse.

Before 1991, individual pathological discourse was most dominant (28% in total, but 75% in 1982-1986 and 42% in 1987-1992). This discourse was also frequently used in interpellation documents and societal articles (44% and 30% each), but rarely in community articles (8%). Between 1992 and 2001, governmental discourse was the most commonly used across all categories of documents. In 2002-2006, socio-cultural discourse was the most common overall, despite not occurring in any interpellation document.

Although social work documents were generally likely to express programmatic discourse; the trend varied in different periods. In 1992-1996, the number of social work documents expressing individual pathological, programmatic or socio-cultural discourses was approximately three or four for each category. In 1997-2001, programmatic discourse became most common (62%); while in 2002-2006, individual pathological discourse was slightly more prevalent than the other kinds (45%).

The content analysis demonstrates a clear shift amongst discourses presented in the analysed documents. Furthermore, it seems that different documents were likely to express distinct discourses, even within the social work field. This suggests a struggle between different discourses, as well as between groups and institutions, to define HIV/AIDS related problems. However, when a gap existed between broad societal opinions and what social work documents considered meaningful, it showed that certain
issues were overlooked by social work scholars.

**Attitudes towards HIV/AIDS and PLHIV**

Besides ascertaining variations in the use of different discourses, it was important to check on attitudes towards HIV/AIDS and PLHIV. The presence of negative comments in opinion articles and interpellation documents, for instance, might suggest similar negativity in the attitudes of the wider society of the time.

As indicated in the methodology chapter, attitudes towards HIV/AIDS or PLHIV can be categorised into four types, positive, neutral, negative or mixed. For the purposes of this analysis, a category of “not applicable” is used to cover documents lacking any mention of either HIV/AIDS or PLHIV. For example, in one textbook, HIV/AIDS was described as a preventable disease, but there was no mention of PLHIV. Therefore, the coding for the attitudes towards HIV/AIDS shown in this textbook was “neutral”, but the coding for the attitudes towards PLHIV was “not applicable”. Table 6-3 shows the attitudes towards HIV/AIDS and Table 6-4 shows the attitudes towards PLHIV.

**Attitudes towards HIV/AIDS**

The majority of documents demonstrated neutral attitudes towards HIV/AIDS (70% in total). The number of social work documents presenting neutral attitudes (82%) is higher than the number of public documents, which include opinion articles and interpellation documents (66%).

The number of public documents that showed neutral attitudes towards HIV/AIDS gradually increased from 25% (1982-1986) to 89% (2002-2006). However, the number of social work documents demonstrating neutral attitudes towards HIV/AIDS decreased from 91% (1992-1996) to 72% (2002-2006). That trend may have resulted from an increase in numbers in the “not applicable” category.

Community articles were the most neutral (91% in total). The percentage of a neutral attitude towards HIV/AIDS expressed by community articles, between 1992 and 2006, has been above 83% or greater. However, there were still four community articles showing negative or mixed attitudes towards HIV/AIDS.
### Table 6-3, Attitudes towards HIV/AIDS shown in analysed documents

<table>
<thead>
<tr>
<th>Period</th>
<th>PO</th>
<th>NU</th>
<th>NG</th>
<th>MD</th>
<th>NA</th>
<th>Total</th>
<th>PO</th>
<th>NU</th>
<th>NG</th>
<th>MD</th>
<th>NA</th>
<th>Total</th>
<th>PO</th>
<th>NU</th>
<th>NG</th>
<th>MD</th>
<th>NA</th>
<th>Total</th>
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<th>NG</th>
<th>MD</th>
<th>NA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982-1986</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0</td>
<td>3</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>1987-1991</td>
<td>6%</td>
<td>22%</td>
<td>11%</td>
<td>61%</td>
<td>0%</td>
<td>18</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>57%</td>
<td>43%</td>
<td>0%</td>
<td>0%</td>
<td>7</td>
<td>4%</td>
<td>35%</td>
<td>19%</td>
<td>42%</td>
<td>0%</td>
</tr>
<tr>
<td>1992-1996</td>
<td>0%</td>
<td>47%</td>
<td>27%</td>
<td>24%</td>
<td>3%</td>
<td>34</td>
<td>5%</td>
<td>84%</td>
<td>5%</td>
<td>0%</td>
<td>5%</td>
<td>19</td>
<td>5%</td>
<td>48%</td>
<td>19%</td>
<td>29%</td>
<td>0%</td>
<td>21</td>
<td>3%</td>
<td>56%</td>
<td>19%</td>
<td>19%</td>
<td>3%</td>
<td>74</td>
</tr>
<tr>
<td>1997-2001</td>
<td>0%</td>
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2. NU = neutral attitudes
3. NG = negative attitudes
4. MD = mixed attitudes
5. NA = not applicable

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1. PO = positive attitudes
2. NU = neutral attitudes
3. NG = negative attitudes
4. MD = mixed attitudes
5. NA = not applicable

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<td>2002-2006</td>
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91
Societal articles and interpellation documents demonstrated less neutral attitudes towards HIV/AIDS than their community counterparts. Neutral attitudes steadily increased in societal articles, while negative and mixed attitudes decreased. Although neutral attitudes towards HIV/AIDS in interpellation documents increased, negative and mixed attitudes did not noticeably reduce. The expression of negative or mixed attitudes in interpellation documents between 1987 and 1996 was between 43% and 48%, and it was still at 31% in 2002-2006. This suggests that more legislators might have retained negative attitudes towards HIV/AIDS than the writers of opinion articles.

Another notable finding is that at least two textbooks written by local social work scholars discussed HIV/AIDS issues in a clearly negative way. These two textbooks were alike in drawing a close connection between the appearance of HIV/AIDS and female prostitution. HIV/AIDS was suggested as a negative side-effect of prostitution in society. Although this view was expressed briefly, it may have strengthened the existing stereotype regarding the stigmatised relationship between sex work and HIV/AIDS. In addition, three translated textbooks and three journal articles and theses expressed mixed attitudes towards HIV/AIDS issues. This suggests that these documents delivered ambiguous and conflicting HIV/AIDS messages.

**Attitudes towards PLHIV**

The majority of the analysed documents (65% in total) demonstrated positive or neutral attitudes towards PLHIV, with 26% holding negative or mixed attitudes.

The most commonly expressed attitudes varied slightly across the different kinds of documents. Community articles were distinguished by a strong positive attitude towards PLHIV (63%), but one community article expressed negative attitudes. Social work documents were likely to express a neutral attitude (51%). Societal articles were evenly split: approximately 30% were positive, 30% neutral and 30% mixed in attitude. By contrast, interpellation documents were likely to demonstrate mixed attitudes (36%).

The attitude towards PLHIV also varied in different periods. In 1982-1986, 75% of documents demonstrated negative attitudes. From 1987 to 1996, mixed attitudes were the norm. After 1997-2001, neutral attitude became the most common.

Although interpellation documents were likely to demonstrate mixed attitudes, and the ratio of interpellation documents holding negative or mixed attitudes towards PLHIV in different periods was still higher than other documents, the number of interpellation documents showing positive or neutral attitudes towards PLHIV gradually
increased from 33% (in 1982-1986) to 69% (in 2002-2006).

The number of different kinds of social work documents expressing positive or neutral attitudes towards PLHIV is similar. However, textbooks written by local social work scholars presented the least positive attitudes towards PLHIV (4%) compared to other social work documents (26% and 21% respectively). Furthermore, the positive or neutral attitudes towards PLHIV expressed in social work documents steadily increased from 1992-1996 to 1997-2001 with subsequent slight decrease.

An interesting finding is that 18 social work documents (25%) did not mention PLHIV. This suggests in these documents, HIV/AIDS, the disease, not PLHIV, the people, was the focus of discussions.

Another noticeable issue is the difference in attitude towards HIV/AIDS and PLHIV. The number of documents presenting positive or neutral attitudes towards PLHIV (65%) was slightly smaller than those with positive or neutral attitudes towards HIV/AIDS (71%), but the percentage of documents holding a positive attitude towards PLHIV (31%) was overwhelmingly greater than those holding positive attitudes towards HIV/AIDS (1%).

Social work documents showed a similar pattern. The total number of social work documents that expressed positive or neutral attitudes towards PLHIV (68%) was much lower than those with positive or neutral attitudes towards HIV/AIDS (82%), but the number of social work documents holding positive attitudes towards PLHIV (17%) was greater than those holding positive attitudes towards HIV/AIDS (0%).

This suggests that some people including social workers strongly advocated for PLHIV. Furthermore, it seems that the view “although HIV/AIDS is a serious disease, PLHIV should have their rights and be treated equally” was eventually accepted by some writers of analysed documents.

The percentage of mixed attitudes towards PLHIV (19%) was slightly higher than that towards HIV/AIDS (14%), although positive or neutral attitudes towards PLHIV gradually increased. Mixed attitudes towards PLHIV presented by societal articles (14%) and interpellation documents (19%) in 2002-2006 were also high, although mixed attitudes towards HIV/AIDS expressed in these documents in the same period were low (3% and 6% respectively).

These figures show the extent of disagreement in attitudes towards PLHIV. They also reveal that some groups were quite positive in their view of PLHIV.
Voices of Stigmatised Groups in Opinion Articles

As previously stated, one of the reasons for including opinion articles in this research was to capture the voices of HIV/AIDS-related groups. Opinion articles in newspapers offer opportunities for minorities to speak out about their views and experiences. If their representation in opinion articles was low, it implies that these groups encountered oppressive silencing due to prevailing social attitudes manifested in dominant discourses.

A scan of opinion articles and interpellation documents identified eight groups in addition to PLHIV, which appeared to have a close relationship with HIV/AIDS. These are gay men, injecting-drug users, soft drug users, sex workers, sex customers, foreign visitors, foreign labourers and foreign spouses (including those who come from mainland China). See Table 6-5.

Table 6-5, Appearance of stigmatised group members’ voices regarding HIV/AIDS issues in public documents

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<td>Soft drug users</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex workers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sex customers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foreign visitors</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foreign workers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foreign wives</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>21</td>
<td>33</td>
<td>24</td>
</tr>
</tbody>
</table>

1. The authors of these opinion articles did not clearly identify themselves as members of any HIV/AIDS NGO.

No publicly identified member of a stigmatised group has been elected as a legislator in Taiwan, so it was not expected that any such voice would appear in an interpellation document. However, it was surprising that in newspapers, which allow correspondents a fair degree of anonymity, such voices were still seldom heard. Among 229 opinion articles and interpellation documents, only 14 (6.1%) were written by PLHIV, and 10 (4.3%) by gay men, all using pseudonyms. Members of the other stigmatised groups were completely silent. This could be because their voices were either neglected or overlooked by the editors of the three newspapers, because these groups encountered social stress and were driven to silence; or because they did not see this space as an opportunity to raise awareness or convey their experiences.
Whether Social Work Textbooks Included HIV/AIDS Issues and by What Formats

The first characteristic for investigating social work textbooks is whether they contained HIV/AIDS issues regardless of what HIV/AIDS information was included. This could be the briefest mention or a full chapter. Three dimensions were explored: when the textbooks were published, whether they were written by Taiwanese scholars or translated from foreign textbooks, and the formats used to present any HIV/AIDS information.

<table>
<thead>
<tr>
<th>Period</th>
<th>Introducing HIV/AIDS issues</th>
<th>Not introducing HIV/AIDS issues</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>1982-1987</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>1982-1991</td>
<td>0</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>1992-1996</td>
<td>4</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>1997-2001</td>
<td>19</td>
<td>39</td>
<td>30</td>
</tr>
<tr>
<td>2002-2006</td>
<td>24</td>
<td>55</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>28</td>
<td>72</td>
</tr>
</tbody>
</table>

The number of textbooks introducing HIV/AIDS issues increased steadily over time. Among the 168 social work textbooks examined, 47 contained HIV/AIDS issues (28%). The results are shown in Table 6-6. Seventeen textbooks were published in the twentieth century, the remainder in the twenty-first century. The first textbook that introduced HIV/AIDS issues was published in 1992, a translated textbook about radical social work. However, HIV/AIDS was only briefly mentioned in one sentence introducing new challenging social problems (W.-Y. Lin & Gu, 1992, p. 34).

After the publication of that textbook, a further two textbooks with HIV/AIDS issues were published in 1995. They were also the first textbooks introducing HIV/AIDS issues written by Taiwanese scholars. The first textbook raised HIV/AIDS briefly in a section on social work education (Z.-L. Lee, 1995, p. 61). The second identified HIV/AIDS only very briefly as a new serious disease in a chapter on medical social work (L.-Y. Jiang, H.-Y. Zeng, & Tian, 1995, p. 268).

Before 2001, the number of textbooks raising HIV/AIDS issues was smaller than the number of textbooks which ignored the subject. In contrast, since 2001, the number of textbooks dealing with HIV/AIDS has exceeded the number of textbooks remaining silent on the subject.
Among the 168 textbooks evaluated, 117 were written by Taiwanese scholars, and 51 were translated, as demonstrated in Table 6-7. The majority of translated textbooks were originally published in the USA or the UK. Overall, 24 textbooks by Taiwanese scholars (21%) introduced HIV/AIDS issues, compared to 23 translated textbooks (45%). Proportionally, the number of textbooks discussing HIV/AIDS issues, whether written or translated, gradually increased (from 8% to 48%, and from 20% to 73%, from 1992-1996 to 2002-2006, respectively). In short, HIV/AIDS issues were more likely to be covered in textbooks which were recently published or translated.

**Formats of Introducing HIV/AIDS Issues Used in Social Work Textbooks**

Although HIV/AIDS issues were introduced in some textbooks, this does not mean that they were treated similarly. The different treatments reflect authors’ opinion of the significance of the subject, especially as a component in social work education. Seven formats have been identified: a short mention; one or two sentences; one paragraph; several paragraphs; one subsection; one section; and one chapter. It should be noted that several paragraphs in one textbook may be longer than a subsection in another textbook. However, the devotion of a specific subsection or section to HIV/AIDS issues in a textbook is more meaningful than the presence of a couple of paragraphs. The coding decision was based on whether, not how often, a specific format has been employed. In addition, different formats could be used in the same textbooks, so the number of the total added coding is larger than the number of sampled textbooks. The result is shown in Table 6-8.

**Table 6-8, Number of formats used to introduce HIV/AIDS issues in textbooks**

<table>
<thead>
<tr>
<th>Format of introducing HA issues</th>
<th>Written textbooks</th>
<th>Translated textbooks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=24</td>
<td>N=23</td>
<td>N=47</td>
</tr>
<tr>
<td>A mention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>71</td>
<td>17</td>
<td>74</td>
</tr>
<tr>
<td>One or two sentences</td>
<td>6</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>One paragraph</td>
<td>8</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>Several paragraphs</td>
<td>2</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>One subsection</td>
<td>5</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>One section</td>
<td>3</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>One chapter</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

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The most common format used to present HIV/AIDS issues in textbooks, whether written or translated, was a single mention (72% in total). The other formats were used far less frequently, for example, one paragraph (45%), one or two sentences (32%), one subsection (17%), one section (15%), and several paragraphs (13%). The least common format was an independent chapter, used in only two translated textbooks (4%). Furthermore, translated textbooks generally devoted more space and more significant formats to introduce HIV/AIDS information than locally written textbooks.

The findings demonstrate that HIV/AIDS issues were marginalised or overlooked in social work textbooks used in Taiwan, so that although some textbooks included HIV/AIDS issues, most were only covered in minor formats.

### Table 6-9. Social work document authors by category

<table>
<thead>
<tr>
<th></th>
<th>Written textbooks</th>
<th>Translated textbooks</th>
<th>Journal articles</th>
<th>Theses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Scholars</td>
<td>24</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Students</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Practitioners</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Foreigners</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>100</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100</td>
<td>23</td>
<td>100</td>
<td>19</td>
</tr>
</tbody>
</table>

1. Foreigners = foreign scholars or practitioners whose documents were translated

All social work textbooks introducing HIV/AIDS issues were written by social work scholars. Given the high status accorded textbooks and their authors, this created the impression that social work scholars were the most qualified and influential in pronouncements on HIV/AIDS issues.

However, surprisingly, most of the journal articles were contributed by social workers (63%) and students (21%), not scholars (11%). This suggests that the former, not the latter, might have been the key forces for constructing HIV/AIDS knowledge in the social work field. The small number of journal articles contributed by Taiwanese social work scholars implies that they might be less interested in doing empirical studies in HIV/AIDS issues or have less working experience in the HIV/AIDS field.

Therefore, the analysis revealed the existence of potential conflicts or struggles between social work scholars, practitioners and students regarding who was best positioned to speak “Truth” about HIV/AIDS issues in social work in Taiwan. It as been observed that power produces knowledge and the formation of knowledge then rationalises the existence and necessity of power (Gao, 2004, p. 287).
Summary

Content analysis in this chapter reveals clear differences between public documents and social work documents regarding discourses about HIV/AIDS and attitudes towards HIV/AIDS and PLHIV, and suggests numerous struggles for meanings and influence outside and within social work.

Four discourses were employed in documents discussing HIV/AIDS issues: individual pathological, programmatic, governmental and socio-cultural. In different periods and kinds of documents, popularly presented discourses varied.

In social work documents, the most common discourse about HIV/AIDS was the programmatic discourse, followed by the socio-cultural discourse. However, textbooks written by Taiwanese social work scholars presented a clear individual pathological discourse. In contrast, community articles, mostly contributed by HIV/AIDS social workers and PLHIV, were likely to employ a socio-cultural discourse and express more positive attitudes towards HIV/AIDS and PLHIV.

The discourses commonly presented in social work documents were different from those employed by opinion article writers and legislators. In public documents, the most popular discourse about HIV/AIDS was the governmental discourse, followed by the individual pathological discourse.

In addition, although some gay men and PLHIV felt able to express their ideas in opinion articles, it was still rare that related groups, such as sex workers or foreign labourers, used these opportunities to speak on HIV/AIDS issues. This suggests that opinion articles may not be the ideal vehicle for minorities to express their views.

The content analysis suggests that Taiwanese social workers represented only a fraction of those expressing views about HIV/AIDS, that Taiwanese social work overlooked the problems related to HIV/AIDS and PLHIV, and might not have provided sufficient HIV/AIDS training in social work education between 1982 and 2006. The findings support the importance of understanding the relationships amongst the Taiwanese government, societal views and social work responses, and the influence of factors outside schools of social work.

These issues will be investigated in following chapters to build a genealogical analysis to explore what happened and which groups, outside and within social work schools, were able to participate in the development of HIV/AIDS curricula in Taiwan.
Chapter Seven
Emergence of Individual Pathological Discourse

The potential power relations within and outside educational institutions, including schools of social work, and between society and educational institutions, direct the development of education and curriculum. An investigation of HIV/AIDS curriculum in social work education in Taiwan, based on this understanding, should cover influences or forces outside the social work field, not only emphasise factors within. Furthermore, the content analysis in the previous chapter demonstrates that Taiwanese social workers were a fraction of those expressing views about HIV/AIDS and PLHIV, and indeed that Taiwanese social work may have overlooked the problems related to these issues. This suggests that the views on HIV/AIDS expressed by social workers or social work scholars might be less influential, and so it is necessary to include societal views in understanding the development of HIV/AIDS curricula in schools of social work in Taiwan.

The four key discourses were determined under different historical and social conditions. As is the nature of discourses, they emerged, existed, developed or transformed according to prevailing political or social systems. Most importantly, such discourses influenced the ways people understand HIV/AIDS in a range of contexts in Taiwan.

The existence of different discourses about HIV/AIDS implies that some groups were considered as “them”. Through the process of formation of “them”, different pairs of concepts of “us/them” were formed. As discourses altered, the formed concepts of “us/them” also shifted.

In these two chapters, the emergence, formation and transformation of the four key discourses, and the perspectives, methods and systems employed to construct each specific discourse will be explored. Which groups were excluded, or suggested as “them”, will also be examined. The investigation in these two chapters will lay the groundwork to explore how social work education in Taiwan responded to the four key discourses.

The Individual Pathological Discourse

In June 1981, the first AIDS cases were reported in the USA (Rushing, 1995, pp. 15-16). It was unclear how people became infected (Wellings, 1988, p. 90). Male
homosexuals and drug injectors, who had been marginalised and discriminated against, were constructed as high-risk groups for AIDS (Mann & Tarantola, 1996, p. 464). Moral panic and negative societal attitudes towards HIV/AIDS, PLHIV and related groups appeared (Weeks, 1988, p. 11). Unfair and unjust measures, such as isolation and mandatory testing, were used to stop the spread of this disease (Gruskin, Hendriks, & Tomasevski, 1996, p. 326).

In the early 1980s, the Kuomintang government exercised strict control over Taiwan, including the military, the media and education (Roy, 2003, p. 152). Any deviant sexual activity, such as polygamy, homosexual behaviours or sex work was constructed as abnormal behaviour and prohibited. During the totalitarian era in Taiwan, reports of a mysterious new disease, AIDS, the “gay plague” (Lupton, 1994, p. 8) were introduced into Taiwan (Hsu, 2001, pp. 7 & 59), and created space for the formation of the individual pathological discourse.

There were no reported AIDS cases in 1983 in Taiwan, however, a view of AIDS as “God’s punishment for homosexuals” was introduced from the USA and Europe via the mass media (T.-S. Wu, 1997). This view, based on what is referred to in this thesis as an individual pathological discourse, was typical of early responses to HIV/AIDS in Taiwan. It emerged in documents produced in the early 1980s and seemed to be popularly accepted in Taiwan in the 1980s.

This individual pathological discourse emphasises that specific groups or individual pathological behaviours are the main causes of HIV/AIDS. Consistently, the suggested means for controlling HIV/AIDS would be to change individual pathological or dangerous behaviours, or to prevent the dangerous groups, the “them”, taking up residence in Taiwan. Based on this discourse, some socially considered “dangerous” or “deviant” groups, such as homosexuals, foreigners, or PLHIV, are gradually constructed as a “them” group; others become a “pure” and “needed to be protected” “us” group.

The individual pathological discourse was gradually incorporated into Taiwan’s social logic, and forged the main perspective on HIV/AIDS problems. Over time, strict measures and regulations, which were considered the most appropriate means to control the spread of the disease, based on this discourse were constructed and legalised. The legalisation of strict measures further rationalised this discourse smoothing its inclusion into social thinking, and ensuring its dominance.

Although it has been widely debunked in the decades since, this discourse still colours the attitudes of some newspaper opinion article writers reacting to GLBT
activities (D.-R. Wu, China Time Daily, 31 October 2004, p. E04.). It is favoured by some religious groups (as cited in Y.-H. Liao-b, China Time Daily, 27 August 2006, p. A19), found in court case results (as cited in Y.-H. Liao-a, China Time Daily, 13 October 2006, p. A19), and carelessly expressed by politicians (as cited in Liang, United Daily News, 22 December 2003, p. A15). The repeated appearance of the individual pathological discourse and numerous criticisms it attracted shows its dominance in Taiwan. This confirms with the view that discourse(s) or knowledge that are seriously criticised are usually more dominant and popular (Lemert & Gillan, 1982, p. 65).

This opinion article from 1983 is typical.

God does not condone homosexuals’ abnormal and anti-natural behaviours, so God condemns them to be infected with a horrible and cureless disease, *Houtian mianyi shitiaozheng*¹ (Acquired Immune Deficiency Syndrome). … In other words, the calamity caused by homosexuals themselves was a severe punishment by God. They dare to violate natural sexual rules, so it is their business to suffer from their own immorality (Yang-Zi, occupation unknown, United Daily News, 07 November 1983, p. 8)!

In 1983, when this article was written, there were no reported AIDS cases in Taiwan. The virus, HIV, had just been identified², and it was not yet clear how people became infected. For this reason, it is important to explore why the above article could confidently state that AIDS is God’s way to condemn “abnormal” homosexuals.

Any physical phenomenon, including good health or disease, is not only a simple medical term, but also contains social and cultural meanings (Rushing, 1995, p. 131). Madness, for example, a physical condition, which was once considered a moral error, is now viewed as an illness responsive to treatment (Foucault, 1992, pp. 22 & 36). The close relationship with stigmatised gay men and unaccepted behaviours forced AIDS, a physical condition, which is caused by HIV, to be constructed as a form of retribution for abnormality (Petros, Airhihenbuwa, Simbayi, Ramlagan, & Brown, 2006, pp. 67-68). When AIDS cases first were reported in the USA and Europe, the majority involved homosexual men (Blumenfeld, 1998a, p. 268). Initially, AIDS was considered as Gay Related Immune Deficiency (GRID) or “gay plague”, and many people believed that AIDS was a gay-specific plague (Scarce, 1998, pp. 240-241). Gay men have been stigmatised as abnormal, unnatural or psychologically dysfunctional in many countries (Herek, 2000, p. 149). AIDS, which was considered as a gay-specific disease, was also

¹ *Houtian mianyi shitiaozheng* (後天免疫失調症) is an unofficial translation of AIDS in Taiwan.
² HIV was identified in 1983 (Chase & Aggleton, 1994, p. 1).
stigmatised, and used as an excuse to vilify gay men and lesbians (Blumenfeld, 1998b, pp. 268-269).

The emergence of this discourse, on the one hand, implies that understandings about physical conditions can be influenced by cultural interpretations (Lupton, 1994, pp. 1-2); and on the other, that foreign forces can have powerful effects on the emergence or formation of local discourses.

In late December 1984, an American transferring traveller was urgently delivered to a hospital due to illness related to AIDS, and became the first reported AIDS case in Taiwan\(^3\) (Provincial Government of Taiwan, 1992, p. 8). This first reported AIDS case was a citizen of the United States of America and a gay man, and according to a newspaper report, a “dissolute” gay man (Hsu et al., 2003, pp. 97-99). This event exemplified that the “AIDS is a gay-specific plague” discourse. Furthermore, he was an American. The discourse that “AIDS is an imported disease by (Western) foreigners” was then also developed (Hsu, W.-C. Lin, & T.-S. Wu, 2004, pp. 192-193). In 1987, this discourse was represented in an interpellation document.

Some commissioned South American and African agricultural trainees came from countries with a high prevalence of Aizibing. I wonder whether they have been infected with Aizibingdu. Whether they have passed the virus to locals? ... Those trainees attend classes in the day time, but are free in the evening, so some of them go whoring and dawdling, … and may be carelessly spreading unwelcomed diseases or viruses. … Therefore, I strongly ask that the government pay more attention to checking and screening these unnoticed populations, such as foreign trainees, or visitors, to avoid the possible increasing rates of Aizibing cases (M.-H. Huang, Interpellation Document, Legislative Gazette, 09 June 1985, p. 45).

In 1988, an opinion article reflected a similar perspective. “Thousands of Western travelers visit Taiwan every year. It is critical to consider the methods of preventing them from spreading unwelcomed viruses” (the Editorial, Min Sheng Daily, 14 May 1988, p. 9).

Blaming immigrants or foreigners for importing unacceptable diseases is not an uncommon phenomenon. In the 15th and 16th Centuries, syphilis was known as “the French disease” in Italy, while it was called “the Italian disease” in France (Felstein, 1974, as cited in Wellings, 1988, p. 85). The development of HIV/AIDS presents a

\(^3\) Later, a physician checked his haemophilic patients, and found a few people with haemophilia were infected with HIV at early as January 1984. Therefore, it is arguable whether this transferring traveller from USA was the first AIDS case in Taiwan, and I think it is better to term this case as the first reported AIDS case.
similar pattern (Rushing, 1995, p. 158). In the USA, it was not only labelled as Gay-related immune deficiency, a gay-specific disease (Stulberg & Smith, 1988, p. 277), but also considered as a disease introduced by Haitians (Santana & Dancy, 2000, p. 162; Wellings, 1988, pp. 84-85). In some African countries, it was seen as a Western means of genocide (Pickle, Quinn, & Brown, 2002, pp. 428-429). In Taiwan, it has been constructed as a means of killing local Taiwanese through contact with dissipated Western homosexuals (Hsu et al., 2003, p. 110-112). This concept arose again in 1986 when the first local AIDS case was reported in Taiwan.

In February, 1986, the first reported local AIDS case, a gay man, was identified4 (the Editor, United Daily News, 04 March 1986, p. 2). This forced Taiwanese to acknowledge that HIV/AIDS was not a foreign disease, nor a disease that only appeared in the mass media. The case also acted as a warning for Taiwan to build a prevention system to counter this disease. The methods suggested for establishing a preventive system were based on the individual pathological discourse, as explained in an editorial entitled Aisibing shijian fanying de wenti (the problems were reflected from Aisibing).

Homosexuality is not a normal behaviour, nor a moral matter. … Now, it is clear that these unnatural behaviours do lead to a dangerous disease (Aisibing). A simple method to solve this problem is to educate people to refrain from this behaviour. … However, in an era when international interactions happen very often, and the process of Westernisation is in progress, it seems that we will have to witness the trend which has happened in Western countries will appear here, and we will be forced to endure Western influences. Therefore, we cannot disregard the possibility that Aisibing will become an epidemic disease, and we also need to prepare for the problems resulting from this disease (the Editorial, United Daily News, 04 March 1986, p. 2).

This article realistically raised the alarm that Taiwanese society as a whole needed to be aware of problems resulting from AIDS, and should not overlook this disease. The suggested solution, however, was to stop homosexual behaviours, because “it is clear” that “unnatural” homosexual behaviours “lead to the dangerous disease, (Aisibing)”. The expression “it is clear” implies that the editorial considered that “AIDS is a gay-specific plague” was a universally held view. If this view was considered as an unquestionable understanding by the editor of a popular newspaper, it is conceivable that this view had been broadly accepted in Taiwan.

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4 As a note in this chapter above, a physician found that some of his haemophilic patients were infected with HIV as early as January 1984. Therefore, it is arguable whether this is the first local (gay) AIDS patient in Taiwan, and I think it is better to term this case as the first reported local AIDS case.
Besides advocating a stop to homosexual behaviours, it seems there was another important, but very ambiguous, concept within this article. It also intended to warn society against unspecified Western influences. Although it did not exactly say so, it implied a connection to homosexual behaviours.

Prior to the first reported AIDS case in 1984, “Western” or “USA”, generally speaking, had been constructed as positive, good or superior terms in Taiwan. This construction was strongly related to the social and political conditions, Taiwan being heavily dependent on financial and military support from the USA. In contrast, the “AIDS is a Western disease” view suggested that “Western” equalled “inferior” or “bad”. There is an obvious conflict and inconsistency between the two views. Although this article directly asserted that homosexuality leads to “a dangerous disease”, due to the close relationship with the USA, it could only insinuate that “the West” was a potentially bad influence on Taiwan, and indirectly imply that Taiwan had to monitor its influences, otherwise “we will be forced to endure”, such influences.

This newspaper opinion article suggested two methods to solve HIV/AIDS problems: stopping homosexual behaviours and monitoring Western or foreign influences. These two methods, based on the individual pathological discourse, were gradually introduced into related policies and regulation. Through the process of legislation and policy making, the individual pathological discourse became powerful and dominant, and strongly directed people’s ideas and perspectives about HIV/AIDS issues in Taiwan in the 1980s.

**Governing Homosexuals**

In 1986, a governmental document proposed that key measures for dealing with AIDS were to “provide health education for homosexuals and bisexuels to be aware of the risk of Houtian mianyi quefa zhenghouqun (AIDS), and to self-suppress their behaviours. … Meanwhile a number of epidemiological research works targeting high risk groups were conducted (Response from the Executive Yuan, Legislative Gazette, 28 March 1986, p. 52).” The term “self-suppress” implies that homosexual behaviours are unacceptable and not to be tolerated, and suggests that these behaviours should be prohibited and/or terminated.

In 1989, another governmental document regarding Aizibing prevention stated “[the ways of avoiding Aizibing], first, is not to have sex with Aizi bingren or someone

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5 *Aizi bingren* (愛滋病人) or *Aizi binghuan* (愛滋病患) refer to AIDS patients. Other Chinese terms used
who is suspected to be *Aizi binghuan*; second, high risk groups include homosexuals/bisexuals, injecting drug users, Africans, prostitutes, sexually transmitted disease (STD)\(^6\) patients, blood receivers …” (Provincial Government of Taiwan, 1989, p. 9).

An article about the history of HIV screening in Taiwan (written by a senior physician) revealed that,

> When *Aizibing* emerged, we thought the *Aizibingdu* infection rate would be high among homosexuals, so it was urgent to understand their sex behaviours and undertake *Aizibingdu* screening. … We tried to enter gay bars to screen and study them. However, they were uncooperative (Z.-Y. Zhuang, 2002, as cited in Chiu, 2006, p. 49).

These three documents reveal that, from the Taiwanese government’s perspective, some groups, including PLHIV, homosexuals, foreigners (Africans), injecting drug users, and sex workers had been constructed as “them” groups, as high risk groups. The measures for HIV prevention were to “screen and study [the targeted risk, homosexual and bisexual, groups]”, and to urge others not to have sex with them. But safer sex information was not mentioned.

As previously stated, some people with haemophilia had been identified as infected with HIV as early as January 1984. Furthermore, by 1990, among recorded local PLHIV in Taiwan (112), the number of people who were infected with HIV through homosexual and bisexual behaviours (41) was still lower than that of people with haemophilia (43) (CDCT, n.d.-b). This suggests that the government’s urgent measures should have been directed towards the former, not the latter, had its decisions been based on available epidemiological evidence\(^7\).

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6. Currently, the term sexually transmitted infection (STI), is preferred over STD. However, most of my data employed this term, STD, so I use these two terms interchangeably in this thesis.

7. The incidence of HIV among people with haemophilia in Taiwan did not decrease to zero until 1997 (CDCT, n.d.-a), although it had been acknowledged since 1983 that many methods could be used to
Some international organisations had declared that risk behaviours, not risk groups, are more likely to facilitate HIV transmission, and should be the focus of HIV prevention, especially when the socially constructed risk groups are seriously stigmatised (Watney, 1996, p. 431). The Taiwanese government chose to overlook this information. For example, information about “risk behaviours” was described in this way: “There are three routes of Houtian mianyi quefa zhenghouqun, sexual intercourse between male homosexuals; blood exchange, including sharing needles and accepting blood products; and mother to child transmission” (Response from the Executive Yuan, Legislative Gazette, 03 April 1986, p. 56). It is clear from this document that the Taiwanese government was aware of the kinds of behaviours which can lead to HIV transmission. However, by narrowing the reference to male homosexual sex, this governmental document ignored that sex between heterosexuals is also risky.

Whether the government purposefully or due to ignorance overlooked other behaviours or groups related to HIV infection and emphasised the risk of homosexual behaviours, it clearly exemplifies that male homosexual intercourse or homosexuals were the main (or only) focus of HIV/AIDS prevention in Taiwan at that time, and that homosexual intercourse or homosexuals themselves were highly problematised.

An unexpected question emerged when the government tried to problematise and govern homosexuals to prevent HIV transmission. Who was a homosexual or a bisexual? Which groups should be strictly monitored for HIV prevention? Sexual orientation is an ambiguous concept, and difficult to identify (Altman, 1996, p. 255). Although some places in Taiwan were suspected to be cruising areas for homosexuals, such as parks, cinemas or pubs, the general population would visit these places too. Clearly identified places, for example gay bars, could easily refuse to cooperate with the government, as mentioned above.

To continue to monitor homosexuals, one of governmental HIV prevention activities, compulsory screening, entered single-gender institutions, for example, deep sea fishing vessels, armies and prisons (CDCT, n.d.-d). These places were included in compulsory screening because they were suspected sites of homosexual behaviours effectively prevent people with haemophilia from the HIV infection, such as screening or heating blood products (Gilmore, 1996, p. 293). It means that governmental measures used for people with haemophilia in Taiwan were insufficient.

However, this approach might lead to resources being unavailable to groups most vulnerable to HIV infection. It also implies that everyone is at equal risk of being infected with HIV. It is recommended to carefully use “risk groups” and “risk behaviours” to deploy resources while not to stigmatise minority groups (Watney, 1996, p. 432).

The outline was added by me to emphasise the narrow definition of risk behaviour in this document.
The specific logic of “chasing daiyuanzhe (screening for HIV) is a good way to prevent the spread of Aizibing and keep Taiwanese nationals healthy” (Response from the Executive Yuan, Legislative Gazette, 28 March 1986, p. 52) was constructed to rationalise compulsory screening. Simultaneously, an important prevention factor, education, disappeared amidst this logic. From this point, AIDS education and prevention, a critical measure to stop HIV transmission (Fan, Conner, & Villarreal, 2004, p. 140), became “HIV screening and prevention” in Taiwan. This term “HIV screening and prevention” regularly appeared in interpellation documents and responses from the Executive Yuan, at least, until 1992.

Besides conducting compulsory screening in single-gender institutions, the government propagated the necessity for an HIV test for homosexuals (Response from the Executive Yuan, Legislative Gazette, 28 March 1986, p. 52), and asked police to hand over arrested male prostitutes, cross-dressing individuals, or homosexuals to health departments to conduct HIV screening (Response from the Executive Yuan, Legislative Gazette, 14 April 1987, p. 115). These administrative measures once again reflected that male homosexual intercourse or homosexuals were problematised and constructed as the main causes for the spread of HIV/AIDS in Taiwan.

**Governing Foreigners**

Once homosexuals and single-gender institutions were placed under governmental surveillance to prevent the potential spread of HIV in Taiwan, foreigners became another target. The first interpellation document that presented this view stated: “The news that an American transferring traveller was urgently delivered to a hospital due to illness related to AIDS strongly stresses that Aizibing has invaded Taiwan” (J.-P. Wang, Interpellation Document, Legislative Gazette, 19 March 1985, p. 89).

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10 Although the Executive Yuan declared that they provided health education regarding HIV/AIDS for homosexuals and bisexuals, at least since 1986, other documents present a different story. According to the Chronology of Significant HIV/AIDS Events (CDCT, n.d.-d), the HIV/AIDS committee in 1985 announced that general HIV/AIDS education was a critical work, the HIV/AIDS hotline was set in 1987, posters were exhibited after 1988, and a booklet introducing HIV/AIDS was published in 1989. In addition, some research revealed that identified official HIV/AIDS campaigns in Taiwan did not start until late 1987 (Hsu, 2001, 264-265). So, it is reasonable to question whether health education regarding HIV/AIDS for homosexuals and bisexuals was provided since 1986. According to the Chronology of Significant HIV/AIDS Events, however, “screening for HIV” for high risk groups did start from 1985. This evidence suggests that an important prevention factor, education, disappeared, and screening seems to have been the only method of prevention in the early stage of HIV/AIDS prevention in Taiwan.

11 Even now, homosexuals or gay men can be arrested and rudely treated by policemen because of an excuse ‘against good social manners’, so it was another way for health authorities to find invisible homosexuals.
legislator’s comment reflected this view too: “[according to HIV/AIDS issue], all dangerous areas are abroad, so it is fundamental to prevent foreign HIV carriers from entering our pure and clean territory” (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 28 April 1988, p. 2).

Additionally, almost every newspaper opinion article and interpellation document before the mid 1990s strongly supported that the government should employ strict measures to prevent HIV/AIDS from invading Taiwan through foreigners. Although the Executive Yuan admitted that there might be many practical difficulties in employing this strict measure for foreigners (Response from the Executive Yuan, *Legislative Gazette*, 26 June 1987, p. 101), such as a window period, and the delay of immigration checks (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 28 April, 1988, pp. 3-4).

A newspaper opinion article at the time illustrated a typical view:

Not every foreign Daiyuanzhe needs to stay in Taiwan for more than three months to spread this terrible virus to innocent Taiwanese people … They may only need one night … to let this horrible thing happen … Thousands of people can be infected with the virus because of the foreigners’ behaviours in just one night. But these foreigners can’t be controlled or monitored by our government, because they may stay in Taiwan only for one night (A worried Taiwanese, gender and occupation unknown, *China Time Daily*, 19 Dec 1990, p. 20).

From the highly charged language in this article, it is clear that this author, like most Taiwanese people, supported strict measures against visiting foreigners. This was due to a misleading concept that they (foreigners, the potential daiyuanzhe), could spread HIV (the horrible thing) to Taiwanese locals in a quick period (only need one night), and unfortunately the Taiwanese government could not control their behaviours (they might not stay in Taiwan for more than three months, so they did not need to submit their HIV test result for a visa).

These pressures and arguments from legislators and Taiwanese society pushed the Taiwanese government to employ strict measures to regulate foreigners in Taiwan. From 1987, every foreign trainee and student had to be screened for HIV (Response from the Executive Yuan, *Legislative Gazette*, 26 June 1987, p. 101). The next population of governmental focus and regulation was foreign blue-collar labourers, especially those

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12 I could only identify one newspaper opinion article during that period voicing the different opinion. A physician expressed concern that the strict measures would result in foreigners’ antipathy towards and boycott of Taiwan (R.-G Lin, physician, *China Times Daily*, 19 Dec 1990, p. 20). But his concern was more about potential foreign responses, than the strict measures for foreigners.
from South or Southeast Asian countries (Response from the Executive Yuan, Legislative Gazette, 31 August 1991, p. 99).

New measures required that every foreigner who wanted to stay in Taiwan for more than three months had to undergo a medical examination that included an HIV test\textsuperscript{13}. Those who tested HIV positive or had other sexually transmitted diseases would be denied their application, and repatriated\textsuperscript{14} (Response from the Executive Yuan, Legislative Gazette, 31 August 1991, p. 99), as a strategy to minimise the potential danger to public health, and unnecessary social and medical expense\textsuperscript{15} (Response from the Executive Yuan, Legislative Gazette, 5 September 1991, p. 124).

Furthermore, repatriated foreigners’ personal contacts including work colleagues and sex partners were compulsorily screened for HIV (Response from the Executive Yuan, Legislative Gazette, 04 March 1994, p. 107). If positive foreigners fled, or were not repatriated within seven days, their employers were interrogated as suspected accomplices, and might be fined (Response from the Executive Yuan, Legislative Gazette, 17 February 1997, pp. 106-107; and 11 May 1999, p. 13). The Ministry of Health also promulgated strict regulations to monitor the hospitals which were responsible for screening foreign labourers (Response from the Executive Yuan, Legislative Gazette, 17 February 1997, p. 106). If the hospitals failed their responsibility to identify HIV positive foreign labourers, they were fined, or their eligibility to provide such medical examinations cancelled (Response from the Executive Yuan, Legislative Gazette, 17 February 1997, p. 106).

The measures above constructed a dramatic scene of the Taiwanese health authorities confronting or pursuing foreign PLHIV: every foreigner who wanted to stay in Taiwan more than three months had to demonstrate that he or she was pure and clean (free of HIV) before a visa would be considered. Even if a visa was granted, the health authority would regularly recheck their HIV status, at least every three months. If a

\textsuperscript{13} However, foreign blue-collar labourers and brides were subject to stricter regulations than other foreigners. Although they were issued with visas, and arrived in Taiwan, the health authority would still regularly screen them, for example, upon arrival, three months after their arrival, and when they needed to extend their visas (Response from the Executive Yuan, Legislative Gazette, 29 November 1993, p. 106). If their HIV test results showed positive at any stage, they were automatically refused visas, and had to be repatriated within seven days (Response from the Executive Yuan, Legislative Gazette, 31 August 1991, pp. 98-99). It seems that gender, race and class factors might have impacts on this policy.

\textsuperscript{14} For example, a Taiwanese woman’s foreign husband was repatriated in 1999 due to HIV infection (Xue, 2002c, p. A15); and a foreign DJ was deported in 2004, because he was infected with syphilis (J.-Y. Huang, 2004, p. A15).

\textsuperscript{15} This requirement that ‘every foreigner who wanted to stay in Taiwan for more than three months has to undergo a medical examination that included an HIV test’ were included in the AIDS Act (which will be explained below) in 1990.
A News Conference

In June 1987, a twenty-something PLHIV wore a mask and used a pseudonym, Mr. A, to appear at a Department of Health news conference aimed at awakening Taiwanese to the importance of HIV/AIDS prevention. He admitted his experiences of being infected with HIV by homosexual encounters (United Daily News, 26 Jun 1987, p. 03). This is the first time in Taiwan that a PLHIV appeared in a news conference. However, the use of a mask and a pseudonym directly suggested the difficulty for PLHIV to come out in Taiwan at that time; as well, this indirectly restrengthened that HIV/AIDS was a disgraceful disease.

Mr. A made the following appeal at the news conference: “People who have homosexual encounters should have the courage to take an Aizi test. They should also avoid having sex with male strangers, especially foreign male strangers” (United Daily News, 26 Jun 1987, p. 03).

When the news conference was held, HIV/AIDS cases had just emerged in Taiwan (the total number of PLHIV by June 1987 was 40). AIDS prevention and control was the main priority. For these reasons, it is understandable that preventing the spread of HIV/AIDS and identifying potential PLHIV were the major emphases of the news conference.

Furthermore, statements, such as, “people who have homosexual encounters should have the courage to take an Aizi test” or “should avoid having sex with male strangers, especially foreign male strangers”, reflected the strong “only homosexuals will be infected with HIV” and “HIV/AIDS is a foreign disease” discourses. This explains again the reasons why foreigners and homosexuals were the main focus in...
AIDS prevention in the 1980s. However, some points are important to be discussed in detail.

Firstly, in December 1987, the number of haemophiliacs with HIV was 37, while the number of people who were infected with HIV through homosexual encounters was 8 (CDCT, n.d.-b). In the circumstances, it is interesting that the Department of Health selected a PLHIV who was infected through homosexual encounters, rather than a haemophiliac or someone who was infected with HIV through a heterosexual encounter. This reflected again the Department of Health viewed that homosexual encounters were likely to be more risky than heterosexual encounters or blood transfusion. From Mr. A’s statement, it is reasonable to infer that he shared that view. Otherwise, he could have made the appeal that “people who had any sexual encounter with strangers should have the courage to take an Aizi test”, and “people should avoid having sex with strangers”.

Secondly, when questioned by a journalist about his sexual activities, Mr. A replied “I started homosexual encounters four years ago out of curiosity. The number of people I had sex with is less than five. All of them are local male unknowns aged from 20 to 35. I did not have sex with foreigners” (United Daily News, 26 Jun 1987, p. 03). This made his appeal that “people who have homosexual encounters should have the courage to take an Aizi test” and “people … should avoid having sex with strangers” understandable. However, if Mr. A did not have sex with foreigners, and there were only five reported foreign HIV/AIDS cases in Taiwan at the time of the news conference, it is harder to explain his warning against having sex with foreigners. A possible explanation is that due to the powerful “HIV/AIDS is a foreign disease” view at that time, Mr. A still thought it necessary to warn against sex with foreigners. Another explanation is that he might actually had had sex with foreigners, but, due to the powerful “HIV/AIDS is a foreign disease” view then, to save face, he had to lie.

Whether the explanations provided here are appropriate or not, it indirectly reveals how influential and strong the “HIV/AIDS is a homosexual or foreign disease” view was at that time.

**Enactment of the AIDS Act Bill**

The individual pathological discourse, with the enactment of a specific HIV/AIDS Act bill, had been systematised and merged into a specific social logic.

In early 1987, some legislators forced the government to enact a specific AIDS act, and to execute strict prevention measures to protect the health and well-being of
Taiwanese (Z.-R. Li, et al., Interpellation Document, *Legislative Gazette*, 17 March 1987, p. 140). A bill was deliberated on a few months later. The announced rationale for this bill was “to prevent Houtian mianyi quefa zhenghouqun from spreading, … and to protect natives’ health” (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 23 March 1988, pp. 20-23). Discussion centred around punitive measures to force identified groups to engage or not engage in specific behaviours (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 23 March 1988, pp. 23-32). The bill included, for example, an article designed to discipline people who already aware that they have been infected with HIV, “have risky sexual behaviours with others by concealing the fact and thus infect others”. The punishment for such behaviour was “up to seven years”.

> [All of the punitive articles in this bill are] to stop people intentionally spreading Renlei mianyi quefa bingdu, prevent people from being infected with Renlei mianyi quefa bingdu, and to keep Taiwanese people healthy (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 23 March 1988, p. 23).

It appeared that no legislator doubted the necessity of criminalising PLHIV or high risk groups as a way to prevent HIV/AIDS.

When the bill was being debated in the Legislative Yuan, many newspaper opinion articles were published. It appears that every article accepted the “AIDS is a crime” discourse. For example, a legal scholar strongly questioned the need to enact a specific HIV/AIDS law, arguing,

> [A]ll identified crimes regarding spreading Aizibing, such as hurting or murdering, can be found in current criminal law. The current criminal articles also provide enough foundation for the measurement of a penalty. It is definitely unnecessary to enact a HIV/AIDS act\(^\text{16}\) (R.-J. Huang, *United Daily News*, 10 August 1988, p. 12).

From the statement above, it is clear that this legal scholar assumed, without doubt, that spreading Aizibing was a crime: “[A]ll identified crimes regarding spreading Aizibing, such as hurting or murdering”. Furthermore, the similar logic was reflected from the reasons he used to oppose the enactment of a AIDS act: “current criminal articles provide enough foundation for the measurement of a penalty."

*Houtian mianyi quefa zhenghouqun fangzhi tiaoli* (the AIDS Act) was formulated

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\(^{16}\) I underlined key sections to emphasise that the “AIDS is a crime” discourse had been accepted by this opinion article.
and promulgated in 17 Dec 1990. Out of the 22 articles in this Act, eight detailed the responsibilities of PLHIV, and the punishments for failing to behave according to the law. For example: individuals who are fully aware that they have been infected with HIV, “have risky sexual behaviours with others by concealing the fact and thus infect others”, or “supply blood or provide organs, tissues, body fluid or cells for transplantation or for use of others and thus infect others” “shall be sentenced to up to seven years” (Article 15). PLHIV also had to “provide information on sources of infection or their contacts” (Article 9), while “individuals living together or having sexual contact with HIV patients” would be forced to do an HIV test (Article 8).

Measures for monitoring foreign PLHIV were also formulated in the Act:

1. The central competent health authority imposes examination measures on aliens entering with an intention to stay for more than three months, or require them to submit a testing report for HIV antibodies in three months. 2. Examination or testing of the preceding Paragraph, when positive, the central competent health authority shall order them to be deported (Article 14).

These articles indicated that a perspective of “AIDS is a crime, and PLHIV are criminals” had informed the AIDS Act.

Summary

The analysis above suggests that the individual pathological discourse was the most powerful perspective for considering and responding to HIV/AIDS when it initially emerged in Taiwan in the 1980s. Based on this discourse, the danger of HIV/AIDS was seen to result from specific groups, such as homosexuals or foreigners. The suggested methods to control the fatal disease were to identify the infection sources, prevent the potential foreign threats entering Taiwan, and control and modify unacceptable behaviours. Strict prevention measures, such as monitoring homosexuals or foreigners, were discussed and employed. This discourse originally based on some people’s prejudiced opinions or ideas (and an underlying homophobia evident across the range of discourses about HIV AIDS), led to the transformation of AIDS, a physical condition, into a legal crime through the construction of a specific law. The appearance of “AIDS is a crime, and PLHIV as criminals” in legal articles reflected and supported the dominance of the individual pathological discourse.

The legalisation further rationalised this discourse, smoothed its inclusion into the social logic, and increased its influence. For example, in 1995, after the enactment of the AIDS Act, when a famous PLHIV, a basketball player, Magic Johnson, planned to
visit Taiwan, a typical opinion article argued that “The law is the law, so the Ministry of Health should act in accordance with the HIV/AIDS law to deny Magic’s entry application, and stand its ground. I totally agree with the decision made by the Ministry of Health (S.-P. Xie, a public official, United Daily News, 07 October 1995, p. 11).” This reveals how the powerful individual pathological discourse had become the “truth” through the process of legislation, and could strongly influence social opinions regarding HIV/AIDS and PLHIV.
Chapter Eight
Challenges from Three Other Discourses

A view of “AIDS is God’s punishment for homosexuals” was introduced from the USA and Europe into Taiwan via the mass media, when Taiwanese society was strictly controlled by the Kuomintang government, and before there was any reported AIDS case as analysed in the previous chapter. This view arising out of individual pathological discourse, was typical of early responses to HIV/AIDS in Taiwan. Over time, the individual pathological discourse became the dominant perspective, the source of strict measures and laws. This discourse held on into the 21st century in some contexts.

The dominance of the individual pathological discourse in Taiwan was gradually challenged by other discourses, the programmatic, governmental and socio-cultural. The emergence of these three discourses was clearly related to changing political and social conditions in Taiwan. They also emerged, developed or transformed with the assistance of the formation or transformation of specific policies and systems, such as the AIDS Act and the National AIDS Prevention Policy.

After the appearance of PLHIV cases in the West, HIV/AIDS NGOs emerged to provide support and services for people suffering the disease (Chase & Aggleton, 1994, p. 1). After the identification of HIV and the routes of HIV infection in 1983, individual risk reduction methods were emphasised in HIV/AIDS prevention programs and medical treatments were delivered to PLHIV (Mann & Tarantola, 1996b, pp. 429-430). Discrimination against PLHIV was recognised as a counterproductive factor reducing the effectiveness of prevention programs in the early 1990s (Gruskin et al., 1996, p. 326). The provision of medical and social services and the protection of PLHIV’s human rights from discrimination have gradually become a central concern in prevention programs (Mann & Tarantola, 1996a, p. 465).

In the late 1980s, rapid political and cultural change occurred in Taiwan, as detailed in Chapter Four (Roy, 2003, p. xii). Martial law was lifted, opposition parties were allowed to form, and different social movements also began to appear (Myers, 1998, p. 36; Shiau, 1999, pp. 101-102). These changes created a space in which views different from the Taiwanese government could be expressed more openly, including those criticising governmental policies and measures, or social norms or values.
In this chapter, the appearance of these three discourses in analysed documents as well as the constructed “us and them” in these discourses and the systems or policies employed to construct, support or oppose each specific discourse will be detailed, focusing on how each discourse obtained and asserted a more or less powerful position over time, thus dominating how meanings surrounding HIV/AIDS were circulated and reinforced.

**Programmatic Discourse**

The emergence of a programmatic discourse closely followed the appearance of the individual pathological discourse in Taiwan. It emphasised that the problems related to HIV/AIDS usually resulted from the lack or insufficiency of HIV/AIDS programs. In this discourse, the main concerns include the availability of programs, and the quality and effects of those programs. The suggested methods to stop the spread of HIV/AIDS include initiatives such as improving the quality and quantity of provided services for PLHIV and related groups, to training skilful and friendly staff to run such programs. Based on this discourse, the constructed “them” group refers to groups, such as, the health care workers who are unwilling to provide services for PLWHA or related groups. However, it seems that the dominance of the individual pathological discourse in Taiwan still asserted serious influences on the programmatic discourse.

A newspaper opinion article regarding the first reported AIDS case in Taiwan reveals the intertwining of the two types of discourse.

When an American transferring traveller was urgently delivered to a hospital due to illness related to Aizibing, staff in the hospital made four urgent calls to request medical reinforcement. However, two municipal health departments surprisingly responded with careless answers such as “we do not know how to treat this kind of patient”. … Finally, they found a warm-hearted physician in the National Taiwan University Hospital who could do a medical examination and direct treatment for the Aizi binghuan. The situation that only one of the four phone-calls to ask for help worked reveals a terrifying question, whether many foreign Aizi binghuan have freely visited Taiwan and left the unwanted virus when our government does not know how to treat this kind of patients (J.-Q. Wang (a), journalist, *United Daily News*, 08 March 1985, p. 5).

Although this newspaper opinion article still held a “PLHIV as suspects” perspective, “whether many foreign Aizi binghuan have freely visited Taiwan and left the unwanted virus”, its focus has shifted slightly to a more realistic question: whether the Taiwanese government was prepared to confront the potential challenges of
HIV/AIDS. A legislator who held such a perspective submitted the first Interpellation Document to urge the government to pay more attention to AIDS prevention.

Now, there is a reported foreign Aizi binghuan case in Taiwan. … Therefore, I strongly urge that government departments should take urgent measures to prevent the disease from spreading: 1. introducing related test tools; … and, 4. setting a committee to respond appropriately to potential emergent conditions (J.-P. Wang, Interpellation Document, Legislative Gazette, 19 March 1985, pp. 89-90).

Legislators’ concerns and encouragement forced the government, to establish a national AIDS Committee to plan and conduct measures for protecting Taiwan from HIV/AIDS in May 1985. All of the committee members were physicians (CDCT, n.d.-d). This suggests that physicians were considered as the most important vehicles and greatest authority combating HIV/AIDS problems in Taiwan in the early 1980s; and, as such occupied powerful positions from which to shape and form related policies.

However, when there were no reported local AIDS cases, and homosexuals and foreigners were highly suspected as risk groups for HIV infection, the main method employed to prevent HIV/AIDS was the pursuit of homosexuals, foreigners and PLHIV (Response from the Executive Yuan, Legislative Gazette, 28 March 1986, p. 52), not the provision of services. This suggests that although the programmatic discourse did emerge in the early 1980s in Taiwan, it was too weak to lead the ways or dominate how meanings were constructed about HIV/AIDS amongst Taiwanese at least until the number of local PLHIV increased.

*Training Health Care Workers Who Were Unwilling to Work with PLHIV*

When the number of local PLHIV increased in Taiwan, the significance of providing medical, psychological or social services for PLHIV and related groups was raised and recognised as an important issue (X.-Z. Wu, 1992, p. 148). Health care professional associations, such as physicians or nurses, also acknowledged the significance of providing in-service training for their members to improve their ability to work with PLHIV (Ministry of Health, 1994, pp. 16-18). However, some Taiwanese health care workers, like their Western counterparts, were unwilling to work with PLHIV (Horsman, 1995; Mo & Chung, 2006, pp. 5-6).

Some health care workers submitted opinion articles to newspapers strongly expressing disappointment regarding “the social request that health care workers should take care of PLHIV”.

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Please tell me how many people, like us [nurses] dare to treat these patients [PLHIV] under the threat of being infected with this fatal disease. … Someone even misconceive that we [who work with PLHIV] are already infected with the lethal disease, and treat us differently. … But, what do the government and the management of hospitals provide for us [to work with PLHIV]? Do they provide specific subsidies? No. Or do they provide compensation for potential infection? No. … Please give us sufficient support and encouragement, [when you ask us to professionally provide services for PLHIV] (A nurse, Min Sheng Daily, 28 October 1989, p. 23)!

I strongly support compulsory HIV tests for all patients who will be operated on or give birth to babies. … Some argue and express concern that health care workers may refuse to provide medical services for patients who may have Aizibing. However, although some health care workers might behave in this inappropriate way, it does not mean that all health care workers do act so badly. … It is much better to let health care workers have rational precautions for known conditions than to put them in potential risk (of being infected with HIV) (Z.-H. Chen, medical specialist, Min Sheng Daily, 20 July 1996, p. 37).

The two quotations above illustrate that in some health care workers’ minds “not all health care workers act so badly”, and some still “treat these patients [PLHIV] under the threat of being infected with this fatal disease”. Health care workers might feel more reassured, if hospitals or the government could provide “specific subsidies”, “compensation for potential infection” or “compulsory HIV tests for all patients who will be operated on or give birth to babies”.

However, since the introduction of a set of universal precautions1 in the 1980s, and their evaluation as an effective way to protect health care workers from the HIV infection (UNAIDS, 2007, p. 16), the appropriateness of the requests made by the two health care workers quoted above is arguable. In addition, the statement that “it is much better to let health care workers have rational precautions for known conditions” suggests that some health care workers were aware of infection control procedures, and believed them to be effective. Furthermore, the statement that “some health care workers might behave in this inappropriate way” directly implies that some health care workers might immediately refuse to provide medical services for PLHIV once they knew patients’ HIV status.

Apart from a few health care workers voicing unwillingness and disappointment,

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1 Universal precautions are ‘a set of steps that can be taken to protect health care workers and others from being infected with bloodborne viruses such as HIV. This includes the use of latex gloves and procedures for cleaning up blood spills’ (UNAIDS, 2000, p. 7).
other newspaper opinion articles and interpellation documents regarding this issue overwhelmingly suggested that every health care worker should work with PLHIV. An editorial in the *United Daily News* (17 October 1989, p. 03), for example, emphasised that health care workers’ treatment of PLHIV could contribute to the eradication of the disease in Taiwan, so it was necessary for health care workers to work with PLHIV. Another opinion article used a moral approach:

*Aizi binghuan* are patients too, so health care workers are responsible to treat them equally and professionally. … The most valuable and respectful sides of being health care professionals are the fearless involvement of encountering terrible diseases (Z. Shi, columnist, *Min Sheng Daily*, 03 September 1988, p. 23).

Whatever reasons were advanced to persuade health care workers to work with PLHIV, one of the effects of this perspective was that the unwilling health care workers were constructed as the “without professional ethics” “them” group. This “them” group also became the target of professional education or in-service training programs. For example, the first thesis related to HIV/AIDS issues in social science in Taiwan was an investigation of Taiwanese nurses’ HIV/AIDS knowledge and attitudes towards providing services for PLHIV\(^2\) (J.-H. Wu, 1989). Overwhelmingly, research reveals that Taiwanese health care workers, including physicians, dentists, nurses and dieticians, were less likely to provide services for PLHIV\(^3\).

Following the formation of the “without professional ethics” unwilling health care worker group, the images of PLHIV transformed slightly from criminals, to patients. Among PLHIV, however, those who were infected via “innocent” routes attracted more sympathy and concern.

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\(^2\) The logic of investigating health care workers’ knowledge about AIDS or attitudes towards HIV/AIDS or PLHIV, is based on a broad theoretical assumption that knowledge and attitudes will strongly influence people’s intention to behave (Homans & Aggleton, 1988, pp. 159-160). Therefore, for some social scientists, a critical factor in changing health care workers’ willingness to work with PLHIV is to improve their relevant knowledge (Horsman & Sheeran, 1995).

\(^3\) It is an outline of related research results in Taiwan below. J.-H. Wu’ (1989) survey demonstrated that among 231 nurses in Taipei, 69% of them were afraid of treating PLHIV. L.-Z. Chou, M.-Z. Jiang, J.-H. Lu, & Wei (1993) found that 58.9% of 902 nurses agreed that ‘health care workers have the right to refuse to provide services with PLHIV for self-safety. An unpublished study pointed out that among 171 health care workers in a hospital in Hualien County, only 27.5% of them were willing to work with PLHIV (cited from Z.-L. Li, 1995, p. 21). S.-Z. Lan, Q.-Y. Xiao, C.-L. Xu, & M.-Y. Liu (1998) revealed that only 30% of 618 dieticians in Taiwan would like to be assigned to treat PLHIV in hospitals. Ting & Twu (2004) found that among 3,167 physicians and dentists who had never treated PLHIV, only 25.2% of physicians and 18.1% of dentists would like to provide services for PLHIV.
Caring for “Innocent Victims”

When different types of PLHIV cases appeared and were reported in Taiwan, such as babies, or people who had received donated blood or blood products, the public was forced to recognise that not only immoral high risk groups would be infected with the virus. A term “innocent victim” was employed to describe the PLHIV who were infected with HIV through socially acceptable or accidental routes.

Among reported Aizibing Daiyuanzhe, 20 are students, and 16 of the 20 students are people with haemophilia. … The 16 students are innocent, and are not responsible for the infection of this fatal disease, because they were not involved in any high risk behaviours (the Editorial, *United Daily News*, 19 August 1988, p. 03).

Another opinion article used a similar perspective to blame people engaging in high risk behaviours for endangering their partners and children: “if homosexuals, patients with sexually transmitted diseases, or people seeking carnal pleasure do not change their risky behaviours, their more innocent partners and children will definitely be hurt, and the number of local Aizibing Daiyuanzhe cases will continue to bloom” (S.-J. Li, journalist, *Min Sheng Daily*, 25 August 1988, p. 23).

When similar cases were reported again and again, related opinion articles not only stated the “innocent” victims’ misfortune, but also strongly criticised some PLHIV’s cold-blooded intention to injure general society; or high risk groups’ heartless attempts to “donate blood for the purpose of being tested for HIV infection” (Z.-J. Lin, Interpellation Document, *Legislative Gazette*, 07 October 1993, p. 301). Some interpellation documents urged the Taiwanese government to provide compensation or extra support services for “innocent victims” to prevent them from endless physical and psychological harm (S.-K. Zhao, Interpellation Document, *Legislative Gazette*, 24 September 1993, pp. 175-176); to ensure conformity of blood products with certain production standards (D.-M. Weng, Interpellation Document, *Legislative Gazette*, 09 September 1994, pp. 253-254); or request that high risk group members be excluded from being blood donors (X.-Y. Zhu, Interpellation Document, *Legislative Gazette*, 24 September 1993, pp. 164-165).

It appears reasonable to compensate PLHIV infected through polluted donated blood, organs, or blood products. However, the usage of “innocent victim” indirectly

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4 Similar cases reported in Taiwan included a seventy year old senior (Ou, *United Daily News*, 23 July 1993, p. 11), and a pupil (Q.-M. Wang, *China Times News*, 05 September 1994).
implies that other PLHIV are blameworthy and responsible for the “innocent victims” (Herek & Capitanio, 1999, p. 1143; Schellenberg, Keil, & Bem, 1995, pp. 1795 & 1797). Pursuing this “innocent vs. blameworthy” logic, some officials suggested that the PLHIV who were infected with the virus through socially unacceptable routes should shoulder their own medical expenses; meanwhile, the “innocent-victim” PLHIV should be eligible for free medicine. The then Head of the Ministry of Health argued:

The Aizi bingdu ganranzhe who are forced to be infected with Aizi bingdu through receiving donated blood or blood products, or mother-to-child transmission are innocent victims, so their medical rights to receiving free treatment should be protected. However, the people who are infected with the Aizi through their own inappropriate behaviours should have themselves to thank, and shoulder their own medical expense. … The free medical treatment might result in that some Taiwanese nationals will not change their risky behaviours (B.-Y. Zhang, the Head of the Ministry of Health, as cited in B.-Y. Lu, Min Sheng Daily, 29 November 1996, p. 29).

These comments reveal that when the Taiwanese government considered whether free medical treatment should be delivered to PLHIV, the programmatic decision was heavily based on patients’ own behaviours. That means the individual pathological discourse demonstrated its dominance in forming the development of related programs and policies.

Although the usage of “innocent victim of AIDS” implies that some PLHIV are blameworthy and others are blameless, the unequal treatment of different categories of PLHIV pushed Taiwanese society to rethink the necessity for discriminatory treatment and possible outcomes of such the treatment (Hsu et al., 2003, p. 119). This reflection led to the construction of a socio-cultural discourse, which will be examined later in this chapter.

Establishment of the National AIDS Prevention Policy

Although the AIDS Act was enacted in 1990, the disease was not yet under control in Taiwan, and the number of reported new PLHIV cases was increasing steadily. Legislators and society in general, therefore, strongly urged the government to employ a more rigorous AIDS education and prevention programs (e.g., Z.-Y. Guo, Interpellation Document, 08 May 1992, p. 135; the editorial, Min Sheng Daily, 14 May 1988, p. 09). Finally, in early 1994, ten years after the first reported AIDS case in Taiwan, the National AIDS Prevention Policy was passed in the Executive Yuan and implemented (CDCT, n.d.-d).
The establishment of a specific AIDS prevention policy suggests that the Taiwanese government finally acknowledged that HIV/AIDS was a serious issue, and needed to be carefully dealt with (Ministry of Health, 1994b, pp. 3-5). The goals of this policy were to protect the uninfected from transmission, and to effectively control the spread of this disease, as well as to provide appropriate medical services and treatments for PLHIV, and to increase the quality of their life (pp. 7-8). Practical and realistic education and prevention strategies were put in place, for example, supplying AIDS education programs for the general population; offering short-term overseas training programs for health care workers; providing sufficient rewards or allowances to increase health care workers’ willingness to work with PLHIV; and delivering treatment for PLHIV (pp. 11-21).

Based on this AIDS policy, it seems that the Taiwanese government accepted the programmatic discourse, which emphasised that the lack of relevant programs would lead to the aggravation of HIV/AIDS problems. However, the individual pathological discourse was still highly obvious in the wording of the policy:

In this modern Taiwanese society, economic conditions are prospering, and travelling overseas is popular. However, due to moral degradation, sexual debauchery, an overabundance of imported foreign labourers, and the spread of drug use, Aizibing, a serious problem, is secretly lying in wait for dominance in Taiwan (p. 53).

Although the programmatic discourse was outwardly adopted in the AIDS policy, the individual pathological discourse still occupied a key position in influencing the perspective of the policy. Otherwise, the policy would not have mentioned some concepts that were closely related to the individual pathological discourse. In short, the AIDS Prevention Policy was representative of the deep intermingling of the individual pathological discourse and the programmatic discourse, even though some practical and realistic strategies were suggested. In addition, the delivery of training programs and rewards for health care workers implied that the programmatic discourse was powerful enough to shape related policies.

The programmatic discourse ensured that HIV/AIDS transformed from a legally designated crime to a physical disease which needed to be carefully monitored; meanwhile, PLHIV went from being criminals to patients in need of professional care services. Health care workers who were unwillingness to work with PLHIV were constructed as being a “without professional ethics” “them” group. This “them” group
became the object of related professional education or in-service training programs. However, influenced by the individual pathological discourse, PLHIV were categorised into at least two groups: the “innocent” and the “blameworthy”. The two groups were treated unequally. The AIDS Prevention Policy developed in this period clearly demonstrated the deep intermingling of the individual pathological discourse and the programmatic discourse.

**Governmental Discourse**

The governmental discourse questioned governmental inactions suggesting that its delay in addressing HIV/AIDS may have been the main reason for the prevalence of HIV/AIDS. According to the governmental discourse, effective ways to reduce the possible damage resulting from HIV/AIDS would be to encourage the Taiwanese government to deal with the challenge appropriately. In this discourse, the constructed “them” group is the government. The individual pathological discourse and related governmental measures and administration become the target of its criticism. To some extent, the governmental discourse is a counter-discourse to the individual pathological discourse.

A complaint regarding the Taiwanese government’s neglect of STD prevention written by an employee in the Taipei City STD Control Center reflects the governmental discourse:

STDs are seriously neglected by the Taiwanese government. Not only the budget and personnel are insufficient, but also the job is totally stigmatised. What we are doing seems an unpresentable business. Often, the activities of STD education and prevention are ridiculously disallowed, because according to current regulations, sex and sex activities are prohibited from being presented to the public. … The prohibition against mentioning sex or STDs in the public results in patients with STD being very unwilling to see registered doctors. Furthermore, because of poor understanding of STDs, people are likely to be unnecessarily anxious about STDs, and consider herpes, syphilis, or AIDS as plagues. … I hope that the shock results from AIDS can awaken the government to the importance of STD education and prevention (S.-A. Zhang, a senior officer in the Taipei City STD Control Center, United Daily News, 10 March 1985, p. 07).

On the one hand, this opinion article reflects that STDs and AIDS are only physical diseases that need to be carefully dealt with. The statement about “people’s poor understanding about STDs” suggests that the writer believed that if people were knowledgeable about STDs, they would not be anxious about them, not consider them
as plagues, and not be unwilling to see a registered doctor. This suggests that the senior officer expressed a programmatic discourse. On the other hand, the opinion article also clearly shown the shift of its focus to the neglect of STDs in Taiwan, with its reference to inadequate budget and staffing; and the stigmatisation of working in the STD field. The final part of the statement “I hope … AIDS can awaken the government to the importance of the STD education and prevention” strongly implies that the writer considered that the work of STD education and prevention had been overlooked by the government.

In this opinion article, the writer also indirectly suggested that STDs or AIDS is just a human physical condition which needs to be carefully dealt with by the government, like any other human physical condition. If STDs or AIDS are spreading, it is as a result of the government’s oversight, inaction and irresponsibility on HIV/AIDS issues, not due to individuals’ pathological or dangerous behaviours. In other words, this article clearly reflected the emergence of the governmental discourse in Taiwan.

The suggested relationship between HIV/AIDS and stigmatised behaviours, such as male homosexual sexual practices, drug use or sex work (Devine et al., 1999, p. 1218) creates and strengthens the notoriety of HIV/AIDS. This implies that HIV/AIDS is a socially constructed unacceptable physical condition, and a severe punishment for the anti-social behaviours mentioned above. This constructed stigmatised relationship between HIV/AIDS and other behaviours will be further rationalised and normalised through the formation and continuity of related governmental policies, regulations or measurements.

On the one hand, the government is supposed to follow and keep social norms and traditions; but on the other hand, through the formation of policies and regulations, the government creates and establishes new social norms and orders (Schulman, 1991, p. 477). Some methods employed by the government to achieve this are to devalue or discriminate against some groups as the inferior “them”, and to exclude “them” from society (Madanipour, Cars, & Allen. 1998, p. 22, as cited in Byrne, 1999, p. 2). For example, the Taiwanese government’s measures for governing foreign PLHIV were to blacklist them, prevent them from entering Taiwan, and warn locals not have sex with them. These measures were employed both to protect the Taiwanese population from potential foreign threats; and to establish social norms related to HIV/AIDS in Taiwan. In regard to the locally designed inferior “them”, the foreigners, the government not only governs over them by draconian laws and regulations, but also by ignoring their
existence or basic needs (Link & Phelan, 2001, pp. 372-374).

When the government ignores (intentionally or carelessly) some groups’ existence or basic needs, related groups, such as their families, relatives or related working staff, are gradually ignored or overlooked by the government too. However, the latter groups may not be designated as inferior “them”, or conversely, may even occupy superior social positions enabling them to speak out, complain or argue about governmental oversight, such as the complaint regarding the shortage of budget and personnel made by the employee in the Taipei City STD Control Center. In that way, an irresponsible and inactive government, not “immoral or dangerous” groups or inadequate programs, became the focus of the argument.

**Irresponsible and Inactive Government**

Based on the governmental discourse, a “them” group, an irresponsible and inactive government, was gradually constructed. The following interpellation document expressed this perspective, and questioned whether the Taiwanese government itself was the major HIV/AIDS trouble maker.

It is very likely that *Aizibing* will spread uncontrollably in Taiwan. However, the government does not seem to care that the prevalence of this disease, and its responses to this emergency were very slow and careless. In addition, the Ministry of Interior and the Ministry of Education appear to play the game of shifting responsibility to others to not be involved in *Aizi* prevention. This situation makes me worry about the work of HIV/AIDS prevention and control (T.-C. Xu, Interpellation Document, *Legislative Gazette*, 03 November 1994, p. 146).


One consequence of the emergence of the governmental discourse was that Taiwanese society in general started to question and criticise the justification for having ignored the excluded groups’ basic needs. This discourse held that the denial of the basic needs and rights of PLHIV or legally designated “risk groups” should not happen again. The basic needs and rights of these groups, not their potentially dangerous behaviours or personality, have become one of the main concerns. The interpellation document below also suggested that government discrimination against PLHIV, whether “innocent victims” or not, was not to be tolerated:

The government always employs oppressive measures to treat ganranzhe, and ignore their basic needs and their rights are violated by these measures. … Although the government has set its mind upon Aizi, the methods they choose are very threatening, and can not work. Furthermore, some officials still hold discriminating attitudes towards Aizi or ganranzhe. It is definitely unacceptable (Z.-S. Huang, Interpellation Document, Legislative Gazette, 17 September 2004, pp. 995-996).

When the Taiwanese government was constructed as a “them” group, the major HIV/AIDS trouble maker, PLHIV transformed from being criminals, to one of “us”, victims of inappropriate governmental policies or measures. Based on a careful reading of the article above, the key message is that the government should be held responsible for conditions that cause PLHIV’s basic needs and rights to be violated, due to inaction, irresponsibility and inappropriate approaches to HIV/AIDS education and prevention.

Emergence of Voices from Feminists and HIV/AIDS NGO Workers

Some events clearly represented the appearance of the governmental discourse, and further smoothed the process of accepting the governmental discourse in Taiwan. In December, 1993, a legislator and a women’s NGO held the first public hearing regarding HIV/AIDS issues in the Legislative Yuan. The title of this public hearing was “Keeping up with the world; and facing up to HIV/AIDS: Evaluating HIV/AIDS policies in Taiwan”. Its main purpose was to obtain informed advice to advance HIV/AIDS policies to be less discriminatory towards, and more supportive of PLHIV and related groups (Y.-F. Liang, United Daily News, 01 December 1993, p. 05).

In July 1994, some women’s and lesbian and gay organizations held further public hearing in the Legislative Yuan. The title of the hearing was “PLHIV are not criminals”. In this public hearing, the key position was that PLHIV were people with a virus, not
criminals, and that the government should not employ a discriminatory approach in administering HIV/AIDS education and prevention programs (P.-L. Yang, *United Daily News*, 27 July 1994, p. 06). This position reaffirms that PLHIV were viewed as criminals in Taiwan, and continued to be discriminated against.

The main arguments of the two public hearings were that the HIV/AIDS policies of the Taiwanese government were unsupportive and discriminatory; and that well informed and sympathetic advice from NGOs was necessary to formulate better policies. It implies that, in the public hearings, the focus had shifted to governmental policies, away from individual pathological behaviours or their identities. Measures and policies based on the individual pathological discourse were seriously criticised. Measures governing foreigners and homosexuals that the government had considered effective in controlling the spread of HIV/AIDS, were branded ineffective, because they placed too much emphasis on stigmatised groups, as high-risk groups, not risk factors (X.-H. Zhang, 1994, p. 7). These measures also strengthened the misunderstanding that “HIV/AIDS is a crime and PLHIV are criminals” (Ni, 1995, p. 19). In addition, the existence of scapegoats reduces the non-risk groups’ awareness about the possibilities of being infected with HIV (X.-H. Zhang, 1994, p. 8; Ni, 1994, p. 27). A newspaper opinion article also reflected this perspective:

> We need to know that HIV infection results not from who you are, but from what you do. Some individuals practice safe sex … [to] enjoy sex as well as … to protect themselves from possible sexual transmitted diseases, although they are labelled as high-risk group members by the government. Conversely, although some individuals are categorised as non-risk groups, it is still very possible for them to be infected with the virus if they did not pay attention to practising safer sex. Let me emphasise once again, … [t]he *Aizi bingdu* infection resulted from your careless behaviours, not your identity (N.-Y. Ko, the Secretary of Southern Branch, Living with Hope Organization, *China Times News*, 22 June 1997, p. 11).

Furthermore, most speakers who advanced the governmental discourse in the two public hearings were feminists, GLBT activists or HIV/AIDS NGO workers and volunteers, not doctors, journalists or governmental officials who were more likely to voice the individual pathological discourse. The engagement of feminists and activists in governmental discourse reflects that after the end of martial law in 1987, different social movements appeared (Myers, 1998, p. 36; Shiau, 1999, pp. 101-102). These social and political changes from 1987 created a context where different views were
more freely expressed, and gradually influenced the emergence of different discourses regarding HIV/AIDS in Taiwan.

**Socio-cultural Discourse**

Four years after the first reported PLHIV case in Taiwan, concepts that can be seen as part of the socio-cultural discourse surfaced in newspapers, such as societal misconception about HIV/AIDS, PLHIV’s rights, rights deprivation, or discrimination against PLHIV. This discourse emphasises that PLHIV are just patients, that AIDS is only a kind of disease, and that the main problems associated with HIV/AIDS are negative social attitudes towards HIV/AIDS or PLHIV, discrimination or rights violations. The suggested measures for solving these problems, based on the socio-cultural discourse, are reducing negative social attitudes towards HIV/AIDS or PLHIV and eliminating related stereotypes, stigmatisation and discrimination.

**Emergence of Socio-cultural Discourse**

In 1988, the National Taiwan Normal University prevented a PLHIV student from continuing his study, arguing that AIDS was a dangerous and dishonourable disease, and that he was a homosexual. In the days following the decision, a discussion was initiated about whether PLHIV students had rights to attend schools or universities. A columnist questioned the rationale behind this decision:

> Opposing *Aizibing daiyuanzhe* students continuing their study itself is a controversial decision. Firstly, why can a university prevent an *Aizibing daiyuanzhe* student to enrol? … Now that it is clear that *Aizibing* is transmitted via the same routes as hepatitis B transmission, does it mean that universities should reject people living with hepatitis B too? Secondly, it would be even more objectionable if the university thought that a gay student should not have a right to enrol. Homosexuality is no longer considered to be a pathological condition by psychologists. … It is unconscionable to repel a student solely due to his homosexual behaviours (Z. Shi, columnist, *Min Sheng Daily*, 22 Aug 1988, p. 23).

However, this kind of opinion did not appear evident in the Legislative Yuan. At the time when the AIDS Act bill was debated, the protection of rights of PLHIV in schooling, employment or medical care, was not mentioned. When the Act was passed in 1990, there were no measures to respect and respond to the rights of PLHIV (Legislative Yuan, Record of assembly, *Legislative Gazette*, 24 November 1990, pp. 231-235).

In 1991, a columnist commented on a case that a healthy PLHIV was rejected
wherever he tried to find a job. The columnist employed “discrimination” in the title of his column to describe this unfortunate situation for the PLHIV:

It is a pity that a healthy Aizi binghuan is rejected everywhere when he tries to be self-reliant by finding a job. … This is a typical discrimination against Aizi binghuan. … It is unavoidable when the current Taiwanese government only pays attention to Aiziping prevention, not the protection of the rights of Aizi binghuan. … It is important for the Department of Health now to consider measures to protect Aizi binghuan from repeated discrimination (B.-R. Zheng, physician, Min Sheng Daily, 24 May 1991, p. 02).

Terms, such as “discrimination” or “human rights”, also appeared in interpellation documents regarding HIV/AIDS issues from the early 1990s:

Some municipal hospitals (in Taipei) directly refused to accept Aizi binghuan. This definitely should not happen. This is discrimination against Aizi binghuan! This situation clearly demonstrates the importance of establishing exclusive medical centres and shelters for Aiziping (Y.-K. Wu, Interpellation Document, Legislative Gazette, 22 Nov 1991, p. 272).

Establishing exclusive medical centres and shelters for finding unidentified Aizi binghuan and treating them might be useful for Aizi control. However, isolating and quarantining Aizi binghuan for treatment is against their rights (S.-L. Liu, Interpellation Document, Legislative Gazette, 07 Jan 1992, p. 152).

Although the two legislators above held different views regarding the establishment of exclusive medical centres for treating PLHIV, the use of terms such as discrimination and rights, reflects that at least some legislators had started to recognise the human rights problems that PLHIV encountered in Taiwan. The discrimination that PLHIV faced, for example, rejection by universities, municipal hospitals or employers, encouraged legislators and others to reconsider the rationalisation and appropriateness of measures employed to control the spread of AIDS in Taiwan.

The importance of considering human rights in HIV/AIDS prevention was acknowledged in the late 1980s in the West (Gruskin et al., 1996, p. 327). Not only because “all human beings are born free and equal in dignity and rights” (the Universal Declaration of Human Rights, 1948, as cited in Mann & Tarantola, 1996a, p. 468), but also because discrimination against PLHIV and related groups damages the effectiveness of prevention and education, and increases discriminated groups’ risk of being infected (Gruskin et al., 1996, p. 326; Tomasevski, Gruskin, Lazzarini, & Hendriks, 1992, p. 538).
The concept of “human rights” appeared after the French Revolution in 1789 (Marks, 2002, pp. 739-740), and has gradually come to be considered as the basis for freedom and individual development (Annas, 2002, p. 99). The relationship between rights and health was acknowledged after the end of World War II (Annas, 2002, p. 99).

Broadly speaking, there are three dimensions in understanding the relationship between rights and health (Mann et al., 2002, pp. 107-111). First is the impact of health policies on human rights: for example, according to Taiwan’s AIDS Act, PLHIV shall disclose that they have been infected with HIV before having sex with others (Article 15), or face severe punishment. This type of regulation restricts the autonomy of PLHIV in relation to their personal information. Next are the health effects impacts resulting from violations of human rights: for instance, due to their subordinate position in relationships, some women cannot ask their husbands or partners to practise safe sex (UNAIDS, 2007, p. 10; UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS, 2003, pp. 1-2). This condition increases such women’s risk of being infected with HIV.

The third dimension concerns whether health is considered a basic human right: different countries, cultures and societies hold varied opinions about health, rights and the relationship between them. The differences inform health policies, what issues are included, and which groups are included or excluded by these policies. For example, under Taiwan’s AIDS Act, foreigners will be asked to leave Taiwan if their HIV test result is positive (Article 14), unless they can demonstrate that they became infected via their Taiwanese native spouses or local medical care (Article 14-1). This means that foreigners’ physical conditions and alien status combine to influence their right to stay in Taiwan.

However, because the groups that are much more likely to be vulnerable to HIV infection are the more marginalised, stigmatised and discriminated against (Mann & Tarantola, 1996a, pp. 464-465), advocating on their behalf raises critical questions.

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5 Article 15 in the AIDS Act of 1990 stated “Individuals who are fully aware that they have been infected with HIV, have risky sexual behaviour or share needles with others by concealing the fact and thus infect others, shall be sentenced for up to seven years.”

6 Article 14 stated “Paragraph 1: The central competent health authority may impose examination measures on aliens entering with an intention to stay for more than three months, or require them to submit a testing report for HIV antibodies of the previous three months. Paragraph 2: Examination or testing of the preceding Paragraph, when positive; or refuse examination or submission of testing reports, order them to be deported.”

7 Article 14-1 stated “If individuals deported under regulations of the preceding Article are, during their stay or residence in Taiwan, infected by their native spouses, or infected in the process of domestic medical care, they may, within six months after deportation, submit application in writing for reconsideration; such application is for once only.”
(Marks, 2002, pp. 743-744), such as, “How dare PLHIV have rights?” or “Why should society bestow PLHIV with privileges?” For example, in 2005, a legislator proposed a bill to withdraw all articles regarding rights to protection of PLHIV from the AIDS Act. He argued:

The original purpose of the AIDS Prevention and Control Act was to control the spread of the disease. … However, at present, the Act has become the Aizi binghuan Protection Act, not the AIDS Prevention and Control Act, especially Article 6-1. This Article seriously ignores that the uninfected have rights to protecting themselves from being infected with the virus. … Therefore, it is necessary to withdraw all articles regarding rights protection of Aizi binghuan from the Act (S.-S. Hou, Legislative Gazette, 04 March 2005, pp. 245-247).

The situations described above reflect that, despite the Universal Declaration of Human Rights claiming that “all human beings are born free and equal in dignity and rights” (Annas, 2002, p. 100), whether people are treated equally in health rights depends on the results of conflicting social forces (Farmer, 1999; Farmer & Gastineau, 2002).

Influences of “Innocent vs. Blameworthy” Logic

Followed by a number of human rights violations against PLHIV, the socio-cultural discourse gradually emerged and was visible in Taiwan. However, it seemed that the “innocent vs. blameworthy” logic was still influential. When controversial events occurred, the “innocent” groups were likely to attract socio-cultural discourses, while the “blameworthy” groups prompted comments based on individual pathological discourse.

In September 1994, a school boy from a Taiwanese island county was infected with HIV via a blood transfusion. Although his personal information was concealed in news reports, he was easily identified by locals. Many of his classmates were transferred to other schools by their parents due to the panic over possible HIV infection. In the following months, public discussion emphasised “the boy’s innocence and misfortune” (Q.-M. Wang, a female writer, China Times Daily, 05 Sep 1994, p.11), “everyone should respect the boy’s privacy, and the rights of schooling and existing” (J.-Q. Wang (b), a female, occupation unknown, United Daily News, 04 Sep 1994, p. 11), or “the panic and

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8 Article 6-1, included in the AIDS Act in 1997 stated “The personality and legal rights of persons infected by HIV shall be respected and protected; there shall be no discrimination, no refusal of their schooling, medical care, employment, or any other unfair treatment. No recording, videoing, photographing of patients of HIV infection shall be made without their consent.”

9 This submission was rejected in later committee meeting.
ignorant parents who transferred their children to other schools should be blamed” (J.-S. Tang, a male psychopathologist, Min-Sheng Daily, 11 Nov 1994). Some legislators urgently pushed the government to “protect the boy’s rights to schooling and medical care” (D.-G. Hong, Interpellation Document, Legislative Gazette, 13 Sep 1994, p. 234), or “compensate the boy and his family” (G.-Y. Han, Interpellation Document, Legislative Gazette, 06 Sep 1994, p. 2408).

In the same year, a foreign female labourer, who was also an illegal casual sex worker, was arrested. Because her HIV test result was positive, she was quickly deported. Her residence and the factory where she had worked were clearly identified in the news. In the following months, related discussion centred on “the problems resulting from foreign labourers” and “strict management of foreign labourers” (W.-X. Lin, journalist, United Daily News, 14 Jan 1994, p. 11), “the moral degradation in Taiwan, so someone would like to pay a HIV-positive prostitute for sex” (L. Lin, a businessman, United Daily News, 15 Jan 1994, p. 11). Meanwhile some legislators asked the government “to screen all labourers in the area to identify infected people” (R.-Z. You, Interpellation Document, Legislative Gazette, 18 Jan 1994, p. 386), and “to prevent the possible spread of Aizi” (W.-Y. Zhang, Interpellation Document, Legislative Gazette, 22 Feb, 1994, p. 1029). However, within this discussion, no one argued that “we should respect her privacy, and the rights of employment and existing”. It seems that because she was only a foreign labourer, it was unnecessary to respect her dignity and rights. The different treatment and social responses the two cases received suggest that race, gender, class and constructed social norms have effects on societal attitudes towards PLHIV.

**PLHIV’s Coming Out**

The gradual raising of PLHIV’s own voices to talk about their own experiences was further force for the formation and emergence of the socio-cultural discourse.

In late February 1994, a PLHIV, J.-Z. Lin, came out to Taiwanese society, accompanied by a volunteer. It was the first time that a PLHIV candidly faced the public without wearing a mask. He not only earnestly emphasised the importance of HIV/AIDS prevention and education, but also advocated that Taiwanese society should

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10 According to Article 8 of the AIDS Act of 1990, “individuals who live together with or have sexual contact with HIV patients should have HIV testing”. Because the labourers in the area where the positive female foreign labourer stayed lived together or might have had sexual contact with her, they should have HIV testing.

I want to share some problems we [PLHIV] encounter, to instil some correct concepts about *Aizibing*, to awaken the whole society to the importance of *Aizibing* prevention, and to appeal for equal treatment for *daiyuanzhe* from you (J.-Z. Lin, as cited in N.-R. Guo, *United Evening News*, 28 Feb 1994, p. 03).

*Aizibing* can only be transmitted in specific ways. The *Aizibingdu* is not spread through casual contact such as shaking hands, or living together. There is no difference between *Aizi daiyuanzhe* or *binghuan* and ordinary people. Please, please, don’t reject us. If you feel uncomfortable in treating us equally, please at least do not assume that people or our friends who can accept us are also *daiyuanzhe* (J.-Z. Lin, as cited in P.-L. Yang, *United Daily News*, 01 March 1994, p. 05).

From J.-Z. Lin’s appeal, it is clear that the emphasis had shifted to clarification of misunderstanding about HIV infection, and highlighting the discrimination PLHIV and their friends encountered. The appeal was clearly targeted at the general Taiwanese public who might hold misunderstandings about HIV/AIDS or treat PLHIV inequitably.

However, a few weeks after J.-Z. Lin came out, the National Taiwan University announced that all PLHIV students were prohibited from applying for university dormitories, because students in university dormitories might be afraid of living with PLHIV (J.-X. Lin & Y.-M. Zhang, *Min-Sheng Daily*, 19 March 1994, p. 23). When this news was reported, a PLHIV university student wrote a newspaper opinion article arguing the irrationality of this ruling.

I am an *Aizi daiyuanzhe* (PWA) university student. I disagree with the rule announced by the National Taiwan University. … It [prohibiting PWA students from applying for dormitories] is a violation against PWA. This counterproductive measure will misguide society that it is easy to be infected by living with PWA. I did not spread *Aizi bingdu* to my family or my friends, even though we have lived together since I was infected with the virus (Xiao-Yang, a PLHIV university student, *United Daily News*, 19 March 1994, p. 11).

PLHIV’s personal experiences of being rejected, denied, or discriminated against, or their struggles with a hostile society, gradually emerged in newspapers, books and TV programs\(^\text{11}\). The appearance of PLHIV’s personal voices or experiences might, to

\(^\text{11}\) Books written by PLHIV or PLHIV-friendly writers include *Ai zhi shengsi* (Birth and death of love) (J.-X. Liao, 1995), *Zhetiao lushang* (In this journey) (J.-Z. Lin, 1995), *Buyiyang de renshe* (Different
some extent, have influenced societal attitudes towards PLHIV. For example, W.-Z. Chen’s (1994) study investigating news reports regarding J.-Z. Lin’s coming out revealed that his actions might have reduced societal fears about HIV/AIDS, and awoken society to concerns about PLHIV’s rights (pp. 21, 28 & 35). In addition, after watching some TV programs, such as *Daizhe mianzhao di nanren* (A man who wears a mask), which positively presented PLHIV, some viewers wrote opinion articles crediting the programs for modifying their misunderstanding about HIV/AIDS, and negative attitudes towards PLHIV:

> Although we understand the horror of *Aizibing* from the media and medical reports, we ignore the significance of respecting *Aizi binghuan*’s dignity and rights. It is really appreciated that the TV program “*Daizhe mianzhao di nanren*” (The man with a mark) frankly presented the social rejection, and psychological struggles and heartache most *Aizi binghuan* encounter. It touched me and pushed me to reconsider our unfriendliness to *Aizi binghuan* (H.-Z. Lu, a woman, occupation unknown, *Min-Sheng Daily*, 25 Nov 1994, p. 12).

A decade later, in December 2006, another PLHIV, Y.-H. Zhang, came out publicly to look for hugs from strangers in the *Xi-Men Ding* area in Taipei. Surprisingly, in only 30 minutes, he obtained 150 hugs from different people, although some left immediately upon learning that he was a PLHIV (S.-W. Li, *China Times Daily*, 27 Nov 2006, p. A01). The editorials in the *China Times Daily* and the *United Evening News* commented on this event:

> From this event, it seems that Taiwanese society is ready to accept *Aizi binghuan*. It is fantastic news. … However, it may be less challenging to hug an *Aizi binghuan* in a busy area than to ask society to respectfully live with them. … We hope that the day that the whole of Taiwanese society can easily live with *Aizi binghuan* comes soon (the Editorial, *United Evening News*, 27 Nov 2006, p. 03).

PLHIV’s coming out partly shaped some legislators’ perspectives about HIV/AIDS, and indirectly influenced the first amendment to the AIDS Act. When the AIDS Act was formulated in the Legislative Yuan in 1990, none of its 22 articles clearly identified measures for protecting PLHIV’s rights; in contrast, eight articles detailed obligations PLHIV should fulfil, and punishments for behaving contrary to the articles. In 1996, the

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lives) (Life and AIDS Care Association, Taiwan, 2002), *Xiwang peini zhangda* (A wish of accompanying you till you grow) (H. Zheng, 2001), and *Shijian de bing* (The illness of time) (J.-Z. Lee & F.-M. Zhou, 2004). TV programs that focused on PLHIV’s life experiences cover *Daizhe mianzhao di nanren* (A man who wears a mask), and *Ai zai taxiang* (Love in another country).
amendment of the AIDS Act was scheduled in the Legislative Yuan, and the first declared reason to bill the amendment was “to protect PLHIV’s dignity and rights”. A critical event for the amendment was a petition submitted by PLHIV themselves.

Some *Aizi binghuan* visited some legislators’ offices, and submitted a petition to amend the AIDS Act to protect their basic rights, such as schooling, medical care, employment and other issues. They also hoped that in the future, no one can record, video, or photograph them without their consent. I support the ideas [these *Aizi binghuan* petitioned (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 06 Nov 1996, p. 196).

Other legislators expressed their support for this amendment. Without any argument or dispute, the amended article\(^\text{12}\) for protecting PLHIV’s rights was inserted into the AIDS Act in 1997 (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 06 Nov 1996, pp. 207-208; and Legislative Yuan, Record of assembly, *Legislative Gazette*, 16 December 1997, pp. 72-74). However, it is necessary to note that, although protective articles were introduced into the AIDS Act in 1997, punitive articles were not amended or removed. Furthermore, unaccomplished offenders were included in punitive articles to stop people spread HIV in a bad intention (Legislative Yuan, Record of committee discussion, *Legislative Gazette*, 06 November 1996, p. 195).

**Continuity of Repeated Violations against PLHIV**

Although voices advocating PLHIV’s rights had appeared, and protective articles were included in the AIDS Act in 1997, violations against PLHIV still continued to occur, such as, being rejected by medical institutions (PRAA, 2002; H.-Z. Yang, 2006); or being asked to discontinue or suspend their schooling (Y.-T. You, 2001). Foreigner PLHIV were immediately deported when found by the government (Xue, 2002a, 2002b, 2002c, 2002d, 2002e). The Vice President of Taiwan, in an exhibition about HIV prevention in 2003, unwittingly declared that “AIDS is a plague!” (J.-Y. Huang, 2003, p. A11).

In 2005, a resident community objected to a private shelter for PLHIV and asked it to move. Later, the management committee of that community brought a charge against

\(^{12}\) The amended article was Article 6-1: “The personality and legal rights of persons infected by HIV shall be respected and protected; there shall be no discrimination, no refusal of their schooling, medical care, employment, or any other unfair treatment. No recording, videoing, photographing of patients of HIV infection shall be made without their consent.” If people violate the regulation of this article, they “shall be fined NT$ 30,000 to up to NT$ 150,000 (approximately AUS1,200 to AUS6,000)” (Article 17, Paragraph1).
the shelter. In 2006, a verdict of guilty from the local court shocked Taiwanese society. In the following months, many opinion articles and interpellation documents appeared condemning and criticising this “shocking” verdict. An editorial titled “A regrettable verdict” commented:

[It] is a regrettable verdict. … It cruelly unmasks the lack of preparedness of Taiwan to live with Aizi. … It seems that Taiwanese people’s understandings about Aizi are still insufficient, and the Aizi scare is overstated. … We hope that this regrettable verdict can reframe our attitudes towards Aizi and Aizi binghuan, and a new friendly social network can therefore be established (the Editorial, United Evening News, 12 Oct 2006, p. 2).

A law scholar published an opinion article criticising this verdict too:

This verdict reflects that backward thinking, “It is right to discriminate”, is accepted by a judge. … In this case, the most unacceptable issue is that the discrimination against Aizi binghuan is made by a judge in the national jurisprudential system. … It is ridiculous that how ignorant we are regarding Aizi issues, and how uninformed juristic people are regarding anti-discrimination! (Y.-H. Liao-a, a law scholar, China Times Daily, 13 Oct 2006, p. A19).

Many legislators submitted interpellation documents to question the government on how this verdict could be made.

Aizi binghuan … always encounter different kinds of rejection and exclusion. … The crucial reasons for this situation are that people hold misunderstandings and odd fears about Aizibing. … If the problems are not seriously dealt with, violations against Aizi binghuan will be unfettered (Z.-S. Huang, Interpellation Document, Legislative Gazette, 27 Oct 2006, pp. 275-276).

Formulation of the HIV Infection Control and Patient Rights Protection Act

Because of repeated violations against PLHIV, sympathetic legislators, with the assistance of HIV/AIDS NGOs, submitted the sixth amendment to the AIDS Act in 2006 (Legislative Yuan, Record of committee discussion, Legislative Gazette, 08 June 2007, p. 67), and the Act was successfully amended in 2007. Some noticeable characteristics of this amendment were: the change of the title to “Renlei mianyi quefa bingdu chuanran fangzhi ji ganranzhe quanyi baozhan tiaoli” (HIV Infection Control and Patient Rights Protection Act) from “AIDS Prevention and Control Act”; clear statements on the importance of counselling before and after an HIV test (Article 15);
affirmation of gender-equality and anti-discrimination in HIV/AIDS education and prevention (Article 7); and the inclusion of the rights to housing and nursing homes for PLHIV (Article 4). Additionally, the amendment covered the official inclusion of “groups promoting the rights and the interests of the infected, [and] private sector institutions”, and “scholars and experts … in the promotion of matters concerning HIV infection control and protection of the rights of the infected” in the national AIDS Committee (Article 5). It also prohibited medical institutions and personnel from refusing to provide medical services for PLHIV (Article 12). Fines for individuals or institutions in violation of regulations in the Act were increased too (PWA' Human Rights Advocacy Association in Taiwan, 2007). In addition, terms popularly used in the socio-cultural discourse, such as “the stereotypical images of PLHIV and higher risk groups”, “the marginalization of minorities”, or “the necessity of protecting PLHIV”, featured prominently in committee discussion meetings. Meanwhile, punishment for intentionally spreading HIV, previously set at up to seven years, was increased to between five and twelve years (Article 21).

Images of “Us/Them” in the Socio-cultural Discourse

When socio-cultural discourse constructs negative social attitudes towards HIV/AIDS, PLHIV or related groups, discrimination or rights violations as major problems, the formed “us” should be those discriminated against, and the “them” those who hold negative or discriminatory attitudes towards related groups. However, there are still arguments regarding which groups are discriminated against. The constructed images of “us/them” groups in this socio-cultural discourse, compared to the three previously discussed discourses, are multifarious and more complicated.

According to this discourse, PLHIV were constructed as the badly treated “us” group. However, influenced by the “innocent vs. blameworthy” logic, the rights of the groups who were suggested as abnormal, dangerous or threatening seemed to be unnecessarily protected based on an excuse of protecting the whole of society.

The constructed discriminatory “them” groups include the institutions which

13 The inclusion of the rights of housing and nursing homes of PLHIV was the direct response from the Legislative Yuan to the verdict of guilty against the private shelter for PLHIV (Record of Committee Discussion, Legislative Gazette, 08 Jun 2007, p. 67). However, the hearing of the argument between the shelter and the community continues, so it is too early to tell whether the amendment is influential on this event.

14 The inclusion of this article indirectly demonstrates that in Taiwan, at least until 2006, some medical institutions and personnel did refuse to provide services for PLHIV, so the Legislative Yuan had to formulate this article to monitor medical institutions and personnel.
rejected PLHIV students, the medical personnel who refused to provide services for PLHIV, and the judge who outlawed the private PLHIV shelter. However, they in turn could argue that their actions were necessary to protect other “innocent” students, patients, residents, and so on. By extension, they could claim their rights were violated if forced to accept PLHIV students or patients.

Perceptions of the roles and responsibilities of the government were also changeable. On the one hand, the government was suggested as the “pay too much attention on AIDS prevention, not on the rights of PLHIV” inactive “them” group; on the other, it was expected to be the active body of “us”, either to punish the blameworthy PLHIV, or to protect the PLHIV who were the victims of discrimination. In other words, because of the varied functions and responsibilities of different government departments, the Government (an imagined collective body), became, simultaneously, the discriminating “them”, and the protecting “us”.

For those who accept a socio-cultural discourse, HIV/AIDS is only a human physical phenomenon, and PLHIV have been transformed into victims of discrimination. For them, the important measures are reducing negative social attitudes towards HIV/AIDS or PLHIV and eliminating discrimination. However, because of the “innocent vs. blameworthy” logic, PLHIV with varied backgrounds were regarded distinctively. Cases of discrimination and PLHIV’s coming out triggered the inclusion of protective Articles in the AIDS Act which in 2007 became the HIV Infection Control and Patient Rights Protection Act. Meanwhile, however, the punishment for people who spread HIV intentionally has been increased. Furthermore, the lack of common agreements about who should be protected by what kind of protection complicates the constructed images of “us/them” groups in this discourse.

**Summary**

Four key discourses of thinking about HIV/AIDS problems have been constructed to reflect Taiwanese’s understandings about HIV/AIDS. They are individual pathological, programmatic, governmental, and socio-cultural discourses. They were determined under different historical and social conditions and as the nature of discourses, they emerged, developed or transformed with the assistance of the formation of related political or social systems.

HIV/AIDS initially emerged in Taiwan when it was under harsh governmental control. At that time, the individual pathological discourse appeared and became
dominant. The danger of HIV/AIDS was seen to emanate from specific groups, such as homosexuals or foreigners, the constructed “them” in this discourse. The suggested methods for controlling the disease were to identify the infection sources, eject the potential foreign threats, and control and modify individual unacceptable behaviours. Strict prevention measures, such as monitoring homosexuals or foreigners, were employed. The formation of the AIDS Act, in 1990, rationalised this discourse, smoothed its inclusion into the social logic, and increased its powerful influences.

In the programmatic discourse, HIV/AIDS was transformed into a disease, and PLHIV into patients who needed professional health care. The health care workers who expressed their unwillingness to work with PLHIV were considered as lacking “professional ethics” “them” group. Influenced by the individual pathological discourse, the logic of innocent vs. blameworthy was formed, the two groups were treated differently.

The governmental discourse suggested that government inactions as the main reason for the prevalence of HIV/AIDS. Based on this discourse, the effective ways to reduce the damage resulting from HIV/AIDS would be for the government to deal appropriately with the challenges of HIV/AIDS, and change its approach to HIV/AIDS education and prevention. In this approach, the government was constructed as a “them” group, and PLHIV transformed into an “us”, victims of related inappropriate governmental policies or measures.

In the socio-cultural discourse, HIV/AIDS was considered as a human physical phenomenon, and PLHIV were transformed into discriminated victims. Based on this discourse, the important measures were reducing socially negative attitudes towards HIV/AIDS or PLHIV and eliminating discriminatory conditions. Because there were no common agreements about who should be protected, the constructed images of “us/them” groups in this discourse were multifarious and complicated.

In this process of emergence, development or transformation of the four key discourses, the images of PLHIV moved between sinners, criminals, patients, victims, HIV carriers, and people who had HIV. The suggested measures for dealing with HIV/AIDS-related problems shifted accordingly; and the constructed concepts of the “us/them” groups also varied. Even though some PLHIV have spoken out and come out, the images of these PLHIV demonstrated are distinctive, and reflect to some extent the constructed portraits of the four key discourses. It implies that some power relationships and positions in these relationships have been produced and established through the
construction of the four key discourses. Therefore, although it was officially announced that it is important to stop the spread of HIV/AIDS, the measures suggested, supported, employed, questioned, criticised or abandoned to deal with the problems related to HIV/AIDS unobtrusively became techniques employed to discipline people in power relationships, whether they are “us” or “them”, and indirectly formed varied social orders.

As described earlier, the potential power relations within and outside schools of social work and between Taiwanese society and schools of social work conditioned and directed the development of social work curriculum. Therefore, an investigation of HIV/AIDS curriculum in social work education in Taiwan should cover influences outside and within the social work field.

Based on an investigation about the emergence and development of the four key discourses of thinking about HIV/AIDS problems, the development of HIV/AIDS curricula in schools of social work in Taiwan will be explored by examining the documents, such as journal articles, thesis, or textbooks produced by social work practitioners, students or scholars in next chapter.
Chapter Nine
Development of HIV/AIDS curricula in Schools of Social Work in Taiwan

The main focus of this thesis is building a genealogical analysis of understanding how Taiwanese social work schools responded to HIV/AIDS issues in curricula. Curriculum development does not occur in a vacuum. The influential forces or voices regarding HIV/AIDS outside and within Taiwan’s schools of social work are critical to be in this investigation.

The genealogical analysis in the previous two chapters reveals that there have been four key discourses informing thinking about HIV/AIDS or PLHIV in Taiwan. The individual pathological discourse was most influential. The other three discourses gradually formed to challenge the dominance of the former, and constructed some transformations in views regarding HIV/AIDS in Taiwan.

Based on the results and analysis discussed in the previous chapters, this chapter investigates, via analysis of social work documents, how Taiwanese social work scholars, practitioners or students responded to constructed HIV/AIDS problems in wider Taiwanese society, and then formed the HIV/AIDS curricula in schools of social work. Social work documents, including textbooks, journal articles and students’ theses, were chosen as the textual representation of curriculum in schools of social work in Taiwan.

As previously observed, some (social work) scholars maintain that available and convenient teaching materials, such as textbooks or journal articles, direct or limit what is included in curriculum and taught in classrooms (Altbach & Gopinathan, 1988, p. 48; Cox, 1995, p. 331; Pinar et al., 1995, p. 744; Rudolph, 1995 [1977], p. 13). An investigation of HIV/AIDS issues as presented in social work documents can largely reveal what related topics were likely to be included in or excluded from social work curricula in Taiwan. This method also facilitates tracking of the probable development of HIV/AIDS curricula as well as identification of groups that were likely to be influential or had a critical say in the formation of HIV/AIDS curricula. However, as explained previously, some unwanted, but unsurprising, factors in the data collection process prevented me from conducting interviews and using syllabi as a key source in this research.

A comparison of discourses represented in social work documents and those in
broader Taiwanese society also yields valuable information as to whether social work education reproduced, strengthened or opposed dominant discourse(s) in Taiwan; what conditions made this particular development of HIV/AIDS curricula possible; and what discourses were delivered to social work students through curricula and education. It is necessary to note that the existence of students’ theses and journal articles about HIV/AIDS implies that social work students were not passive HIV/AIDS discourses receivers, rather potential influences on the content and shape of social work curricula.

In this chapter on the development of HIV/AIDS curricula, three distinctive periods were identified: 1992-1997, 1998-2001, and 2002-2006. In each section, the key historical events will be outlined, then present the results of analysis.

1992 - 1997

Before 1992, no HIV/AIDS information appeared to exist in social work textbooks. No thesis, journal article or newspaper opinion articles focusing on HIV/AIDS issues written by social work academics, practitioners or students could be found either.

From 1992, social workers started to be involved in the HIV/AIDS field, and HIV/AIDS topics began appearing in social work documents. First, the Taiwanese government appointed 12 hospitals for the treatment of PLHIV after the enactment of the AIDS Act in 1990. Specific AIDS wards were set up in these hospitals, and social workers were formally included in the wards as medical team members\(^1\) (CDCT, n.d.-d). Second, the Light of Friendship AIDS Control Association of Taiwan, ROC, the first AIDS NGO in Taiwan, was founded, and employed social workers. Third, two professional social work associations, the Medical Social Service Association of ROC and the National Association of Social Workers of ROC, were asked by the Ministry of Health to provide “Social Work and HIV/AIDS” workshops for practitioners in major cities in Taiwan (W.-Z. Chen, 1993, p. 152; Response from the Executive Yuan, Legislative Gazette, 03 July 1992, p. 24). Fourth, HIV/AIDS topics emerged in social work documents (one textbook and three journal articles) in Taiwan in the same year. The textbook and one of the three journal articles were translated, while the other two journal articles were written by a scholar and a hospital social worker respectively.

\(^1\) Although a few hospitals had experience of treating PLHIV before 1992, such as the National Taiwan University Hospital and the Taipei Veterans General Hospital, the official establishment of specific AIDS wards in 12 hospitals in big cities indicated that the Taiwanese government finally showed its commitment to face HIV/AIDS issues.
Silenced Social Work in the 1980s

Before 1992, social work in Taiwan seemed to ignore the growing social problems related to or resulting from HIV/AIDS. No HIV/AIDS information could be found in any documents, including textbooks, thesis, journal article, or newspaper opinion articles, written by social work academics, practitioners or students. But this phenomenon should be investigated under a broader socio-historical perspective, in the context of a relationship between social work and the government.

Modern social work in Taiwan was introduced from the USA by the Kuomintang government in the 1940s as a mechanism to gently discipline and control Taiwanese people (Y.-S. Zheng, 2006, 98-99 & 103; Y.-C. Chou et al., 2006, p. 769), but was not officially included into the bureaucratic system (M.-Y. Yang, 1998, pp. 49-51). All social workers in government departments were under contracts as temporary officials (Y.-S. Zheng, 2006, p. 193). This meant that social work was marginally positioned in the bureaucratic system. When the Taiwanese government ignored HIV/AIDS issues in the early 1980s, marginalised social work with no power to act independently in the bureaucratic system certainly did not pay attention to HIV/AIDS issues either.

Furthermore, in the mid-1980s, when PLHIV cases appeared, Taiwan was strictly controlled under martial law by the Kuomintang government. Because of their close relationship with stereotyped and stigmatised groups, PLHIV were also stereotyped and stigmatised by Taiwanese society and the government. Government employed social workers and social work educators in universities that relied heavily on societal attitudes and governmental policies were pushed to hold similar beliefs and to ignore the needs of PLHIV.

In the 1980s, physicians were powerfully positioned to influence the formation of HIV/AIDS policies. They were also the most visible writers in newspaper opinion article expressing their views on HIV/AIDS issues in this period. This confirmed with Foucault’s suggestion that certain groups or individuals have more opportunities to influence the direction of power and the construction of knowledge (1979, p. 194), especially when they win power struggles and rationalise and normalise newly formed power relations (Danaher et al., 2000, pp. 72-73). The groups that absorb recognised knowledge can further occupy forcible positions, become “professional” to strengthen “Truth”, and build their authority (Foucault, 1996c, p. 441). The constructed knowledge

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2 All of members in the national AIDS Committee were physicians when the committee was established in 1985.
and rationalised professional status provide other reasons for society to accept and stabilise the formed authority of the groups or institutions (Foucault, 1998 [1984], p. 144). Meanwhile, different views advocated by other groups that are marginalised are usually devalued or doubted (Gao, 2004, p. 179). This means that once physicians had been constructed as “experts” on HIV/AIDS problems in Taiwan, other groups, including social workers, were gradually constructed as unimportant or devalued members in relation to HIV/AIDS issues. This condition restricted social workers having access to positions and power to challenge the constructed knowledge by physicians, and they were not considered as important vehicles in combating HIV/AIDS problems by the Taiwanese government. In short, due to its marginalisation within society, the bureaucracy and the medical system, social work was invisible and silent about HIV/AIDS issues.

Changes in governmental views regarding social work in the HIV/AIDS field in the early 1990s was an important impetus in the response of social workers to HIV/AIDS issues from that time. First, the workshops run by the two social work associations were requested and financially supported by the Ministry of Health, and lectures in the workshops became articles in a journal published by the Ministry of Interior Affairs in December 1992. Second, based on national policies, social workers were officially appointed as medical team members for AIDS wards in hospitals. Third, after the lifting of martial law in 1987, people were granted rights of assembly and association resulting in the foundation of the first AIDS NGO which employed social workers. In short, the government had significant influences on the invisibility of social work in the HIV/AIDS field and the early development of HIV/AIDS curricula in social work in Taiwan. This further suggests the dependence of Taiwanese social work on the government.

**Emergence of HIV/AIDS Topics in Social Work Documents**

The first identified social work document mentioning HIV/AIDS in Taiwan is a translated textbook “Jibian Shehui Gongzuo” (Radical social work). This textbook was translated and edited by two scholars in national universities, and consists of 13 translated Western journal articles. HIV/AIDS appears as a brief mention in the first

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3 The workshops were listed as achievements in HIV/AIDS prevention by the Taiwanese government, and mentioned in a response from the Executive Yuan (Legislative Gazette, 03 July 1992, p. 24), which indirectly suggests that these workshops were influenced by the government.

4 References to the 13 original articles were not provided in this textbook, making it difficult to establish the backgrounds of authors, or publication years of the original articles.
chapter, introducing emergent social issues.

Social workers should be involved in newly arisen social problems, such as the legalisation of abortion, the homeless, and Aizibing. These newly arisen social problems are neglected by conservative social policies, and social workers should become advocates for the victims of conservative social policies (W.-Y. Lin & Gu trans, 1992, p. 34).

The text above suggests that the original author(s) considered HIV/AIDS to be a social problem resulting from the neglect of conservative social policies. It implies that the author(s) emphasised the governmental discourse in thinking about the HIV/AIDS problem.


The first article, “Aizibing shehui gongzuo fuwu” (HIV/AIDS social work services), was written by a social work professor (Sha, 1992). Sha provided work models and suggestions for social workers to work with PLHIV (pp. 143-145), and introduced related obstacles, such as societal hatred, fear of HIV/AIDS or the mental problems of PLHIV as a result of the disease (pp. 145-146). Sha detailed the process of providing therapies for “improving social functioning and self-anchoring of Aizi binghuan” (pp. 143-145), but failed to mention how social workers could combat societal prejudice. She merely stated,

I hope the whole society can humanely treat Aizi binghuan. … If societal hatred and fear of HIV/AIDS still exist, and Aizi binghuan still have to encounter too much social pressure, therapies for them will not function well (p. 146).

Despite identifying societal hatred and fear of HIV/AIDS as obstacles to therapies for PLHIV, Sha apparently did not consider their elimination as important tasks for social workers. Furthermore, it seems that Sha herself still held negative attitudes towards “people who like going whoring,” stating that they “should self-suppress their behaviours” (p. 141) ... “exercise self-control to avoid … unnatural sex encounters” (p.

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That a social work journal that is widely circulated by social workers and social work educators is published by the Ministry of Interior Affairs indirectly reveals again that the government is influential in social work development in Taiwan.
146). The negative terms imply that, in her thinking, behaviours such as “unnatural sex encounters” and “going whoring” were unacceptable. In short, although the professor employed the programmatic discourse to introduce the methods which social workers could adopt to work with PLHIV, the negative terms used in the article clearly show that Sha held the individual pathological discourse.

The second article, “Aizibing yu shehui gongzuo” (HIV/AIDS and social work), was written by a social worker in a hospital AIDS ward (X.-Z. Wu, 1992). Based on her experiences, X.-Z. Wu described four kinds of psycho-social pressures that PLHIV encountered, and suggested some services that social workers could provide for PLHIV. The pressures identified were social isolation, critical change of social roles, helplessness towards the future, and a fear of disability or death (pp. 148-149). X.-Z. Wu declared that “the AIDS stigma from broad society results in social isolation for the Aizi binghuan suffer. The social isolation and the Aizibing give patients infinite pain” (p. 148). Among seven suggested methods for working with PLHIV, three were measures to eliminate stereotypes and stigma: transformation of PLHIV from victims to survivors, prohibition of discrimination against PLHIV, and provision of continuing health education to reduce irrational fear of HIV/AIDS and PLHIV within society (p. 150). In addition, her comments, such as, “please consider Aizibing as a chronic disease, not an acute plague” and “social rejection and unnecessary fear only position Aizi binghuan under unstoppable social blame, but do not stop the spread of Aizibing” (p. 150) are indicators of socio-cultural discourse.

The third article, “Meiwei shehui gongzuozhe doujiang miandui Aizibing de tiaozhan” (Every social worker will be challenged by AIDS), was translated from an article originally published in Social Work, an academic journal published by the National Association of Social Workers in the USA in 1990. The original author, a senior social worker, emphasised the importance of being prepared for working with PLHIV and in the AIDS field, and introduced a few innovative social programs developed and delivered by social workers. He argued that “Aizibing pushes the invisible ridiculousness in social and economic orders, … and the inequality in medical and social services … becomes noticeable” (p. 160). He also highlighted the inappropriateness of “criminalisation and stigmatisation of PLHIV and related groups” (p. 160) maintaining that they “reproduced the existing mechanisms of victim blaming in society, but the violation and disadvantage of minorities which resulted from social injustice and inequality were overlooked” (pp. 160-161). The author presented a few
situations resulting from stigma, discrimination, oppression or injustice. For example, “the disadvantaged have less access and resources to receive medical services and obtain medicine”, “the poor who are infected with HIV usually lack private health insurance, … (so) they are likely to have shorter lives, and live less respectably” (p. 160), and “[for PLHIV], the most regrettable issue is that they suffer from their suffering” (p. 161). These quotations imply that the author employed the socio-cultural and programmatic discourses about HIV/AIDS-related problems.

The three journal articles and the textbook reflect that the four key discourses that had emerged in broad Taiwanese society were also represented in social work documents in Taiwan in 1992. The four documents also reveal that within Taiwanese social work there were at least three different groups with sufficient power to voice their opinions about HIV/AIDS: local social work scholars and practitioners and foreign social workers. These three groups employed varied approaches and forms in presenting HIV/AIDS topics in social work documents, and in helping shape the development of HIV/AIDS curricula in schools of social work in Taiwan. The introduction of translated social work documents indicates that potential influences from other countries or cultures on Taiwanese social work should not be ignored.

Although PLHIV did not speak out directly in any of the four documents, different images or understandings of PLHIV were formed. For example, in Sha’s (1992) article, PLHIV were suggested as “having unnatural sex encounters, … going whoring, … and likely to avenge” (p. 142). In the translated textbook by W.-Y. Lin and Gu (1992), by contrast, PLHIV were constructed as victims of conservative social policies, not irresponsibly behaved individuals (p. 34).

The four documents also varied in their suggestions about services which social workers could provide for PLHIV. The translated textbook maintained that social workers should aim to become advocates for PLHIV (p. 34), and X.-Z. Wu’s (1992) saw the elimination of AIDS stigma and stereotypes as a fundamental task along with providing services for PLHIV and their families (p. 150). However, Sha (1992) suggested that the provision of therapies for PLHIV was the top priority.

The differences in these four documents demonstrate that even within social work, an imaged highly homogeneous group, distinctive discourses were promoted by members or subgroups. This suggests that there were struggles between the four key discourses as to what should be valued and prioritised in social work training. As Foucault argues, knowledge is not an abstract understanding of events or the world that
are out there somewhere waiting to be discovered, but are the result of fierce fights between numerous discourses (Foucault, 1979, p. 27).

Close study reveals that in this period, forces outside social work were more influential than the three inside groups identified above. The forces for repressing or formatting the appearance of HIV/AIDS topics in social work included the Taiwanese central governmental measures or the dominance of other professionals, such as physicians. This phenomenon accords with Foucault’s belief that the emergence and formation of specific topics within a field generally, in this case the social work field in Taiwan, are also the result of power relations among inside or external groups.

Appearance of Newspaper Opinion Articles on HIV/AIDS by Social Workers

Following the induction of social workers into the HIV/AIDS field in Taiwan in 1992, newspaper opinion articles on HIV/AIDS issues written by social work professionals began to appear. They were most likely to use governmental or socio-cultural discourse.

In late March 1994, a social worker using the pseudonym Fei-Cheng wrote an opinion article based on his own HIV testing experiences, arguing that the user-unfriendliness of the HIV testing system in Taiwan might result in the failure of AIDS prevention:

I am a 35-year-old gay man … I worry about the lack of considered measures and privacy protection for people who take HIV testing, … such as the lack of counselling before and after the testing, and people are required to provide their true names and contact telephone numbers (Fei-Cheng, a social worker, China Time Daily, 29 March 1994, p. 9).

In 1995, a social worker in the first AIDS NGO, the Light of Friendship AIDS Control Association of Taiwan, ROC, criticised the high-risk-group approach employed by AIDS policies in Taiwan. His newspaper opinion article emphasised the importance of de-stigmatisation and legalisation of sex work for HIV/AIDS prevention and education:

It is recognised that the main factor for HIV infection is whether the behaviour, not the person, is risky. … (M)any people, however, still think that sex workers are … immoral, … and unclean, … so sex workers must be blamed for the wider spread of HIV infection in Taiwan. This view, however, ignores a factor

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6 Fei-Cheng (費城) is the Chinese name of Philadelphia, a city in the USA. It is also the title of a movie describing how a gay lawyer with HIV, who was dismissed by his company, fought for his rights and dignity.
that how sex workers can avoid being infected with HIV if their clients are unwilling to use condoms. ... Therefore, instead of labelling sex work as immoral and unclean, it would be better for AIDS prevention if we can de-stigmatise and legalise sex work in Taiwan (D.-P. Li, *China Times Daily*, 11 Dec 1995, p.11).

The two articles reflect that the governmental discourse and socio-cultural discourse were expressed by some social workers (whether or not they worked in the HIV/AIDS field) in considering HIV/AIDS-related problems in Taiwan. Therefore, the HIV testing system and the stigmatisation of sex work, not gay men or sex workers themselves, were the focus of their arguments.

However, some people in social work still believed in the individual pathological discourse. A senior social work scholar expressed this view when he discussed sex work in a newspaper opinion article:

In any fairy tale, a prince always married a princess, and then they had a happy life forever. However, the modern version of the fairy tale is a greedy gigolo always marries an avaricious prostitute, and then they have to worry whether they are infected with HIV or herpes forever (H.-Z. Peng, social work professor, *Min-Shen Daily*, 16 Feb, 1997, p. 30).

The use of derogatory language demonstrated that this social work scholar devalued sex workers, as he suggested that sex workers were dirty and immoral and would inevitably get sexually transmitted diseases. This constructed metaphorical connection between sex workers and sexually transmitted diseases, such as HIV or herpes, by a senior social work scholar might strengthen societal misunderstanding about the relation between HIV infection and stigmatised and marginalised groups. Although this opinion article did not directly discuss HIV/AIDS, a negative attitude towards HIV/AIDS and sex workers was strongly expressed.

The differing approaches of the opinion articles towards HIV/AIDS are clear. This reveals that within the social work profession, individuals either echoed or opposed discourses popular in broader society. Potential conflicts and competing ideas about HIV/AIDS were also communicated to students. For example, it is doubtful that the senior social work professor would express radically different views to the students in his classes.
Appearance of HIV/AIDS Mentions in Social Work Textbooks

Meanwhile, social work textbooks that introduced HIV/AIDS issues only employed a short mention or one or two paragraphs. For example, in “Shehui Gongzuo Gailun” (Introduction to Social Work) (L.-Y. Jiang, et al., 1995), the HIV/AIDS topic appeared as a mention in the chapter “Yiwu shehui gongzuo de xiankuang ye zhanwang” (Current condition and prospects of medical social work):

Some modern diseases, such as … high blood pressure, hardening of the arteries, or AIDS, are related closely to personal life styles and environmental conditions. What social workers can do for these modern diseases is to promote health education in the community, and pool social resources to educate individuals to have and maintain more healthy life styles (L.-Y. Jiang et al., 1995, p. 268).

In a paragraph in “Shehui Gongzuo Shiwu Shouce” (Practical Manual of Social Work) (Cournoyer, 1997), the author used HIV/AIDS as an example to invite readers to consider what a social worker could do in the following situation:

Imagine you are a social worker in a hospital. One day a doctor asks you to provide emotional support and social services for a 23-year-old adult and his parents when he will reveal the positive result of a HIV test to them. What kind of skills would you practise when you work with this family in this situation? (Cournoyer, 1997, p. 98)

From the quotations above, it seems that the two social work textbooks employed a programmatic discourse to present HIV/AIDS topics. In the former excerpt, HIV/AIDS was constructed as a modern and preventable disease. PLHIV and their family members, in the latter excerpt, were presented as people who needed emotional support and social services. Social workers in the HIV/AIDS field were encouraged to deliver health education, pool social resources to prevent HIV from spreading, work with doctors and provide support and social services for PLHIV and their families.

In short, analysis shows that in the early 1980s, when HIV/AIDS cases appeared in Taiwan, the social work profession was powerless, silent and invisible due to its marginalisation in Taiwanese government systems and society. No HIV/AIDS NGOs existed. No clear social work activities in the HIV/AIDS field could be identified, nor documents regarding HIV/AIDS issues by social work practitioners or scholars be found. This began to change from 1992 when social workers appeared in the HIV/AIDS
field. Social work organisations were requested to provide HIV/AIDS training programs for their members. Simultaneously, teaching materials, such as textbooks or journals, started to cover HIV/AIDS topics, although even if superficially.

1998 – 2001

In 1997, the Ministry of Health introduced a newly developed combination therapy to treat PLHIV (CDCT, n.d.-d). In 1998, Taiwanese HIV/AIDS NGOs diversified their range of services. Before 1998, there were only two HIV/AIDS NGOs (both located in Taipei)7 with limited staff providing AIDS education and prevention, hospital-visiting services, and a short-term shelter (Mo, 1998, p. 274). From 1998 onwards, social services, such as family support, a long-term shelter, palliative care, advocacy services, empowering, and direct involvement in policy making, were gradually introduced. As well, some HIV/AIDS NGOs established their offices or branches in other cities, such as Taichung and Kaohsiung8, and employed additional social workers.

When social services provided for PLHIV by HIV/AIDS NGOs diversified and more social workers were employed by these organisations from 1998, there were two critical turning points regarding HIV/AIDS issues in schools of social work. First, three HIV/AIDS research works were undertaken by social work students, providing evidence to suggest that empirical studies about HIV/AIDS issues originated in social work. Second, three social work textbooks with substantial introduction to HIV/AIDS issues were published.


The appearance of empirical studies about HIV/AIDS implies, first, these research findings could increase understanding of HIV/AIDS issues in the social work field, and provide material for related teaching activities. Second, the social work profession tried to explore the HIV/AIDS field and establish its own voices in this field. Third, social work scholars interested in HIV/AIDS issues tried to demonstrate the necessity of including these issues in social work curriculum and practice. It has been observed that once academics focus their research on specific issues, these issues are likely to become teaching topics (Rudolph, 1995 [1977], p. 9). Therefore, the appearance of empirical

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7 Taipei, located in northern Taiwan, is the first municipality, and the biggest metropolis, and an important cultural and political center in Taiwan. Before 1998, all HIV/AIDS NGOs, and most appointed hospitals for treating PLHIV were in Taipei. This reflects the advantage of Taipei, but suggests the unbalanced distribution of social and medical resources. Today, most HIV/AIDS NGOs are still in Taipei.

8 Taichung, located in central Taiwan, is the third metropolis. Kaohsiung, located in southern Taiwan, is the second municipality and metropolis in Taiwan.
studies about HIV/AIDS is a critical point for understanding the development of HIV/AIDS curricula in social work in Taiwan.

Between 1997 and 1998, three social work students embracing different discourses finished masters theses on HIV/AIDS issues. Five journal articles were generated from two of these theses. C.-F. Zhang (1997) focused on the stress which social workers or volunteers confronted working in the HIV/AIDS field, and the coping strategies they used. Chung (1998) focused on AIDS, AIDS stigma and discriminatory AIDS policies in Taiwan to explore the difficulties gay men faced, and the survival strategies they used. Shih (1998) detailed the difficulties PLHIV encountered in their lives, their ways of coping, and the social services they needed.

It seems that programmatic-, governmental-, and socio-cultural-discourses were adopted in the three theses. The individual pathological discourse was suggested as a factor obstructing AIDS prevention and education, and also criticised as leading to a biased understanding about PLHIV or related groups. Shih (1998) commented that “AIDS prevention will not achieve its goals if we, the whole society, still think that AIDS is a deserved fate for some specific groups” (p. 3), while Chung (1998) argued, “Negatively connecting AIDS with some marginalised minorities will deepen societal misunderstanding about HIV/AIDS, and sharpen biases and discrimination towards disadvantaged minorities” (p. 8).

Varied suggestions based on different approaches were provided. C.-F. Zhang’s (1997) thesis investigated various methods to reduce stress on social workers and volunteers working in the HIV/AIDS field (pp. 192-193). Shih (1998) contributed some innovative ideas regarding programs and services for PLHIV (pp. 107 & 109). Chung (1998) paid more attention to AIDS stigma and argued the importance of eliminating negative misunderstandings about gay men (pp. 120 & 124).

The students also strongly advocated establishing full-time social work positions in AIDS wards in hospitals (C.-F. Zhang, 1997, p. 193; Shih, 1998, p. 109), or providing a specific HIV/AIDS course in schools of social work (Chung, 1998, pp. 123-124). It seems these measures were appropriate for working with PLHIV. However, the advocacy proposed by these students reflects the social work scholars and social workers who were interested in HIV/AIDS issues had tried to raise the significance and rationalisation of including HIV/AIDS topics into social work, and to establish their expert voices and positions in social work.

The three students completed their field practicum in HIV/AIDS NGOs or AIDS
wards in hospitals. Field practicum is an important learning process in social work education (Frumkin & Lloyd, 1995, p. 2244), and social work scholars suggest it is vital to include the necessary knowledge and skills into social work curricula which students will apply in practicum settings or in dealing with newly emerged social problems (Frumkin & Lloyd, 1995, pp. 2245). That some students started their practicum in the AIDS field and social workers began to be employed in HIV/AIDS NGOs and AIDS wards might have encouraged social work educators in Taiwan to include HIV/AIDS issues into curricula.

Publication of Social Work Textbooks Introducing Rich HIV/AIDS Information

Three social work textbooks with substantial coverage of HIV/AIDS issues were published in this period. Two were translated, and another was written by a local social work scholar.

In “Renlei Xingwei yu Shehui Huanjing” (Human Behaviours and Social Environment) (Berger, McBreen, & Rifkin, 1998), the authors devoted five chapters to discussing how social and cultural environments produce, influence or limit human development and behaviour. Five case studies were used to integrate related concepts, and stimulate readers to further thought and discussion. Two cases were related to PLHIV and their significant others.

The first case was introduced in Chapter Four “Rensheng licheng zhong de renlei xingwei” (Human behaviours in different phases), and titled “Laonian qiaoqi de sangzhong: Chuisi de suner” (Funeral bells in agedness: Dying grandchildren). It described what aged people might encounter and feel when they had to assume responsibilities for their grandchildren whose parents had died of AIDS. Some of these children might be also infected with HIV or have AIDS, and the case centred on the challenges and difficulties of being care-givers for HIV-infected grandchildren. The second case was introduced in Chapter Five “Shiwu yunyong” (Practical application), and titled “Meijianshi douzai zhe ge shiduan nei fasheng” (Everything is happening right now). It detailed a social work case manager’s experiences, feelings and thoughts when working with a HIV-infected gay man.

Before presenting the cases, the authors invited readers to think about the issues and factors social workers or case managers should be sensitive to when working with PLHIV and their families and friends. For example,

If you or the one[s] you love were infected with HIV, or had AIDS, would you like to work with the case manager described in the case study? If your answer
is yes, what did she do to touch, encourage or inspire you? If your answer is no, what alternative skills do you suggest the case manager should have? Why? (Berger et al., 1998, p. 267)

In the extract above, the authors adopted a programmatic discourse to consider the problems related to HIV/AIDS, inviting readers to reflect on what social workers could do under such conditions. The socio-cultural discourse sometimes appeared in the text too:

In what conditions, ... are minorities, seniors, homosexuals or PLHIV discriminated against politically or economically? How does power practise in this process? How are stereotypes employed to oppress these groups? (Berger et al., 1998, p. 81)

This textbook also narrated the life experiences of PLHIV and their significant others:

Although Carmine Buete is an eight-year-old boy, he looks like he is only five years old. ... His mother died from AIDS seven years ago. ... Now, his sixty-five-year-old grandma, a weak Kathleen Buete, cares for him. ... He is very fragile now, because his immune system is so bad. ... Recently, Ms. Buete found out that her other son was infected with HIV. ... Ms. Buete said “I did not realise that HIV/AIDS was so close to me until it happened to my family” (Berger et al., pp. 220-221).

As previously indicated, HIV/AIDS in some texts was constructed as a deadly disease and PLHIV as dangerous and untouchable virus carriers. For example, in the early 1980s, an opinion article exaggerated the risk of HIV/AIDS: “AIDS, a fatal sexually transmitted disease, has become a terror-stricken plague in the United States. Most funeral homes refuse to provide services for dead bodies of Aizi binghuan” (Yang-Zi, occupation unknown, United Daily News, 11 July 1983, p. 8).

When so many documents emphasised the necessity of avoiding HIV infection, it is highly conceivable that an unexpected concept, “trying to avoid PLHIV to prevent possible HIV infection,” may be constructed. It is not surprising that, after reading such texts, many people disliked, feared or distanced themselves from PLHIV. Their experiences and feelings were totally disregarded.

Demonstrating how PLHIV and their significant others live and struggle, as Berger and his colleagues (1998) did, provided valuable information to challenge readers’ images of PLHIV and HIV/AIDS. Through narrating the experiences of PLHIV, the concept of “AIDS as a terrible plague” might gradually be replaced by the idea that
“PLHIV are just normal people who have a virus and request some services”.

In “Shehui Fuli yu Shehui Gongzuo” (Social Welfare and Social Work) (Zastrow, 1998), HIV/AIDS was the subject of the chapter “Yiliao wenti yu yiliao Shehui fuwu” (Medical problems and medical social services) (pp. 422-429). Information included the difference between HIV infection and a diagnosis of AIDS, the distinction between PLHIV and AIDS patients, effective methods to avoid HIV infection, and so on. The author argued that “some people with HIV can have a longer life than expected” (p. 428), and provided positive remarks regarding PLHIV, such as:

[Some PLHIV] rationally accept the diagnosis of being infected with HIV, and do not think of this diagnosis as a death sentence; … aggressively reject being hopeless and helpless; … recognise their own psychological and physical needs, and attentively look after themselves; … [and] frankly disclose their status (Gavzer, n.d. as cited in Zastrow, 1998, pp. 428-429).

In the section “Yiliao shehui gongzuo” (Medical social work), the author suggested that the HIV/AIDS field “becomes an important ground for social workers”, and recommended services to include “advocating for PLHIV and their families and friends; … eliminating stereotypes and stigmas related to HIV/AIDS” (pp. 445-446). The author concluded with the point that “because of misinformation and myths about HIV/AIDS, … many PLHIV suffer from discrimination. … It is meaningful, therefore, for social workers to defend PLHIV and their families and friends.” (p. 449)

This textbook combined programmatic and socio-cultural discourses. However, a few statements based on individual pathological discourse still appeared:

Some suggested measures of protecting people from HIV infection are: … avoiding … sex with prostitutes, … because they usually have many sex partners (p. 426).

Such advice is misleading (Lupton, 1994, pp. 16-18; Scambler & Graham-Smith, 1992, pp. 68-69), but was presented as neutral and uncontested knowledge in a textbook which provided mostly unbiased AIDS information. A more reasonable approach would have focused on effective measures, such as using a condom, rather than identifying groups of people, such as sex workers.

In Mo’s (1998) “Yiwu Shehui Gongzuo” (Medical Social Work), HIV/AIDS topics were introduced in the section “Aizibing yu shehui gongzuo chuyu” (HIV/AIDS and social work intervention) of the chapter “Feizhuyuan ji changqi zhaogu zhi shehui gongzuo fuwu” (Social services for non-hospitalised patients and patients with chronic
diseases). The HIV/AIDS section included an overview and covered current medical treatments and problems in Taiwan, and the psychological responses of PLHIV and their family members. “Social work intervention” was its main focus (pp. 274-282). This textbook used a programmatic discourse to introduce HIV/AIDS topics.

Mo (1998) began by stating the importance for social workers to prepare working with PLHIV and related groups:

HIV/AIDS issues are not only a medical problem, but also a social challenge that human beings have to confront. … HIV/AIDS creates opportunities for social workers to work with the most disadvantaged and discriminated minorities in society. … Social workers occupy critical positions to strive for PLHIV to obtain more appropriate services (Mo, 1998, p. 268).

In “Shehui gongzuo chuyu” (Social work intervention), the author explained the principles and skills needed to work with PLHIV. For example, when PLHIV’s physical conditions became aggravated in a hospital:

The important tasks in this stage are to maintain a supportive relationship with patients, to assess their mental conditions, to understand whether they have suicidal intentions, and to suggest appropriate psychological and medical treatment to reduce pain and suffering. Sometimes, it is necessary to directly discuss with patients death, related fear, unfulfilled wishes, and their wills (p. 276).

However, the textbook did not address in the methods of working with minorities and striving for PLHIV to obtain more appropriate services. It also failed to discuss advocating strategies social workers could employ to change negative social attitudes towards PLHIV.

In addition, the textbook still contained examples of individual pathological discourse. For instance, the author suggested “HIV/AIDS education and protection is important for preventing the spread of this virus, … social workers can include topics, such as … how people can exercise self-control to protect themselves from having improper sex” (p. 282). This contrasts with the author’s previous statement that “what PLHIV suffer from is not only this disease, but also a discriminating social environment resulting from AIDS stigma and stereotypes regarding homosexuality, debauchery and drug usage” (pp. 270-271).

Two conflicting messages were delivered: on the one hand, a suggestion that it was inappropriate to stigmatise PLHIV by labelling them as debauched, on the other hand, a recommendation that “not having improper sex” (not being debauched) be included in
HIV/AIDS education programs.

Criticism of social work textbooks which introduced a substantial amount of HIV/AIDS in programmatic- or socio-cultural- discourse, but still included a few examples of individual pathological discourse, reflects three key issues. First, differing and conflicting discourses can coexist, not only among separate fields or documents, but also within the same fields or documents. Second, people can simultaneously express different or conflicting discourses. Third, what people know or consider right might possibly be still established by the coexistence of differing and conflicting discourses, not only constructed by a dominant discourse which is formed by the struggles of one discourse over another (Foucault, 2002 [1970], p. xv).

The publication of textbooks with rich HIV/AIDS information allows the tracking of the information sources used. The two previously mentioned translated textbooks quoted largely from social work resources, such as social workers’ experiences, clients’ experiences, research reports by social work scholars or entries in the Encyclopedia of Social Work (19th ed.) published by the National Association of Social Workers (in the USA).

By contrast, Mo’s (1998) work was heavily dependent on materials supplied by the Taiwanese government, especially the Ministry of Health, rather than social work resources. Much of the information about working with family members of PLHIV was based on the “Houtian Mianyi Quefa Zhenghouqun Xinli Fudao Shouce” (Counselling Guide for PLHIV) (Ministry of Health, 1994a) and “Wojia Youge Aizibing Huanzhe” (There is a PLHIV in My Family) (Ministry of Health, 1994c). The few Taiwanese social work resources cited in Mo’s textbooks were previously mentioned journal articles by X.-Z. Wu (1992) and Shernoff (1992), published in the Community Development Journal (Quarterly). This again reflects that available materials can inform and direct the contents of textbooks and curriculum.


All of these textbooks adopted a programmatic discourse to introduce HIV/AIDS information. This demonstrates that the programmatic discourse became dominant in
the social work field in Taiwan. For example, in the chapter “Case studies” of Toseland and Rivas’ (2000) *Social Group Practice*, 17 pages were devoted to how a social worker employed group work skills to gather members with differing social positions and political beliefs to establish a community residence for PLHIV (pp. 483-499). However, Toseland and Rivas did not discuss methods for changing residents’ stereotypical views about PLHIV or their reluctance to live with PLHIV.

It should be noted that most locally written social work textbooks in this period, in contrast to their translated counterparts, only devoted a couple of sentences or paragraphs to HIV/AIDS issues, and many adopted an individual pathological discourse. For example, in “Shehui Wenti” (Social Problem) (Z. Xu, M.-Z. Li, & X.-M. Zhuang, 2000), HIV/AIDS appeared in a chapter discussing sex work: “Simply speaking, the major hygienic, social and moral scourges resulting from prostitutes are ... to spread sexually transmitted diseases, such as AIDS” (p. 336). In “Shehui Gongzuo Lunli” (Ethics in Social Work) (Z. Xu & M.-Z. Li, 2001), a PLHIV was used as a case to discuss the dilemma between protecting clients’ confidentiality and respecting their self-determination:

A young man was diagnosed with HIV. … According to the AIDS Act, it is compulsory for him to receive medical treatment and education regarding not spreading this virus to others. However, after learning of the HIV infection, the patient had vindictive feelings, became cynical and self-indulgent, and rejected any medical treatment. For this kind of case, should a social worker break ethical responsibilities of protecting clients’ confidentiality or let the client have self-determination to do what he wants? (pp. 367-368)

The case above appears a neutral way of presenting an ethical dilemma that social workers might encounter. However, when the idea that “PLHIV are dangerous people carrying a horrible virus” was still popular in Taiwan, without clarification, this case may strengthen stereotypes about PLHIV.

All journal articles published between 1998 and 2001 were written by social work students and practitioners based on their theses or work experiences, rather than by scholars. L.-Y. Zhang (1998) shared her working experiences of providing psycho-social services for PLHIV, P.-Z. Cai (2000) proposed methods for working with gay men with HIV or AIDS, Qiu (1999) detailed hospice services for AIDS patients, and J.-Y. Xie (2001) discussed a model of community care for PLHIV.

From the analysis above, it seems that the emphasis in earlier social work documents on eliminating the AIDS stigma and stereotypes and advocating PLHIV’s
rights were neglected in this period. This reflects a shift of focus to the programmatic discourse in social work documents.

The shift to a programmatic discourse in social work documents appears to be linked to social conditions of the time. The National AIDS Prevention Policy was implemented in 1994, acknowledged by the Taiwanese government that HIV/AIDS needed to be carefully dealt with (Ministry of Health, 1994b, pp. 3-5). One of its stated goals was to “provide appropriate medical treatments and social services for PLHIV to increase the quality of their life” (Ministry of Health, 1994b, pp. 7-8). This view was presented by a social work textbook too:

PLHIV’s unsolved pains will influence their immune systems, so … easing their psychological and social stresses will increase their immune systems. ... Social workers who are employed in AIDS wards usually employ casework methods to provide services for PLHIV (Z.-L. Li, 1995, p. 429).

As previously described, as the number of local PLHIV increased in Taiwan, the significance of providing medical, psychological or social services for PLHIV and related groups was emphasised (X.-Z. Wu, 1992, p. 148). Health care professional associations also acknowledged the importance of providing training for their members and students to increase their willingness and capacity to work with and provide services for PLHIV (Ministry of Health, 1994b, pp. 16-18).

It is indeed important to provide appropriate services for PLHIV, and to incorporate the knowledge and skills into social work curricula that practitioners may apply in their work, as described by Z.-L. Li (1995, p. 429) above, “social workers ... usually employ casework methods to provide services for PLHIV”. Social work textbooks, as an important teaching tool, had to reflect what happened in the field.

However, this view overlooks that appropriate services for service users generally, and PLHIV in particular, is another form of constructed knowledge or “Truth”. Understandings about appropriate services for service users are also formed from the struggles of varied discourses held by individuals or institutions. Based on different perspectives, the constructed ideas about which service users’ needs should be emphasised in shifts according to which discourse is most dominant during a given period of time.

In addition, it has been documented that PLHIV experienced pain resulting from societal rejection, isolation and discrimination, not merely from their physical conditions (Boyce et al., 2007, pp. 1-3; O'Malley, 1996, p. 467), highlighting how
fundamental it is to eliminate related stereotypes and discrimination in order to strengthen PLHIV’s immune systems. PLHIV would still suffer from pain if health care workers, including social workers, only provided direct services. This view was clearly neglected by social work scholars in the materials examined above.

The conditions discussed above suggest that social work education in Taiwan emphasised the provision of direct casework to service users above social advocacy or strategies for combating social inequality and discrimination. This was despite the latter being suggested as a major role for social workers. Furthermore, social work education selectively presented what social workers in the HIV/AIDS field did, especially during the period, as HIV/AIDS NGOs started to diversify their range of services for PLHIV. It was also evident that social work education followed, rather than challenged, governmental policies. As shown in the analysis, some social work scholars still employed the individual pathological discourse, which implies that they were a part of the problem of discrimination against PLHIV, not the solution. Social work education seemed to practice disciplinary techniques over students, and was a part of social control.

2002 – 2006

In 2002, the national AIDS Committee started to include HIV/AIDS NGO workers as committee members (Xiao Qing-Wa, 2003, p. 61). This inclusion implies that the national AIDS Committee, a governmental organisation, gradually allowed different voices and opinions from physicians and governmental officials to join the official AIDS prevention system in Taiwan. Social workers in the HIV/AIDS field also became major contributors to journal articles. Although they were likely to express a socio-cultural discourse in newspaper opinion articles and in their practices, this pattern was not clearly represented in journal articles and textbooks. Meanwhile, the quantity of HIV/AIDS information in textbooks lessened, despite an increase in the number of textbooks referring to HIV/AIDS issues.

Appearance of Social Workers in HIV/AIDS Policy-making

After social workers began to be employed in HIV/AIDS NGOs, it was likely that they would express a socio-cultural discourse in newspaper opinion articles and in their practices. From interpellation documents and records of committee discussions in the Legislative Yuan, it seems these social workers’ efforts and involvement in the transformation of HIV/AIDS policies and related regulations could not be overlooked.
Due to repeated violations against PLHIV, Taiwanese HIV/AIDS NGOs began providing legal aid for PLHIV, advocating their rights, and being involved in the process of amending and formulating PLHIV-friendly laws and policies. Gradually, protective articles were included in the AIDS Act. This process suggested that providing legal aid and advocating for PLHIV became distinctive roles social workers could play that differentiated them from physicians and other health workers.

Furthermore, HIV/AIDS NGO workers and members and PLHIV submitted many strong opinion articles to newspapers that aggressively criticised discrimination in AIDS policies and Taiwanese society. Two HIV/AIDS social workers reflected such views in the following:

The government plans to deport a PLHIV who has a Taiwanese passport, but without a Taiwanese citizenship card. ... It is ridiculous that a PLHIV who has a Taiwanese passport is not eligible to obtain a citizenship card because of HIV infection. ... A person with a Taiwanese passport, but without a Taiwanese citizenship card, should still be acknowledged as a Taiwanese citizen (I.-H. Lin, a social worker in the Persons with HIV/AIDS Rights Advocacy Association, China Times Daily, 26 Nov 2002, p. 15).

The most challenging part of preventing the spread of HIV in Taiwan are the PLHIV-unfriendly AIDS Act and policies, and society’s discrimination against PLHIV. ... The lack of practical measures in the AIDS Act prevents PLHIV from receiving fair treatment in schools, medical institutions, or employment (S.-J. Xu, a social worker in the Lourdes AIDS Care Association, China Times Daily, 15 June 2003, p. A15).

Such opinion articles reflect that social workers in HIV/AIDS NGOs employed governmental- or socio-cultural- discourses against unsupportive governmental measures and social discrimination, rather than discussing PLHIV or their behaviours.

As voices from HIV/AIDS NGOs grew strong enough in Taiwan, they were heard by the Taiwanese government and social work educators. Eventually, some NGO social workers were invited by the government to join the national AIDS Committee, and by social work educators to share their experiences and join panel discussions in classes. For example, social workers from the Persons with HIV/AIDS Rights Advocacy Association gave talks on human rights and PLHIV in social work courses (Persons with HIV/AIDS Rights Advocacy Association, 2003, p. 42). Furthermore, some social workers were invited to teach courses in schools of social work in Taiwan. It seems that the idea of advocating PLHIV rights and participating in policy-making processes gradually filtered into social work education.
The appearance of social workers in classrooms shows that social work educators did not rely solely on information provided by textbooks to teach about HIV/AIDS. That social work practitioners had to be invited to give talks in courses implies that social work educators occupied influential positions in deciding which discourses or information could be presented in social work education. This reflects that within social work, educators and scholars, rather than practitioners, are more powerful.

However, social work training was initially held within organisations, not in academic institutions; and senior social workers, not social work scholars, were the key persons in deciding which courses, skills or information should be taught (K. A. Kendall, 2000, pp. 11 & 61). The subsequent transformation of social work education constructs social work scholars as authoritative “experts”. This further limits the involvement of social workers in training programs and curriculum development, and silences their voices which are likely to represent service users’ views. Although it is still announced that social workers’ experiences and practical wisdoms should be emphasised and valued in social work training, the only perspectives heard and reflected are still those of the scholars.

**Decline of HIV/AIDS Information in Social Work Textbooks**

Although the number of textbooks that included HIV/AIDS issues increased in this period, the subject was covered in less detail and presented from a narrower perspective. Many textbooks, in the 2002–2006 period, whether locally written or translated, only employed a few sentences or paragraphs mentioning HIV/AIDS issues. None contained an independent chapter on AIDS issues, or included long case studies of PLHIV’s experiences.

For example, in the 574 page “Shehui Gongzuo Zhijie Fuwu: Lilun yu Jiqiao” (Social Work Direct Services: Theories and Skills) (Hepworth, Rooney, & Larsen, 2005), the HIV/AIDS issue only appeared in a short case study in a dilemma resulting from a conflict between obeying laws and professional ethics:

Your client, Alice, told you that she was infected with HIV. She did not disclose this issue to her husband due to the worry of losing him. According to regulations, it is compulsory for PLHIV to notify sex partners about their HIV status, so you suggested to her that she had to disclose this issue to her husband, otherwise you would have to notify him. Alice argued that you cannot notify her husband, because it is against professional ethics, and against her confidentiality (Hepworth et al., 2005, p. 91).
Additionally, most newly published (translated or written) social work textbooks that mentioned HIV/AIDS issues in this period were heavily based on a programmatic discourse. The textbooks did not reflect social workers’ experiences of advocating PLHIV’s rights and being involved in the amendment and formulation of PLHIV-friendly laws and policies.

Indeed, some use of individual pathological discourse still occurred in textbooks written by Taiwanese social work scholars. For example, although J.-H. Guo (2005) in “Ertong Shaonian Shehui Gongzuo” (Social Work with Children and Teenagers) introduced HIV-positive children’ and teenagers’ experiences, and criticised negative societal attitudes towards HIV/AIDS and PLHIV, he still connected HIV infection with stereotyped and stigmatised behaviours:

Debauched one-night-stand sex is easy to get on the Internet and from dancing clubs. Young people seem uninhibited about sex, and are likely not to adopt safer sex, so HIV infection will spread unchecked. ... In addition, many people use party drugs, such as nitrate [amyl] or ecstasy when they go to dancing clubs. After using these party drugs, people are eager for sex, and forget to use condoms in sex, so dancing clubs have become breeding grounds for new HIV infection (J.-H. Guo, 2005, p. 98).

Sha, L.-Y. Jiang and L.-R. Wang (2003) expressed a similar perspective in their “Renlei Xingwei yu Shehui Huanjing” (Human Behaviours and Social Environments): “All young female prostitutes inject drugs before they have sexual intercourse with customers, so it is easy for them to be infected with sexually transmitted diseases, including AIDS” (p. 126). In Sha’s other textbook “Renlei Xingwei yu Shehui Huanjing” (Human Behaviours and Social Environments) (2005), she stated, in a short section specifically introducing HIV/AIDS, that “it is easy for homosexuals to be infected with this disease [AIDS]” (p. 274).

These extracts suggest that for some Taiwanese social work scholars, the relationship between HIV infection and stigmatised groups, behaviours or places, such as the Internet, sex workers, homosexuals and drug taking, is unquestioned, although these kinds of statements are simplistic and misleading (Pearson, 1994, pp. 87-88; Watney & Aggleton, 1994, p. 55-56). For example, homosexual intercourse between men has not been a leading factor in new annual HIV infection cases for many years in Taiwan (CDCT, n.d.-b), which makes Sha’s statement obviously misleading.
A further significant phenomenon regarding the construction of HIV/AIDS knowledge in social work in this period was that after 2001 all published social work journal articles on HIV/AIDS were written by social workers and students, rather than scholars, using a programmatic discourse. S.-J. Xu (2002) introduced possible ethical dilemmas in the HIV/AIDS field, such as the conflict between respecting PLHIV’s self-determination and protecting their confidentiality, and provided suggestions for resolving these dilemmas. P.-Z. Cai (2006) argued for the creation of an AIDS hospice in Taiwan based on her experiences in AIDS wards and hospice care in hospitals.

Many journal articles by social work practitioners and students were grounded in the programmatic discourse. This reflected that the provision of psycho-social services for PLHIV as continuing to be the major task for many practitioners in the HIV/AIDS field. When social workers wrote journal articles based on their experiences, the issues related to this discourse were their concerns as issues that they felt more confident about discussing. However, compared to what they expressed in newspaper opinion articles and what was recorded in interpellation documents, it seems that the transformation of the approaches and practices used by social workers in the HIV/AIDS fields as described earlier was not clearly reflected in these journal articles at this point.

The appearance of articles based on the programmatic discourse might also indicate that social work scholars who subscribed to the individual pathological- and programmatic- discourses were influential in deciding which articles were published in social work journals. The process of selecting articles for publication in academic journals is often seen as a political activity (Wellington & Nixon, 2005, p. 644). Although most journals have their own selection criteria and provide relatively open opportunities for articles to be published, potential biases of journal editors and reviewers are unavoidable (W. M. Epstein, 1990, p. 9). That many journal articles were strongly based on the programmatic discourse might indicate that social work scholars pursuing individual pathological- or programmatic-discourses were likely to approve publication of likeminded articles.

The phenomenon, that all published journal articles were written by social work practitioners and students also reflects a close relationship between power and knowledge. As Foucault argued that knowledge is constructed by the struggles between competing power and power relations, and serve to rationalises the existence of power
The production of specific discourses and knowledge in journal articles might become a strategy for social workers in the HIV/AIDS field to differentiate their roles and statuses from other health professionals, as well as to represent/constitute a voice in social work education and practice. In addition, the absence of journal articles on HIV/AIDS by social work scholars suggests that they lacked interests and motivation for producing knowledge in the HIV/AIDS field as they already occupied “expert” positions in more established fields. For example, although some scholars argued that it is vital for social workers to be prepared to be involved in the HIV/AIDS field (L.-Y. Jiang et al., 1995, p. 268; Z.-L. Li, 1995, p. 417; S.-Y. Lin, 2001, p. 09; Z. Xu & M.-Z. Li, 2001, p. 354), none conducted research or wrote journal articles about HIV/AIDS. It therefore fell to social work practitioners and students to fill this academic research vacancy.

There were also three student theses about HIV/AIDS issues written in Taiwan between 1998 and 2006. All were written by part-time students who had worked in the HIV/AIDS field for a long period of time. Generally speaking, all were based on a programmatic discourse, although a governmental or a socio-cultural discourse was sometimes implied. J.-L. Huang (2000) investigated the beliefs, values and reactions of medical social workers who had experience in working in AIDS wards and with PLHIV. L.-Y. Zhang (2002) evaluated the effects of an eight-week support group program on psycho-social adjustment for PLHIV. S.-J. Xu (2004) examined the roles and skills social workers in the AIDS field should have, based on his own experiences and reflections.

Most suggestions provided in the three theses concerned the provision of social services for PLHIV. J.-L. Huang (2000) argued for the necessity of exploiting and broadening available social resources for PLHIV, and working with PLHIV to develop self-help groups (pp. 167-168). L.-Y. Zhang (2002) suggested that some services could be provided by groupwork, and recommended training in groupwork skills for social workers (pp. 166-167).

In addition, J.-L. Huang’s findings about social workers’ experiences and challenges in the HIV/AIDS field were included in a social work textbook “Shehui Gongzuo yu Taiwan Shehui” (Social Work and Taiwanese Society) (B.-J. Lu, 2002, p. 380). It was the first time that a Taiwanese social work textbook featured a research conducted by a Taiwanese social worker. The textbook reflected programmatic discourse, not the popular individual pathological one, employed by J.-L. Huang (2000).
This confirms that available research and materials can form and direct the content of textbooks and curricula. However, it also shows again that knowledge constructed by social workers or students will not be included in curricula until they are approved by the social work scholars who occupy more dominant positions in deciding the appearance and invisibility of knowledge. This might also explain why the HIV/AIDS information in social work textbooks in this period declined when local and practical knowledge about HIV/AIDS was steadily developed by social workers.

**Summary**

A genealogical analysis of social work documents indicates that the inclusion and exclusion of HIV/AIDS topics in social work education was the result of power struggles outside and within social work itself.

Before 1992, there was no mention of HIV/AIDS in any social work document, including journal articles, theses and textbooks. The invisibility of HIV/AIDS in social work practice and education, generally speaking, had been constructed by its marginalisation in Taiwan at this time.

After 1992, the four identified key discourses in Taiwanese society were also presented in social work documents, the programmatic discourse gradually becoming the most dominant. Most social work textbook and journal articles were based on this discourse. The individual pathological discourse was also an undercurrent in some documents. One surprising example is the supposed connection between sex workers and HIV infection made by Taiwanese social work scholars. The socio-cultural discourse appeared occasionally, and “advocating for PLHIV and eliminating AIDS stereotypes and stigmas” were regarded as fundamental missions for social workers to fulfil. The lesser emphasis of this discourse than that for direct services for PLHIV indicates its lesser status in social work documents. The governmental discourse was the least common, not appearing in any textbooks.

There were at least four different visible forces within the social work field in Taiwan, Taiwanese social work scholars, practitioners and students, and translated textbooks and journal articles, to influence and form the development of HIV/AIDS curricula. These four forces demonstrated different levels of influence.

The genealogical analysis suggests that Taiwanese social work was more likely to employ the programmatic discourse to respond constructed HIV/AIDS problems in wider society, and then direct the development of HIV/AIDS curricula in schools of
social work. However, this pattern in social work documents or curricula did not reflect exactly what social workers in the HIV/AIDS field did. The provision of psycho-social services for PLHIV may still have been the most common task for many practitioners in the HIV/AIDS field, but as previously indicated, their focus gradually shifted to providing legal aid for PLHIV and becoming involved formulating PLHIV-friendly laws and policies.

In addition, the provision of professional, friendly services for service users (PLHIV in this thesis) is undeniably critical. This training in social work education also needs to be emphasised. However, providing services for service users sometimes pathologises individuals and individualises their conditions, rather than challenging inequality and oppression experienced in broader society. Furthermore, when the elimination of stereotypes and discrimination are not highlighted, these tasks are likely to be overlooked and neglected. When negative comments about some groups still exist, these constructed misbeliefs or misunderstanding remain powerful and influential. This suggests that, in tracing a genealogy of social work curriculum, social work education followed, rather than challenged, governmental policies and social values, such as homophobia and xenophobia, often asserting itself as a mechanism of social control.

The continuity of the individual pathological discourse in social work documents and the supposed connection between discriminated groups and HIV infection favoured by Taiwanese social work scholars, suggest that social work education in Taiwan reproduced and strengthened the dominant individual pathological discourse. Conversely, their practitioner and student counterparts were likely to employ the socio-cultural discourse to oppose and criticise the popular individual pathological discourse. However, because social work scholars occupied strong positions directing and limiting the appearance of discourses in journals, textbooks and courses, these opposing voices of the latter were not clearly heard in social work. This reflects that social work is not a highly homogeneous group. There are still many power struggles between different subgroups in the social work field in deciding how this profession should respond to the HIV/AIDS issues and what kinds of knowledge are essential parts of social work education.

In the next chapter, a more comprehensive discussion regarding the interaction between social work curriculum and broader Taiwanese society will be presented.
Chapter Ten
Conclusion and Discussion

In this thesis, a Foucauldian genealogical analysis has framed the investigation into how schools of social work in Taiwan responded to HIV/AIDS in curricula, and what forces or voices outside and within schools of social work shaped the development of HIV/AIDS curricula. The main focus of the research was to explore what discourses about HIV/AIDS or PLHIV were constructed in Taiwanese society at large and within the social work field. This holistic approach of studying curriculum development based on consideration of factors between society and social work education is rare, but it has clearly demonstrated how the existence of power struggles between different stakeholders contributed to forming curriculum topics and specifically HIV/AIDS issues in schools of social work in Taiwan.

Genealogical analysis is a historical investigation employed to reveal why and how beliefs and practices were established in particular ways or directions at given points in time (Foucault, 1996n, pp. 412 & 414). It emphasises how understandings enter a domain of knowledge (Foucault, 1996n, pp. 408-409). It identifies who does the speaking, the positions from which they speak, and the institutions that prompt them to speak, as well as the dissemination of what they say (Walker, 2002, p. 20).

As a means of supporting the genealogy, a quantitative content analysis was employed to measure the prevalence of the most powerful and dominant discourses about HIV/AIDS and PLHIV in Taiwan. This data supported the genealogical analysis by providing evidence from the wide ranging sources of power and knowledge. Dominant discourses were those which appeared repeatedly and were not difficult to identify in the documents investigated in this research. Conversely, if a specific discourse was barely evident in the documents, it had no capacity for dominance or even presence in Taiwanese society. Although the combination of genealogy and content analysis is unusual, it provides strong evidence of the popularity of discourses held by different groups in different periods.

This chapter summarises the findings of this research, raises some implications for social work education in Taiwan and highlights further potential research questions.
Summary of Research Findings

It is evident in this genealogy that varied power struggles and conflicting forces of constructing knowledge about HIV/AIDS existed in the development of HIV/AIDS curricula within schools of social work, among different disciplines, as well as between the whole society and schools of social work in Taiwan. Different power struggles created the conditions for which discourses or what knowledge about HIV/AIDS could appear or be presented in social work textbooks and courses.

The genealogical research investigated the emergence, expansion and transformation of four key discourses regarding HIV/AIDS and PLHIV in collected documents, as a means of tracking the development of HIV/AIDS curricula in schools of social work in Taiwan. It revealed that the development of HIV/AIDS curricula adhered closely to social norms and central governmental measures. In this complex process of development, four visible subgroups within social work and forces outside social work were influential. The four visible groups within social work were local social work scholars, practitioners and students and foreign social work scholars or practitioners who were influential via translated documents. Outside forces included international responses to HIV/AIDS, Taiwanese governmental measures, and social norms regarding sex, sexuality and homosexuality in Taiwan.

The first PLHIV cases in Taiwan appeared in the mid-1980s at a time when society was controlled by the strict martial law of the Kuomintang government. Politically, an arbitrary government was formed; and socially, a heterosexual monogamous system which was widely different from traditional Chinese culture was constructed as an ideal norm for sexual and social life. Any sexual activity which fell outside this constructed norm, such as polygamy, homosexual behaviour or sex work, was either prohibited by regulation or considered as a deviant behaviour which needed to be treated by psychiatrists. This environment ensured that when PLHIV cases appeared, they were considered as a “them” group who were against regulations and social norms, and whose behaviours were “deviant and unacceptable”. This mirrored the constructed social reality in Western countries, where PLHIV were seen to be in a close relationship with “deviant” groups such as homosexuals and sex workers.

There were no reported AIDS cases in 1983 in Taiwan, however, a view of AIDS as “God’s punishment for homosexuals” was introduced from the USA and European countries via the mass media. This view, based on what is referred to in this thesis as an
individual pathological discourse, was typical of early responses to HIV/AIDS in Taiwan. The individual pathological discourse was gradually incorporated into Taiwan’s social logic, and became the main perspective on HIV/AIDS issues. Over time, strict measures and regulations based on this discourse were constructed and legalised. The legalisation of strict measures further rationalised this discourse, smoothed its ongoing inclusion into social thinking, and increased its dominance.

The three other key discourses as discussed throughout this thesis, programmatic, governmental and socio-cultural, followed the introduction of the individual pathological discourse. They gradually emerged in Taiwanese societal documents, such as newspaper opinion articles or interpellation documents, to challenge the dominance of the individual pathological discourse. However, the individual pathological discourse tenaciously continued, even into the 21st century. For example, in 2003, the Vice President of Taiwan claimed “AIDS is a plague!” at a public exhibition on HIV prevention (J.-Y. Huang, 2003, p. A11).

When the government and wider society in Taiwan constructed PLHIV as an unwanted and dangerous group, similar views were voiced by Taiwanese social work scholars who were most powerful in putting forward their views in the field of social work education. Gay men, sex workers or others whose behaviours were seen as being against social norms were also stereotyped and stigmatised in social work documents written by social work scholars at the time. Other social work documents were more likely to express a programmatic discourse, while a socio-cultural discourse was advocated by social workers in the HIV/AIDS field.

Taiwanese social work documents did not consider HIV/AIDS as an issue that should be carefully and sensitively dealt with until 1992. In 1992, after the lifting of martial law, social work in Taiwan finally responded to HIV/AIDS issues, when the government directed 12 hospitals to establish specific AIDS wards, that included social workers on staff (CDCT, n.d.-d). In the same year, the first HIV/AIDS NGO was established to provide social services for PLHIV, and social work documents began to mention HIV/AIDS and argue the significance of working in the HIV/AIDS field and with PLHIV and related groups.

The first four social work documents mentioning HIV/AIDS reflected the four key discourses. After 1992, the programmatic discourse became the most popular in social work documents, although it was the least seen in societal documents. Conversely, a governmental approach that was very popular in societal documents seldom appeared in
social work documents.

Four subgroups that were able to express their views on HIV/AIDS issues in the social work field in Taiwan were local social work scholars, practitioners and students, and foreign social work scholars or practitioners, via their translated writing. Generally speaking, textbooks written by Taiwanese scholars were likely to express an individual pathological discourse. Documents written by the other three groups were likely to demonstrate a programmatic discourse.

The four identified discourses, the four visible subgroups within social work and forces outside schools of social work together shaped the development of HIV/AIDS curricula in a complex and dynamic way, establishing a set of competing powers over meaning in a genealogy of the development of the social work curriculum response to HIV/AIDS.

Discussion

Drawing on the findings of the genealogical study, this section first discusses the influences of external social factors and the status of social work on curriculum development in schools of social work in Taiwan. Second, it looks into the four visible subgroups that emerged as powerful forces in the genealogical analysis and which directly shaped the development of HIV/AIDS curricula. Third, it examines why service users were invisible or voiceless in the process of curriculum development in social work education. In the last section, the effect of the hidden curriculum is outlined.

Influences of External Factors on Curriculum Development

In the literature, a number of social factors have been identified as having influence on curriculum development. However, the reverse, the influence of curriculum on society, has not been properly investigated. This research demonstrates that there was no one-sided power relation between social factors outside social work and curriculum development within social work in Taiwan, although social factors had strong potential to influence the direction of curriculum development.

This investigation reveals that the development of HIV/AIDS curricula in schools of social work in Taiwan adhered closely to social norms and governmental measures. Within the genealogy of social work HIV/AIDS curricula, it is apparent that factors outside schools of social work shaped and led the development of such curricula. Conversely, the HIV/AIDS curricula had limited influence on societal attitudes towards HIV/AIDS and PLHIV. However, the emergence of social workers in the HIV/AIDS
field made the relationship between social factors and the development of HIV/AIDS curricula in schools of social work more complex and dynamic.

Societal attitudes and governmental measures influenced social work textbooks written by Taiwanese social work scholars to stigmatise gay men, sex workers or others whose behaviours were seen as being against the social norms. This demonstrates that what social work educators taught reflected what Taiwanese society accepted as “normal” values. Other scholars have made similar observations, indicating that the materials covered in courses mirror what is valued by dominant groups within a society (Paechter, 2000, p. 6), and that stigmatised and marginalised topics in society are also likely to become stigmatised and marginalised in curriculum (Brown, 1998, p. 1; Jeyasingham, 2008, pp. 139-140; Morrow, 1996, p. 10).

However, this genealogical study reveals that social workers in the HIV/AIDS field in Taiwan gradually earned positions on the national AIDS Committee enabling them to form AIDS policies and adopt socio-cultural discourse in opposition to the dominant individual pathological discourse in societal documents. Some social workers brought this discourse into schools of social work, and assisted in the development of HIV/AIDS curricula. Consequently, some social work students and practitioners, trained by schools of social work, did not passively embrace current dominant discourses or values, but could reshape external social environments and curriculum in schools of social work.

In short, the relationship between social factors and curriculum development is definitely dynamic and unstable. As Foucault emphasises that power relations construct resistance; resistance leads to the possibility of change; the change disturbs old power relations; and new power relations are then formed (1996e, p. 79; 1996k, p. 144; 1998 [1984], p. 95).

**Homophobia, Stigmatisation of Sex Work and AIDS Stigma in Taiwan**

It is well documented that homophobia and stigma related to AIDS and sex work led to negative attitudes towards PLHIV and related groups (e.g., Petros et al., 2006). However, this research finds that these attitudes and views were introduced and strengthened under specific social and political conditions.

In many documents reviewed in this study, homophobia and stigmatisation of sex work and AIDS can be easily recognised. However, it is important to note that in traditional Chinese culture and society, sex, sexuality, male-male sex or love, and sex
work were considered normal parts of human life (van Gulik & Goldin, 2003, pp. 168-169; D.-L. Liu, 2003, p. 14). Therefore, the transformation of attitudes towards sex or homosexual behaviours from traditional Chinese culture to modern Taiwanese society needs to be considered in order to understand what other factors or forces were really influential in shaping knowledge about HIV/AIDS in Taiwan.

In the early 20th century, the Westernisation of Chinese society was enthusiastically practised to save feeble China. Many dominant or popular Western schools of thought or theories were introduced during that period (Tsang, 1968, p. 21). Western morality and thought which opposed sex outside marriage was imported into Chinese culture (J.-Y. Wu, 1997, p. 39; Xiaoming, 1984, p. 252). After 1949, the Kuomintang government controlled Taiwan under strict martial law. Any deviant sexual activity, such as polygamy, homosexual behaviours or sex work, was constructed as prohibited and abnormal behaviour. Homophobia and stigmatisation of sex work, perspectives that had had emerged from and were imported from the West, were introduced and merged into Chinese culture. When PLHIV appeared in Taiwan, because of their close association with homosexuals and sex workers, they were also regarded as an undesirable group.

In short, although homophobia and stigmatisation of sex work and AIDS can be easily identified in many documents in this research, and underpinned the formation of understanding about HIV/AIDS in Taiwan, it needs to be emphasised that these forces were introduced from other countries and cultures, and employed by the Taiwanese government to regulate Taiwanese society to meet its own needs and interests. These influences also emerged in social work, and informed the development of curricula about related issues. In other words, international forces and authoritarian governmental measures behind homophobia, stigmatisation of sex work or AIDS stigma should not be overlooked in understanding and challenging the development of knowledge about, and responses to, HIV/AIDS in Taiwan.

**Influences of the Status of Social Work on Curriculum Development**

Power produces knowledge, and power and knowledge directly imply one another (Foucault, 1979, p. 27). The genealogical analysis also reveals that knowledge, professional authority and curriculum development directly affect one another. But in curriculum studies an understanding of the relationships amongst knowledge construction, authority amongst different professions and curriculum development is underdeveloped.
An important purpose in building a genealogical study was to look at how power relations and knowledge change over time. This is clearly evident in this study. As discussed above, in the early 1980s, when HIV/AIDS cases first appeared in Taiwan, social work was silent regarding HIV/AIDS issues. Social work was not considered as an appropriate tool to address problems related to or resulting from HIV/AIDS. Simultaneously, no HIV/AIDS information could be identified in social work documents. In 1992, when the first AIDS NGO in Taiwan was founded, HIV/AIDS topics emerged in social work documents. In contemporary Taiwan, social workers in the HIV/AIDS field have established their own professional positions and have been included in the national AIDS Committee whose function is to form related policies. Social work has transformed into a necessary vehicle in solving HIV/AIDS problems. In parallel to this development, HIV/AIDS topics can now be found in some social work documents.

These occurrences reveal an overlooked issue in curriculum studies, the relationship between the status of a profession in a given society and curriculum development within that profession. When social work in Taiwan redefined and reframed problems associated with HIV/AIDS, the necessity for social workers to be involved in the HIV/AIDS field was rationalised and normalised. After the appearance of social workers in the field, Taiwanese social work educators’ perspectives on HIV/AIDS changed, and consideration of whether HIV/AIDS topics should be included in curriculum was also modified. In other words, the rationalisation of the necessity for social workers to be involved in the HIV/AIDS field created or conditioned opportunities for the inclusion of HIV/AIDS in textbooks and curriculum in social work in Taiwan.

As Foucault argues, knowledge is constructed by the sharp struggles of competing discourses held by groups, or institutions; and those that survive the conflict will be acknowledged as principles, disciplines or "Truth" (1979, p. 27; 2002d, p. 113). The groups, institutions or societies that produce or control recognised principles or knowledge occupy forceful positions and become more powerful in speaking knowledge or "Truth" and hence build their authority and prestige (Foucault, 1996c, p. 441). Therefore, if the groups occupy forceful positions and build their professionalism to speak "Truth" of related social issues, the constructed “Truth” or knowledge should be enthusiastically included into the curriculum by the professional groups. Conversely, if the groups fail to occupy powerful positions and authority to speak on related social
issues, their perspective will be less likely to be included in curricula.

Foucault also argues that knowledge is formed and constructed in specific social conditions and under particular power relations (2002c, p. 231). In other words, particular issues, such as HIV/AIDS, will not be acknowledged as teachable topics in a discipline until social or institutional conditions accept the power relations behind the formation, construction and rationalisation of such knowledge.

As is clear from the genealogical study, the shifts of constructed authority and prestige amongst groups or institutions in societies change perspectives on related social issues or problems within the groups and institutions. When professional groups shift their perspectives on related social issues, the inclusion or exclusion of these specific social issues into the curriculum within the professions also occurs.

Influences of Subgroups within Social Work on Social Work Curriculum Development

The genealogy explores power struggles between diverse subgroups to decide which discourses for considering HIV/AIDS issues would be included in curriculum within schools of social work in Taiwan. It also reveals power inequality among different stakeholders over priorities for teaching. Social work educators were in a powerful position to form, restrict or limit which discourses about HIV/AIDS or PLHIV would be presented in social work education. By contrast, although social workers in the HIV/AIDS field earned a position to have a voice in HIV/AIDS policy-making process, these experiences received little acknowledgement in documents written by Taiwanese social work scholars.

The results confirm a power-based approach in understanding curriculum development. This approach argues that power struggle between stakeholders within or outside teaching institutions to decide which subjects are included in or excluded from curriculum is unavoidable (Cuban, 1992, p. 224; Flinders & Thornton, 2004d, p. 120). An issue fails to be acknowledged as a teachable topic in curriculum without the approval of powerful individuals, institutions or organisations (Flinders & Thornton, 2004a, pp. 202-203). This is clearly evident in the genealogical detail of this study, regarding the development of HIV/AIDS curricula in social work in Taiwan.

According to the power-based approach, different subgroups are actually or potentially involved in curriculum development (Harris, 2001, pp. 343-344). However, the constructed images of these subgroups in the literature differ slightly from the findings of this genealogical study.
Social Work Educators

Social work educators are expected to act in the best interests of the professional body, students and service users; provide appropriate knowledge, skills and values for students; and educate students to be able to confront future challenges in ways that satisfy service users’ interests as well those of the profession (Gambrill, 2001, p. 238; Lam, Wong, Hui, Lee, & Chan, 2006, p. 103). This kind of expectation reflects what Foucault supposed “intellectuals” to do.

This investigation reveals, however, that social work educators in Taiwan failed to meet these goals and to integrate HIV/AIDS issues satisfactorily into courses. It also shows that their responses were heavily influenced by dominant discourses, such as governmental policies, social norms, homophobia and the stigmatisation of AIDS.

It appears that some groups’ experiences, for example, PLHIV or sex workers, are too far from social work educators’ own knowledge, leading to an acceptance of dominant images of these groups constructed by the mass media or broader society. In addition, scholars could express, reproduce or strengthen these images in textbooks or journal articles due to their positions of power within the social work field. As Foucault argues, although power is not a fixed thing owned by specific groups, certain groups, social work educators in this case, indeed have more opportunities to influence the direction of power (1996d, p. 41). For example, some social work scholars were still likely to consider that specific groups are responsible for the prevalence of HIV/AIDS, and the misleading connections between HIV infection and marginalised groups were sometimes stated directly.

Although Taiwanese social work scholars reflected and used the individual pathological discourse in social work documents to stigmatise certain groups and behaviours, they belonged to a wider social work population that held high standards for the provision of competent and appropriate services for all service users (including PLHIV) (see Australian Association of Social Workers, 1994; Ministry of Interior, Taiwan, 1998; National Association of Social Workers [in the USA], 1996). Social work scholars were required to follow these principles via codes of ethics, consequently no scholar directly declared in textbooks that social workers should not provide services for PLHIV or related groups. This reflects that social work scholars were not only educators disciplining students, but also disciplined themselves at least partially through an accepted set of social work ethics.

The conflict between the two powerful forces, social norms and social work ethics,
resulted in an ambivalent condition in documents written by Taiwanese social work scholars. On the one hand, they stated that social workers should provide appropriate services for every service user, including PLHIV, on the other, they stigmatised and blamed PLHIV and related groups in indirect ways. The stigmatisation and blame in textbooks indicates that social work scholars were still likely to divide social groups based on dominant popular discourses, and implies that the groups who did not comply with social norms were ineligible for social work services. This demonstrates again that social work obeyed social norms and governmental policies and had become a part of social control. In other words, what social work educators taught reflected what Taiwanese society accepted as ‘normal’ values.

In addition, the development of social work in Taiwan was strongly led by the government, and social work had become an instrument of social control. Challenging governmental policies, changing social norms, advocating for social justice and protecting human rights were simply empty slogans, and could not be implemented in social work education in Taiwan. Therefore, anything based on what is termed in this thesis as a governmental or socio-cultural discourse fell into an overlooked or deemphasised area in social work education in Taiwan.

Furthermore, within the field of social work education, scholars or educators occupied a powerful position from which to decide which discourse could appear; consequently governmental or socio-cultural discourses were less present in social work documents in Taiwan.

**Social Workers and Social Work Students**

Students in educational institutions are often portrayed as ignorant, passive or powerless (Pinar et al., 1995, p. 781). The genealogical analysis confirms that social workers and social work students did not occupy powerful enough positions to directly shape curriculum development in social work.

Social workers and students are trained by social work educators, and Taiwanese social work was strongly influenced by the Taiwanese government and dominant discourses in society. Experts argue that educational institutions practise disciplinary techniques over students to force them to accept desirable social values (Foucault, 1979, pp. 141-162; Margolis & Romero, 1998, pp. 2-3). Therefore, social workers and social work students are positioned to believe the dominant, often prejudicial, values.

However, the genealogical study reveals that some social work students and
practitioners, trained by schools of social work, did not passively embrace dominant discourses or values social work educators delivered in courses, but acted to reshape external social environments and curriculum in schools of social work. It is evident that students and practitioners, the educated in social work, could influence the construction of curriculum in some ways, for example, by writing theses or journal articles. Students and practitioners also interacted with social work educators, scholars and leaders of the profession, and had opportunities to make their views known.

In addition, social workers’ work experience and practical wisdom provided different perspectives, and they were potential educators, such as practicum instructors or occasional speakers in courses. As demonstrated previously, social workers in the HIV/AIDS field in Taiwan became engaged in the national AIDS Committee and helped form AIDS policies, and adopted different discourses as opposed to the dominant individual pathological discourse. Some social workers also brought the socio-cultural discourse into schools of social work and assisted in the development of HIV/AIDS curricula.

This aspect of the genealogy shows that educational institutions not only practise discipline over students, but also provide basic tools and skills to enable students to resist dominant ideas (Foucault, 1996c, p. 440). This supports Foucault’s view that where there are power relations, there is resistance (1998 [1984], p. 95). Indeed, power relations act to construct resistance (Foucault, 1998 [1984], p. 95). Disciplinary powers and discourses never completely dominate individual thought, behaviours or lives, although they can apply different instruments, punishment or correction to regulate populations (Danaher et al., 2000, pp. 77-79).

Furthermore, as discussed in Chapter Three, social work students and social workers were usually characterised as people who were unwilling to work with PLHIV, ignorant about HIV/AIDS or bearing negative attitudes towards PLHIV and related groups. This perspective simultaneously pathologised, problemised and stigmatised social work students and social workers, and professionalised and authorised certain social work educators and scholars.

Contrary to expectation, the genealogical analysis reveals that some Taiwanese social work scholars did stereotype and stigmatise PLHIV and related groups in their documents, while some social workers and students expressed supportive and friendly attitudes towards PLHIV.

Social workers and social work students are trained and educated by social work
scholars. Therefore, if some refuse to provide services for PLHIV, there may be some doubts about the knowledge and attributes of social work educators, and the roles, responsibilities and functions of these educators should be carefully examined.

*International Social Work Organisations*

In addition to the subgroups identified as part of the process of curriculum development, this analysis identifies another important, but overlooked factor: international forces, including social effects from foreign countries, translated social work documents and international social work organisations.

As noted, views about HIV/AIDS and homosexuals imported from foreign countries created room for the establishment of an individual pathological discourse in Taiwan in the early 1980s. Translated social work documents brought different forms of information and perspectives about HIV/AIDS and PLHIV to Taiwan. It is also evident in the various periods of the genealogy that foreign forces helped shape the development of HIV/AIDS curricula in schools of social work in Taiwan. This suggests that the influence of international forces on curriculum development in social work should not be underestimated.

*The Absence and Invisibility of Service Users in Curriculum Development*

The welfare of service users has been emphasised in health profession education (Curry & Wergin, 1996, p. 344), including social work education (Beresford, 2000, p. 489). However, it is recognised that service users’ voices and experiences are likely to be marginalised in the process of curriculum development (Beresford, 2000, p. 493). The genealogical analysis supports this view, while providing two new possible reasons for the invisibility of service users in curriculum development: the challenge to define groups that are the “real” service users, and the way people who come from service user groups are treated within social work education systems.

In social work as well as health profession literature, the question which groups are the “real” service users has been richly explored; but the connection between curriculum development and the “real” service users is not well developed.

Although service users’ needs are emphasised, it is recognised that their needs are likely to be marginalised in curriculum development for such reasons as the provision of education is distant from service users’ life experiences or the difficulty of inviting service users to join the discussions about curriculum development (see Beresford, 2000; Gambrill, 2001). However, the suggested reasons for understanding this issue ignore
that the agreement about what appropriate services are and what constitutes the welfare of service users are other types of currently constructed knowledge or “Truth”. The constructed “Truth” about who service users are in professions is gradually being included in the discussions of curriculum development.

Understandings about appropriate services for service users are constructed by the struggles of competing discourses held by individuals or institutions. Based on different perspectives, the constructed ideas about which groups are “real” service users, and which service users’ needs are emphasised shift according to which discourse is most dominant. This suggests that service users’ needs may be constructed to reflect broader societal values.

When service users’ needs are emphasised in curriculum development, it is still critical to ask which groups are the assumed service users, whose needs and welfare are fulfilled, and what values and norms are prioritised. Sometimes, the provision of direct services for service users (PLHIV in this research) could be seen as another measure to “domesticate and control”, not to “help and assist”, them. Solving problems encountered by service users often pathologises and individualises their conditions, rather than challenging structural limitations, inequality and oppression. Because the assumed service users may not be the central concern, their opinions tend to be excluded from curriculum development. This also confirms a view in the literature that when specific group(s) are recognised as the most valuable, issues related to them are more likely to be included in curriculum (Blumenfeld & Raymond, 2000, p. 29).

Second, although the discussion about the status of women and some minorities in social work education and its influences on curriculum development has been well documented (e.g., Bent-Goodley & Sarnoff, 2008; Gutierrez, Zuniga, & Lum, 2004), this kind of thinking was not introduced into related discussion regarding HIV/AIDS issues.

Everyone, including PLHIV, has multiple identities (Apple, 1998, p. x; Tatum, 2000, pp. 10-11). PLHIV are not only potential social work service clients, but could also be students, practitioners, or scholars in the social work field. When PLHIV’s voices are marginalised in the process of curriculum development in social work, it suggests that PLHIV have been inappropriately and unfairly treated in wider society as well as within social work education.

Foucault argues that power produces knowledge, and power and knowledge directly imply one another (1979, p. 27). The absence of PLHIV’s voices in social work
Curriculum development implies that PLHIV did not occupy potent positions to speak. Rather, because they were also voiceless and powerless in society, their efforts to de-stigmatise negative images constructed in society were restricted, although over time their voices and experiences began to appear in the mass media and some social work journal articles and theses.

This genealogical analysis further discloses that PLHIV in Taiwan continued to encounter an unfriendly and discriminatory social environment. Their basic human rights, including the rights to education, were not protected. The hostile social conditions prevented PLHIV from obtaining higher education degrees to strive for positions in academic positions, such as in schools of social work, where they may have had opportunities to change and transform academic institutions.

Stated otherwise, the unequal and unfair treatment PLHIV encounter in wider Taiwanese society also limit their chances to voice or resist in specific areas, such as the field of social work education. The double glass ceiling constructed in society and within social work academic institutions prevents PLHIV from speaking out directly in textbooks and journal articles or participating in the HIV/AIDS curricula development process.

In summary, although the needs of service users have been emphasised in health profession education, different understandings about who service users really are as well as existing societal and institutional barriers may prevent service users, such as PLHIV, from voicing their views regarding what kinds of curricula are suitable for them and those being trained to work in this field.

**Effect of Hidden Curriculum**

Understanding about hidden curriculum in social work education is underdeveloped. However, the concept of hidden curriculum is critical to understanding HIV/AIDS curriculum in schools of social work in Taiwan.

The discussion above shows that the HIV/AIDS issues presented in social work documents in Taiwan were ambiguous. This ambiguity displays the effect of a hidden curriculum in education. A hidden curriculum refers to the unspoken, unnoticed or unexpected practices, processes, experiences and outcomes outside the formal written or announced curriculum in educational institutions (Vallance, 1991, p. 40). A hidden curriculum can deliver current dominant social values and beliefs to educators and the educated (Jackson, 1992a, pp. 8-9).
Taiwanese social work did not consider HIV/AIDS as an issue until 1992, nearly eight years after the first PLHIV case was reported in Taiwan. The tardy response to HIV/AIDS by social work was evidently related to the close relationship with the government and its professional status in Taiwan. From a hidden curriculum perspective, however, this reflects that Taiwanese social work did not consider HIV/AIDS as a critical issue that needed to be dealt with.

The genealogical analysis reveals that some social work textbooks did introduce HIV/AIDS topics, and even detailed these issues at length. The appearance of social workers in the HIV/AIDS field in occasional lectures suggests that HIV/AIDS topics were covered in social work curricula in Taiwan to some degree. However, the appearance of HIV/AIDS topics in textbooks, curriculum, and training programs does not suggest that updated, correct and unbiased information about HIV/AIDS and PLHIV was available, or that the interests and life experiences of PLHIV and related groups were emphasised. As analysed earlier, in most social work textbooks written by Taiwanese social work scholars, PLHIV’s life experiences were not presented, stereotyped information was given, and marginalised groups were relegated to negative comments. In general, HIV/AIDS information in textbooks and social work education in Taiwan has been inadequate, stereotyped and stigmatised. This demonstrates that Taiwanese social work education copied and reproduced dominant social values and beliefs based on an individual pathological discourse, to educators and the educated through hidden curriculum.

Although some social work textbooks did introduce HIV/AIDS topics, they were in the minority. Content analysis proves this point. It appears that social work scholars, even those who specialised in subcategories, such as medical social work, varied in their opinions about including HIV/AIDS issues in textbooks. This suggests that the inclusion of HIV/AIDS issues in social work education was not a generally agreed issue or a dominant discourse, in social work education in Taiwan. Clearly, it indicates that HIV/AIDS issues have been consistently marginalised in social work education in Taiwan.

Although some social work scholars and organisations argued and advocated that PLHIV had become another oppressed minority, and that HIV/AIDS was unavoidable in social work practice (eg., Taylor-Brown, 1995, p. 1291), messages about HIV/AIDS continue to be inconsistent and confusing. It is no wonder that the oblique messages delivered by hidden curriculum can still mislead social work educators and students and
encourage them to overlook or ignore the necessity of working with PLHIV and related groups.

**Suggestions**

Based on the research findings and discussions above, some suggestions regarding social work education and further research are proposed below.

*Suggestions for HIV/AIDS Education in Schools of Social Work in Taiwan*

First, the wisdom obtained from social work practices by social workers should be respected and emphasised in social work education and curriculum design. As previously stated, social work was introduced into Taiwan from Western countries, especially the USA, and social work education has been heavily dependent on USA curricula. This situation conditioned and valued social work scholars, rather than (senior) social workers, to become knowledge producers and main educators. However, this research revealed that in Taiwan social workers’ perspectives, attitudes and knowledge about HIV/AIDS were much closer to service users, PLHIV, than their academic counterparts’. If social work really is a service-user-friendly profession, then social workers’ practical experiences and wisdom should be recognised and prioritised in social work training programs.

Second, social work scholars should carefully examine their own attitudes towards minorities. This research demonstrated that Taiwanese social work scholars were more likely than social workers and students to stereotype and stigmatise PLHIV and related groups. The stigmatisation and blame of PLHIV and related groups in social work documents indicates that social work scholars did not carefully examine their own attitudes towards minorities, and failed to treat all service users in a respectful and equal way.

Third, social work scholars should examine materials that will be included in social work documents and classrooms. Scholars have the autonomy to decide which material will be selected and presented in documents, including textbooks. However, the stigmatisation and blame of PLHIV and related groups in social work documents indicates that social work scholars did not seriously examine the messages covered and expressed by materials selected in the documents.

Fourth, minorities’ experiences and voices should be highlighted in social work education. The situation that PLHIV and related groups were stereotyped and stigmatised in reviewed documents suggests their experiences and voices were
misunderstood and distorted. To overturn the stereotyped and stigmatised images of PLHIV and related groups, social work educators can invite minority people to classes to share their own experiences and stories, and to directly communicate and interact with educators and students. Furthermore, social work education institutions should invite and encourage service users and members of minority groups to provide their opinions and comments about social work education, and to be involved in the design of the education programs for social work students. These measures could increase the visibility of service users and minorities in social work education.

Fifth, topics marginalised in social work education or society should be stressed. Thoughtful discussion about marginalised topics, such as HIV/AIDS in a context of social work values, ethics and skills, can help students and educators comprehend related complex societal injustice and determine the measures and principles to deal with these issues.

Suggestions for Further Research

Perspectives in Taiwanese social work documents towards relevant minorities should be investigated. This research revealed that documents written by Taiwanese social work scholars were likely to stereotype and stigmatise minorities closely connected to HIV/AIDS. An investigation into perspectives towards related minorities should provide deeper understanding about the ways Taiwanese social work considered and dealt with minorities in Taiwan.

Another emerging issue from this study is social work documents written in English and used in Taiwan. This research found that in a period when communication among countries and cultures happens very frequently, the emergence, formation and transformation of local discourses are in large measure shaped by foreign or international discourses or forces. Because social work is a professional career and a concept transplanted from Western countries, the development of social work thinking, knowledge and practice in foreign countries, especially the USA, will reshape, redirect or reform the development of social work in Taiwan. Therefore, a close investigation on how foreign and international documents, forces and discourses communicate, interact and struggle with local documents, forces and discourses would be valuable.

Given the importance of international influences in this genealogical study, comparative studies among different countries and cultures about international factors forming social work responses to HIV/AIDS could be valuable. The genealogical
analysis revealed that different discourses regarding HIV/AIDS were likely to be presented in social work textbooks written by Taiwanese social work scholars and their foreign counterparts. It is understandable that social workers in different locations, cultures, and countries employed varied approaches to counter the challenges arising from HIV/AIDS. However, there should be some fundamental social, cultural and systemic factors forming and framing the variations. Therefore, an investigation into how factors and forces form the variations would provide an insight into social work responses to HIV/AIDS.

Essential to the discussion about curriculum development and professional status, relationships between professional authority and curriculum development within and amongst professions should be examined. This genealogical analysis revealed that it is possible that knowledge, professional authority, and curriculum development directly affect one other. This finding opens up an interesting field for further investigation into power struggles, knowledge and curriculum development across professional disciplines. This will broaden understanding in the field of curriculum study in higher education.
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Stanford University, California.


Chinese Character List

Ai zai taxiang 愛在他鄉
Ai Zi Shengsi 愛之生死
ai 愛
AIDS Act 後天免疫缺乏症候群防治條例
AIDS Committee 後天免疫缺乏症候群防治小組
Aisi 愛死
Aisibing 愛死病
Aisibing shijian fanying de wenti 「愛死病」事件反映的問題
Aizibing 愛滋病
Aizi bingdu 愛滋病毒
Aizi binghuan 愛滋病患
Aizi birgren 愛滋病人
Aizibing shehui gongzuo fuwu 愛滋病社會工作服務
Aizibing yu shehui gongzuo 愛滋病與社會工作
Aizibing yu shehui gongzuo chuyu 愛滋病與社會工作處遇
Aizi daiyuanzhe 愛滋帶原者
Aizi ganranzhe huo binghuan 愛滋感染者或病患
Aizi ganranzhe 愛滋感染者
Aizi 愛滋
Apple Daily 蘋果日報
Association of Chinese Social Work 中國社會工作協會
beiganranzhe 被感染者
bing 病
bingdu 病毒
Bureau of Social Affairs of the Provincial Government of Taiwan 臺灣省政府社會處
Buyi yang de Rensheng 不一樣的人生
Center of Disease Control 疾病管制局
Central Social Work Meeting 中央社會工作會議
Child and Youth Sexual Transaction Prevention Act 兒童及青少年性交易防制條例
Children’s Welfare Act 兒童福利法
China Time Daily 中國時報
Chinese Communist Party 中國共產黨
Chinese Culture College 中國文化學院
Christian Children’s Fund 基督教兒童福利基金會
ChunChiu 春秋
Chun-Chiu 春秋時代
Civil Service Examination 公務人員考試
Collection Database of the National Library 國家圖書館館藏目錄系統
Community Development Journal 社區發展季刊
Confucian school 儒家
daiyuanzhe 帶原者
Daizhe Mianzhao de Nanren 戴著面具的男人
DaXue 大學
Democratic Progressive Party 民主進步黨
Department of Statistics, Ministry of Interior Affairs 內政部統計處
departments (in Taiwanese higher education systems) 學系
diploma worship 文憑主義
Disabled Citizens Welfare Act 殘障福利法
Domestic Violence Prevention Act 家庭暴力防制法
Elderly Welfare Act  老人福利法
Employment Services Act 就業服務法
Ertong Shaonian Shehui Gongzuo 兒童少年社會工作
Executive Yuan 行政院
Fa school 法家
Faculties (in Australian higher education systems) 學院
fanghai fenghua 妨害風化
Feizhuoyuan ji changqi zhaogu zhi shehui gongzuo fuwu 非住院及長期照顧之社會工作服務
Fukan 副刊
ganranzhe 感染者
Gender Equity Education Act 性別平等教育法
Han 漢
HIV Infection Control and Patient Rights 人類免疫缺乏病毒傳染防治及感染者權益保障條例
Houtian mianyi quefa zhenghouqun fangzhi tiaoli 後天免疫缺乏症候群防治條例
Houtian mianyi quefa zhenghouqun fangzhi weiyuanhui 後天免疫缺乏症候群防治委員會
Houtian Mianyi Quefa Zhenghouqun Xinli Fudao Shouce 後天免疫缺乏症候群心理輔導手冊
Houtian mianyi quefa zhenghouqun 後天免疫缺乏症候群
Houtian mianyi shitiaozheng 後天免疫失調症
Independence Morning Post 自立早報
Interpellation Document Database 立法院質詢稿检索系统
interpellation document （立法委員）質詢稿
Jibian Shehui Gongzuo 基變社會工作
Kaohsiung 高雄
Keeping up with the world and facing up to HIV/AIDS: Evaluating HIV/AIDS policies in Taiwan 與世界同步, 面對愛滋, 檢視台灣的愛滋環境
keju 科舉
Kuo Mingting 國民黨
Laonian qiaoqi de sangzhong: Chuisi de suner 老年敲起的喪鐘: 垂死的孫兒
Legislative Yuan 立法院
Legislative Gazette 立法院公報
Li 禮 (a book)
li 禮儀
Liberty Times 自由時報
Light of Friendship AIDS Control Association of Taiwan 誼光愛滋防治協會
Lourdes AIDS Care Association of Taiwan 臺灣露德協會
LunYu 論語
martial law 戒嚴法
Medical Social Service Association of ROC 中華民國醫務社會服務協會
Medical Social Work Association of ROC 中華民國醫務社會工作人員協會
Meijianshi douzai zhege shiduan nei fasheng 每件事都在這個時段內發生
Meiwei shehui gongzuozhe doujiang miandui 每位社會工作者都將面對愛滋的挑戰
Mengzi 孟子
Min Sheng Daily 民生報
Ministry of Education 教育部
Shi 詩
Shijian de Bing 時間的病
Shiwu yunyong 實務運用
Short-term Social Work Training Groups 社會工作人員講習班
Shu 書
si 死
SiShu 四書
Social Assistance Act 社會救助法
social work 社會工作
Social Work Act 社會工作師法
Southern Branch, Living with Hope Organization 希望工作坊南部辦公室
standardised list of required courses （大學內各學系）課程標準
Symposium on Social Work Teaching 社會工作教學研究會
Taichung 臺中
Taihoku Imperial University 臺北帝國大學
Taipei 臺北
Taipei City Department of Health 臺北市政府衛生局
Taipei City STD Control Center 台北市立性病防治所
Taipei Veterans General Hospital 臺北榮民總醫院
Taiwan Association of Social Workers 臺灣社會工作專業人員協會
Teaching, Learning, and Doing Social Work Conference 社會工作教學做一貫研討會
Tuanti Gongzuo Shiwu 團體工作實務
Tuhghai University 東海大學
United Daily News 聯合報

universities 大學
University Act 大學法
weifan shehui shanliang fengsu 違反社會善良風俗
Wojia Youge Aizibing Huanzhe 我家有個愛滋病患者
World Vision 世界展望會
WuJing 五經
Xi-Men Ding 西門町
Xiwang Peini Zhangda 希望陪你長大
Yi 易
Yiliao wenti yu yiliao Shehui fuwu 醫療問題與醫療社會服務
Yiliao shehui gongzuo 醫療社會工作
Yiwu Shehui Gongzuo 醫務社會工作
Zhetiao Lushang 這條路上
ZhongYong 中庸
zi 滋
23 September 2005

Dr R Phillips
School of Social Work and Policy Studies
Faculty of Education and Social Work
Education Building – A35
The University of Sydney

Dear Dr Phillips

I am pleased to inform you that the Human Research Ethics Committee at its meeting on 13 September 2005 approved your protocol entitled “Development of curricula about HIV/AIDS in Schools of Social Work in Taiwan”

Details of the approval are as follows:

Ref No.: 09-2005/2/8583
Completion Date of Project: 31 December 2006
No. of Participants: 15-20
Authorised Personnel: Dr R Phillips
Mr D C Chung

To comply with the National Statement on Ethical Conduct in Research Involving Humans, and in line with the Human Research Ethics Committee requirements this approval is for a 12-month period. At the end of the approval period, the HREC will approve extensions for a further 12-month, subject to a satisfactory annual report. The HREC will forward to you an Annual Progress Report form, at the end of each 12-month period. Your report will be due on 30 September 2006.

Conditions of Approval Applicable to all Projects

(1) Modifications to the protocol cannot proceed until such approval is obtained in writing. (Refer to the website www.usyd.edu.au/ethics/human under ‘Forms and Guides’ for a Modification Form).

(2) The confidentiality and anonymity of all research subjects is maintained at all times, as required by law.
(3) All research subjects are provided with a Participant Information Sheet and Consent Form, unless otherwise agreed by the Committee.

(4) The Participant Information Sheet and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee.

(5) The following statement must appear on the bottom of the Participant Information Sheet. *Any person with concerns or complaints about the conduct of a research study can contact the Manager, Ethics Administration, University of Sydney, on (02) 9351 4811.*

(6) The standard University policy concerning storage of data and tapes should be followed. While temporary storage of data or tapes at the researcher’s home or an off-campus site is acceptable during the active transcription phase of the project, permanent storage should be at a secure, University controlled site for a minimum of seven years.

(7) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

[Signature]

Associate Professor J D Watson
Chairman
Human Research Ethics Committee

Encl. Participant Information Sheet
Scope of Informal Interviews
Title: Development of Curricula about HIV/AIDS in Schools of Social Work in Taiwan

(1) What is the study about?
The main purpose of this research project is to write a genealogy of the development of curricula about HIV/AIDS in schools of social work in Taiwan. The foci will be on what arguments have been produced in constructing curricula about HIV/AIDS and who has presented his/her voices in this issue. The data will be collected from existing documents, such as newspapers, magazines, journal papers, students' theses, educators' syllabuses, textbooks, or any stored records within or outside schools of social work related to HIV/AIDS or curriculum development in social work education in Taiwan, and when necessary form informal interviews with academics in the various schools of social work in universities in Taiwan.

(2) Who is carrying out the study?
The study is being conducted by Dau-Chuan Chung, a PhD student in School of Social Work and Policy Study, and will form the basis for the degree of PhD at Social Work at The University of Sydney under the supervision of Dr Ruth Phillips.

(3) What does the study involve?
The study will be in two stages. In the first stage, the researcher will collect existing documents from schools of social work in Taiwan, such as faculty's journal papers, course syllabuses, textbooks, and students' theses. If the existing documents cannot provide enough information, then some informal interviews will be employed with senior lecturers in schools of social work to understand the process of development of curricula about HIV/AIDS in schools of social work.

(4) How much time will the study take?
The discussion will take about thirty minutes.

(5) Can I withdraw from the study?
Being in this study is completely voluntary - you are not under any obligation to consent.

(6) Will anyone else know the results?
All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report as their identity has no relevance to the research.

(7) Will the study benefit me?
A key aim of this research project is that it can help social work educators to understand the picture of curriculum development in social work; to recognize the potential power struggles and its influences behind the curriculum design; and to broaden the current understanding of curriculum development in social work regarding support for people living with HIV/AIDS in Taiwan.

(8) Can I tell other people about the study?
Yes.

(9) What if I require further information?
When you have read this information, Dau-Chuan Chung will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Dau-Chuan CHUNG, Email: dchu6112@mail.usyd.edu.au; Telephone number: +886-4-23314240 (Taiwan); +61-2-93516899 (Sydney).

(10) What if I have a complaint or concerns?
Any person with concerns or complaints about the conduct of a research study can contact the Manager, Ethics Administration, University of Sydney on +61-2-9351 4811.

UNIVERSITY OF SYDNEY
HUMAN ETHICS COMMITTEE
APPROVED
DATE: 13 Sep 05

This information sheet is for you to keep
Scope of Informal Interviews

1. An overview of how HIV/AIDS is covered in the curriculum.

2. A request for any references to curriculum development in the area of HIV/AIDS.

3. An overview of broad social influences on curriculum development in social work.

4. The general view of schools of social work of the role of social work in supporting for people living with HIV/AIDS.