The Domestication of AIDS: Stigma, Gender, and the Body Politic in Japan

Joanne Cullinane

In this article, I examine the processes by which AIDS has been "domesticated," and Japanese women stigmatized as vectors of HIV/AIDS, once regarded as a "foreign" disease in Japan. Women are associated with ritual pollution and impurity in the Shinto tradition. At the same time, Japanese women are blamed for eschewing marriage and motherhood in favor of material pursuits. As a sequel to the "AIDS panic" of the 1980s, which centered on "foreign women" and women who dated foreigners, in the late 1990s, the Japanese media incited widespread anxiety over a phenomenon known as enjo kōsai, or "compensated dating," in which Japanese teenage girls are said to exchange favors (sometimes sexual) for money with older Japanese men. After describing the social and political conditions making the link between young girls, consumption, and AIDS appear natural in late 1990s Japan, I draw on material from some interviews with HIV-positive women to show how these women are marginalized by narratives that fail to take the particularity and the heterogeneity of their experiences into account. While these women resist the stigma that goes along with being labeled a "sex worker," their stories are drowned out by larger stories that speak of the body politic and national concerns over generation divides, demographic shifts, and gender relations in times of rapid social change.

Key Words: gender; HIV/AIDS; Japan; sex work; stigma

Like syphilis, which was referred to as the "French disease" in Italy, the "Jewish disease" in Germany, and the "Chinese pox" in Japan, AIDS has been regarded as an alien affliction in every society

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into which it has made inroads. Japan for its part has witnessed waves of hysteria linking AIDS to gay men, foreign blood, south-east Asian women, and, more recently, to young girls who are said to exchange sex for money in a practice known as enjo kōsai (euphemistically dubbed “compensated dating”). Hence, over the past two decades, a virus once associated with external threats has been domesticated, or rendered familiar, in a nation long accustomed to carefully calibrating its interactions with the outside world. In this article, I trace the contours of that process and show how AIDS emerged as a potent weapon in gender debates and discussions focusing on the health of the nation in late 1990s Japan. Drawing on the concept of the “mindful body” put forward by Scheper-Hughes and Lock (1987), I argue that preoccupations with the social body and the body politic shape the stigma associated with individual bodies, and obscure the voices of women living with HIV.

After reviewing the gaps and contradictions in the epidemiology of HIV/AIDS in Japan, I describe the cultural logic linking women with sexuality and reproduction as forms of pollution and power. From there, I move on to analyze the three most prominent representations of AIDS to have appeared on Japanese film and television to date, showing how the protagonists of each reflect shifting ideas about who is most likely to contract AIDS and underscoring the ambiguity of the cultural work each of these representations performs. Next, I move on to discuss the moral panic over the kōgyaru (trendy young girl) subculture of the 1990s and the mass media’s role in its creation and perpetuation. In so doing, I explain how social, political, and economic conditions combined to make the link between young girls, consumption, and AIDS appear natural, and even inevitable, in late 1990s Japan.

After describing the social and political conditions that held sway in this period, I include material from interviews with several HIV-positive women in an attempt to show how these women are doubly marginalized by narratives that fail to take the particularity and the heterogeneity of their experiences into account. Medical anthropologists note that gender ideologies and inequalities lead to increased risk of HIV/AIDS among women, who often lack the resources and the power to bargain for safer sex (Farmer, Connors, and Simmons 1996). Likewise, they point to the illusory nature of categories based on social identities rather than sexual behavior; this includes that of the “sex worker,” a heavily laden term which presumes that the distinction between sex and work, volition and
The image of the “sex worker” figures prominently in Japanese media representations of AIDS. Yet this deflects attention from the fact that women are vulnerable to infection in relationships predicated on “intimacy” and “trust” (Fullilove et al. 1990). Further, this association renders women more vulnerable to the stigma associated with HIV as a sexually transmitted disease (Brandt 1987; Lawless, Kippax, and Crawford 1996). Most Japanese women with HIV/AIDS are diagnosed during their youth, when they are pursuing education, employment, and possibly looking for marriage partners. Diagnosis has immediate consequences for their relationships with their parents, spouses, sexual partners, and employers, as does the social labeling that accompanies diagnosis. In order to round out the discussion of the “mindful body” as it pertains to HIV/AIDS in Japan, I bring together data from a wide range of sources, including epidemiology, film and television, print media, and ethnographic fieldwork conducted over 16 months among HIV support organizations in Tokyo between 1999 and 2001.

A GENDERED EPIDEMIC

A perusal of Japan’s official AIDS statistics reveals a remarkably complex, albeit incomplete, portrait of the epidemic. The cumulative number of reported HIV/AIDS cases at the end of 1999 stood at 7,094, and this number had grown to 13,778 by the end of 2006 (Table 1). However, in 1997, Japanese epidemiologists analyzed the gap between new AIDS cases and previously reported HIV cases and determined that the actual number of HIV infections was probably 10.2 times the official figure (Matsuyama et al. 1999). Based on this rather conservative estimate, there have been approximately 138,000 cases of HIV/AIDS in Japan to date, and 70,000 of these infections occurred by late 1999. The number of new HIV/AIDS cases reported to the government each year continues to climb steadily, and each of the four national newspapers relays this information to the public via periodic updates.

Despite intense media scrutiny of women in Japanese AIDS reporting, the data indicate that new HIV infections among men who have sex with men (MSM) began overtaking new infections in every other category in 1999. Of course, bureaucratic categories are inherently unstable and bisexual contact is subsumed under
### Table 1. Cumulative HIV/AIDS data, as of December 31, 2006 Broken Down by Citizenship, Sex, and Mode of Infection

<table>
<thead>
<tr>
<th>Diagnostic category</th>
<th>Mode of transmission</th>
<th>Japanese Citizenship</th>
<th>Foreign Citizenship</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>HIV Patients</td>
<td>Heterosexual Contact</td>
<td>1,504</td>
<td>479</td>
<td>1,983</td>
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<tr>
<td></td>
<td>Homosexual Contact</td>
<td>3,469</td>
<td>1</td>
<td>3,470</td>
</tr>
<tr>
<td></td>
<td>I.V. Drug Use</td>
<td>18</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Mother-Child Transmission</td>
<td>13</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>94</td>
<td>29</td>
<td>123</td>
</tr>
<tr>
<td></td>
<td>Unclear</td>
<td>532</td>
<td>66</td>
<td>598</td>
</tr>
<tr>
<td>HIV Total</td>
<td></td>
<td>5,630</td>
<td>584</td>
<td>6,214</td>
</tr>
<tr>
<td>AIDS Patients</td>
<td>Heterosexual Contact</td>
<td>1,192</td>
<td>142</td>
<td>1,334</td>
</tr>
<tr>
<td></td>
<td>Homosexual Contact</td>
<td>1,049</td>
<td>1</td>
<td>1,050</td>
</tr>
<tr>
<td></td>
<td>I.V. Drug Use</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Mother-Child Transmission</td>
<td>9</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>67</td>
<td>14</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Unclear</td>
<td>582</td>
<td>58</td>
<td>640</td>
</tr>
<tr>
<td>AIDS Total</td>
<td></td>
<td>2,910</td>
<td>220</td>
<td>3,130</td>
</tr>
<tr>
<td>HIV Patients Contracting the Virus via Blood Clotting Factor</td>
<td>1,420</td>
<td>18</td>
<td>1,438</td>
<td>0</td>
</tr>
</tbody>
</table>

“homosexual contact.” The fact that the mode of transmission is listed as “unclear” in an inordinate number of cases points to the complexity of sexual behavior and identity and the impact of context on data collection. Despite these and other limitations, including the fact that it is impossible to know exactly how many HIV/AIDS cases go unreported, the data nonetheless underscore the rather large chasm between epidemiological and popular ideas about risk and to the uncertainties and ambiguities inherent in any attempt to trace the social geography of HIV/AIDS.

One indication of Japan’s early attempts to keep AIDS at arm’s length was the government’s decision to maintain a steadfast distinction between “Japanese” and “foreign” HIV/AIDS cases. By this schema, 26 percent of all HIV/AIDS cases in Japan through 1999 involved “foreign citizens.” Yet, during the 1999 calendar year, a more modest 22 percent of new HIV/AIDS cases involved “foreigners.” Reflecting a parallel trend in the domestication of the syndrome, 39 percent of new cases in 1999 were said to have been contracted “within Japan,” rather than “abroad” or in an unknown location. Looking at the data in greater detail, a full 75 percent of Japanese men and women diagnosed with HIV or AIDS in 1999 stated that they had contracted the virus within Japan. To the dismay of some of the officials at the Japanese Center for AIDS Prevention with whom I spoke, a greater number of foreigners than ever were also claiming to have contracted the virus within Japan.

A closer inspection of the data reveals stark gender asymmetries among both “Japanese” and “foreign” patients. According to the latest AIDS Epidemic Update produced by the United Nations Population Fund in December of 1999, women accounted for a full 44 percent of all HIV/AIDS cases globally. Yet in Japan, women accounted for only 22 percent of HIV/AIDS cases in 1999, and that figure had dropped to 18 percent by 2005. Although twice as many foreign women as Japanese have been diagnosed with HIV, there is much greater parity between Japanese women and foreign women when it comes to AIDS diagnoses. This indicates the convergence of two separate phenomena: many foreign women leave Japan, either willingly or unwillingly, before developing full-blown AIDS, while many Japanese women are only diagnosed with HIV after falling seriously ill.

Other observations can be gleaned from these gender gaps and asymmetries. The relative absence of Japanese women from the statistics may in some measure be a reflection of the fact that condoms are the most common form of birth control in Japan (Coleman...
Yet, Norgren (2001) argues that historical circumstances and political alliances produced conditions favoring “abortion before birth control” in postwar Japan. The frequency of abortion in Japan indicates that condom use is erratic, at best, and that women have limited control over whether and when condoms are used (LaFleur 1992; Coleman 1983:117). Given the strong association between condoms and birth control in Japan, where the birth control pill remains highly unpopular despite its legalization in 1999, condoms are rarely associated with pre- or extra-marital relationships.

Returning to the data, it is clear that HIV surveillance as a form of biopower (Foucault 1990) is differentially applied across sex, race, age, and sexual orientation. For one thing, fewer Japanese women volunteer for HIV testing than men (Figure 1). Middle-aged Japanese women are particularly loath to seek testing. In contrast,

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Figure 1. HIV Anti-body Tests in Tokyo, by age and gender (2002).

many of the foreign women working in the sex trade were forcibly tested in the early 1990s, and this accounts for the distinctive peak found in Japanese epidemiological charts (Figure 2).\(^8\) Despite the uproar surrounding foreign women as vectors of disease in the early 1990s (Miller 2002), more foreign men are now diagnosed with HIV annually than women. Despite the furor surrounding HIV-positive teenage girls, only 18 Japanese women had been diagnosed with HIV/AIDS in their teenage years up through 1999.\(^9\) That a relatively large number of women under 20 years have begun to seek out HIV testing is as much an effect as a cause of the media attention showered on this population. In 1999, noted gynecologist Akaeda Tsuneo even began conducting 15-minute HIV tests on young girls at various Tokyo nightclubs, with little pre- or post-test counseling.\(^{10}\)

* Diamonds represent male cases and circles represent female cases. Solid lines represent “Japanese” cases. Broken lines represent “foreign” cases. The pronounced peak in foreign female HIV cases in 1991 and 1992 is most likely a reflection of the fact that large numbers of these women were forced to undergo HIV testing by their employers at the time.


**Figure 2. Fluctuations in the number of new HIV cases annually: 1985–2002.**
WOMEN, POLLUTION, AND DISEASE

The stigma experienced by women with HIV is always shaped by cultural beliefs, as well as by the social, economic, and political conditions under which they live. As inside and outside observers alike have noted, there is far less shame surrounding sexuality in Japan than in Judeo-Christian societies. Within the Shinto tradition, sexuality is celebrated because of its association with (agalricultural) production and reproduction. Same-sex relationships between older men and younger male initiates were an institutionalized part of life for warriors, Buddhist priests, and merchants at various points in Japanese history and did not come under attack until the Meiji era (1868–1912), when the new government attempted to assert a moral and legal order befitting a “civilized” nation (Plugfelder 1999). The rise of heteronormativity notwithstanding, there is little stigma attached to sexual activity of any sort in contemporary Japan, so long as it does not interfere with one’s social obligations. In other words, it is only when one breaches the divide between outward appearances (tatemae) and inner feelings (honne), or between duty (giri) and human feeling (ninjo), that sex becomes problematic. Yet, in a society in which men are given considerably more leeway in sexual matters than women (Allison 1994), the latter are often blamed for unseemly behavior. Given the association between HIV and sex work, the mere fact of infection has the potential to brand a woman as irresponsible, bringing shame on her entire family.

Although sexuality is regarded as a natural drive to be indulged with discretion, menstruation and childbirth have long been associated with pollution in Japan, as elsewhere. In the Kojiki, a mytho-history compiled for the imperial court in 712 A.D., the impurity associated with women’s reproductive functions (akafujo, or the “red impurity”) is mentioned in tandem with the impurity associated with death (kurofujo, or “the black impurity”). While menstrual and parturition huts have disappeared from the Japanese landscape (Norbeck 1952), subtle reminders of women’s status as a source of pollution remain. For example, women are still barred from setting foot in a sumo ring lest they pollute this sacred space and render it unusable. This policy generated heated public debate in 1990, when the Japan Sumo Federation prevented Moriyama Mayumi, the first female Diet member to serve as a prime minister’s Chief Cabinet Secretary, from awarding wrestlers the Prime
Minister’s cup in person. The controversy was rekindled in 2000 when Ota Fusae, Japan’s first female governor and the governor of Osaka, site of the annual spring tournament, announced her desire to present wrestlers with the Governor’s Award. Most Japanese citizens—male and female alike—frame the debate over women in the sumo ring as a struggle between tradition and modernity and they view the Federation’s position as either praiseworthy or anachronistic, in turn. The full diversity of opinion on this issue has been stifled by the Sumo Federation, which has yet to poll fans in search of consensus.

While female biology is stigmatized, motherhood is a highly valued, albeit pressure-filled, role in Japan (Lebra 1984; Lock 1987; Allison 1996; Jolivet 1997). In an attempt to promote “enlightenment and civilization,” the Meiji government (1868–1912) encouraged women to assume full responsibility for the affairs of the household and to become “good wives and wise mothers” (ryōsai kenbo). Even as it excluded women from political activities and promoted the patrilineal structure of the elite samurai household (ie) as the national model with the passage of the 1898 Civil Code, the government began to imbue women’s childbearing and rearing activities with new significance. Ironically, they did this as large numbers of women entered the industrial workforce for the first time (Tsurumi 1990). In deference to new middle-class sensibilities, most of the textile factories established in the early 1900s maintained special dormitories for female employees and recruited single women who could be pressured into retiring upon marriage. As Japan militarized and embarked on a succession of wars with its neighbors and, ultimately, the Allied forces, motherhood attained political expediency and the government began issuing awards to especially fertile women. Although the ideology of “good wife, wise mother” has never achieved hegemonic status because of the way in which it misrepresents the reality of Japanese women’s lives, it continues to exert a strong ideological hold and to inform women’s political activities to this day (Uno 1993).

AIDS ON FILM AND TELEVISION

Now that I have discussed the “social body” in terms of the links between women, pollution, and reproduction, I would like to show how such ideas are both reinforced and challenged by media
images of HIV/AIDS. In this, I follow the lead of anthropologists who remind us that ordinary people interpret “expert” medical knowledge with the aid of various “cultural mediators” (Dumit 1998, 1997; Martin 1994; Martin et al 1997) and of cultural critics who remind us to interrogate representations of AIDS for what they omit as much as for what they include (Treichler 1999). Although these representations remain open to multiple interpretations and tactics of resistance (de Certeau 1984), the fact that individuals in Japan routinely drew connections between AIDS, young women, and enjo kōsai in discussing my research with me indicates that such images are influential in altering public perceptions of risk and responsibility.

In the United States, the made-for-television movie has come to define phenomena as “social problems” (Cook and Colby 1992:112). As the first television movie about AIDS to be aired on American network television, NBC’s An Early Frost performed a good deal of “cultural work” in defining the epidemic for American viewers in 1985 (Treichler 1999:127–148). In this film, a family struggles to come to terms with their son’s sexual orientation as they deal with his illness. In both An Early Frost and the 1991 film, Our Sons, the nuclear family is celebrated and affirmed as the gay community recedes into the background (Treichler 1999:176–204). Although a number of subsequent films attempted to trace the changing face of the American epidemic,12 women, minorities, and intravenous drug users remained conspicuously absent from mainstream representations, and AIDS remained symbolically “gay” until well into the 1990s.

Unlike their American counterparts, Japanese films usually equate AIDS with women, although the type of woman deemed susceptible to AIDS has changed over time. Although the films described below contain many subtleties and contradictions, the age of the protagonist has shifted steadily downward in response to the larger discourse on women and AIDS that took place in 1990s Japan. Teenage girls are only the latest targets of media hysteria, but they are by far the most unsettling of all the scapegoats in anti-AIDS campaigns to date. As children, they represent a domestic sphere in need of protection. As predators were said to prey on older men in a practice known as enjo kōsai, they represent a threat to that same domesticity. Moreover, their unbridled sexuality is viewed as a symptom of the ailing Japanese family. In focusing on these young girls, the media has thus tapped into widespread
concerns over the breakdown of the extended family and traditional Japanese gender roles, said to be brought on by individualism, consumption, and promiscuity.

Based on an adaptation of an autobiographical account by the novelist, Ieda Shoko, Watashi o daite soshite kisu o shite [Hug Me, Kiss Me] (1993) was the first film to address AIDS in Japan. Although the book was a work of nonfiction, Ieda is better known for titillating novels replete with interracial sex scenes. While the book’s epilogue expounds on the risks of HIV posed to Japanese tourists in Hawaii, the bulk of the text consists of an account of Ieda’s experiences accompanying her American husband to Savannah, GA, in 1987. While there, Ieda volunteered at an AIDS organization in Atlanta and was assigned to work with a gay man named Jimmy and an African-American woman named Gina. Although both of these relationships were inflected by cultural, racial, and class differences, Ieda devotes most of the book to her tumultuous relationship with Gina. Although she is brutally honest in depicting drugs and violence as facts of life for her American friend, she spends little time discussing the social and historical conditions fostering hopelessness and despair among impoverished segments of American society. As a result, her book serves to render AIDS distant, alien, and incomprehensible to her readership.

Curiously, the movie retains little of the stark realism permeating the book. First, the heroine of the film is not an African-American woman, but a young Japanese woman who lives and works in Tokyo. Furthermore, the film is not narrated by the author, but by a female journalist named Tsushima Miyuki. In fact, the film begins with the journalist entering a public health clinic in search of an HIV test. While there, she bumps into a nervous young woman named Aida Keiko and notices that Keiko is the last person summoned for her test results. Taking note of the woman’s furtive behavior and the staff’s decision to keep her waiting until all the other patients have left, Miyuki follows her out of the hospital and attempts to interview her. Keiko resents the intrusion of privacy and leaves the scene hastily.

Later we learn Keiko’s motivation for seeking HIV testing: in a threatening phone call from a former boyfriend’s wife, she learned that he, his wife, and child are all infected and that they blame Keiko for their predicament. Returning to her hometown, Keiko attempts to contact another former boyfriend named Shigeru. His mother tells her Shigeru is “overseas,” but she discovers that his
family is actually sequestering him in a back room so that they can keep his illness hidden from the neighbors. Covered with unsightly sores and racked by dementia, Shigeru is in the late stages of advanced AIDS. Herein lies an obvious contradiction—while the film tries to educate its audience about the chronic aspects of AIDS in some scenes, it reinforces the most frightening and disfiguring aspects of the disease in others. The film highlights other contradictions in Japanese AIDS discourse as well, including the tension between AIDS as a sexually transmitted disease and as a disease spread by “bad blood.” For example, in a nod to the fact that the vast majority of Japan’s AIDS patients at the time were hemophiliacs who relied on imported blood products, the film traces Shigeru’s infection to “foreign” blood via a transfusion he received while living “abroad.”

Back in Tokyo, the narrative resumes with Keiko sinking into a deep depression. After a night of heavy drinking, she meets an affable businessman named Akira who offers to walk her home. Keiko insists on finding a hotel room instead, although she fends off her companion’s advances that evening. Akira pursues her for weeks afterwards and they gradually embark upon a relationship, with Keiko concealing her HIV status from him all the while. Yet their happiness is short-lived; unable to tell Akira that she has AIDS, Keiko attempts to kill them both in a double suicide (muri shinjū). After foiling her plot, Akira forces her to disclose her secret and the two lovers part on hostile terms. In the meantime, Keiko bumps into the journalist, Miyuki, and once more and they embark upon a relationship predicated on Keiko’s willingness to “tell her story.” In the course of their collaboration, Miyuki reunites Keiko and Akira and they marry shortly after learning that Keiko is pregnant with Akira’s child. Suddenly transported to the future, we watch the couple enter a hospital to receive their infant’s HIV test results. Although her son’s test comes back negative, Keiko dies six months later. In all, only two years have elapsed from the beginning of the story to the end.

Although Daite broaches sexual matters in a frank manner, it idealizes traditional gender roles by depicting Keiko as a doting and attentive girlfriend who cooks and cleans for her boyfriend like a dutiful wife. Gender roles are accentuated in other ways as well. Akira, for example, is portrayed as a “man’s man,” while Keiko is praised for her “womanly charm” (onna-gokoro). Nonetheless, Daite is remarkable in that it portrays Keiko neither as perpetrator nor
victim, but as a woman making the best of a difficult situation. Viewers are led to sympathize with Keiko’s loneliness—even to the point of understanding her inability to tell Akira about her condition. Five years later, another film about AIDS, titled Cosmos (1997), would take a more conservative tack. Like Shigeru, the ex-boyfriend in Daite, this film’s heroine, Akiko, a returnee (kikoku shijo) who has lived in South America for many years, is said to have contracted HIV from a blood transfusion. Back in Japan after a seven-year hiatus, Akiko resumes life with her mother and grandmother in a small, rural town.

Set against the backdrop of a Japanese high school, this film tackles the issue of bullying, or ijime, a social problem receiving widespread media attention in Japan (Mihashi and Goodman 1987; Lock 1988) at the time. It does so by presenting tolerance as a distinctly “modern” Japanese attitude. Although Akiko’s mother is unconventional in many respects, she is tied to Japanese tradition by her skill as a weaver. A friend’s father, a sake brewer, is bound to an alternative tradition. As one of the many people who attempt to keep his daughter, Natsumi, away from Akiko, he represents the forces of fear and superstition. The conflict between tradition and modernity is highlighted repeatedly throughout the movie; for example, all of Akiko’s tormenters speak in a thick local dialect, while her supporters use standard Tokyo dialect. At the movie’s climax, Akiko collapses during a confrontation with a group of classmates who accuse her of pretending to have AIDS in order to attract attention. She is hospitalized and dies soon after.

As the most recent attempt to capitalize on AIDS, the miniseries Kamisama mo sukoshi dake (Please, God, Just a Little More) (2000) attracted millions of viewers on network television. In this Fuji Television production, Masaki, another high school student, engages in enjo kōsai in order to earn money for a concert. As if to reinforce her age, Masaki appears in high school uniform and uses exaggerated shojo (young girl) language throughout the entire film. While she lives at home, she is estranged from her troubled family, which includes a younger brother, a father given to late night socializing, and a mother engaged in an affair with a younger man. Against this backdrop, Masaki becomes involved with a musician named Ishikawa Keigo. Like Akiko, Masaki is diagnosed with HIV and encounters bullies at school, but this time the bullying is incidental to the plot. At its heart, this is both a love story and a cautionary tale. By pretending to play the dutiful homemaker while...
cavorting with a man she met at her part-time job, Masaki’s mother is implicated in her daughter’s troubles, as is her absentee father.

Ironically, Masaki inspires her family members and classmates to reflect on their wayward behaviors. Masaki’s botched suicide attempt convinces her mother to end her illicit relationship and devote more time to her family. Likewise, Masaki’s “coming out” speech before her entire high school helps her peers recognize the dangers of enjo kōsai. After a period of separation in which Keigo moves to New York, the two are reunited in Japan three years later. Masaki soon becomes pregnant and Keigo urges her to keep their unborn child. Once again, the heroine collapses and dies with little warning—this time on her wedding day—right after a doctor proclaims her daughter HIV-negative.

As with Daite and Cosmos, Kamisama features a female protagonist who is strong and worthy of viewers’ sympathy. As in Daite, the protagonist’s happiness depends on her marrying and bearing a child. However, Kamisama differs from its predecessors in several respects. For one, the fact that Keigo, who had lived abroad, tests negative for AIDS reinforces the idea that AIDS is now a Japanese problem. He was not the source of her infection, as we had been led to believe. For another, Masaki’s urban sexuality contrasts sharply with Akiko’s rural innocence. In what follows, I track changes in the debates surrounding women and AIDS from the mid-1980s through the late 1990s and show how the media began to fixate on teenage girls and enjo kōsai in 1999. This leads to a consideration of the ways in which women living with HIV are rendered invisible by a discourse that ignores either their experiences or attempts to make them conform to preconceived notions about AIDS and the “typical AIDS patient.”

SEX WORKERS, SINGLE WOMEN, AND DUPLICITOUS SCHOOLGIRLS

After 15 years, the so-called AIDS panics of 1986 and 1987 continue to frame any serious discussion of AIDS, gender, and stigma in Japan. In 1986, the nation was seized with terror as the first three heterosexual AIDS patients—all of them women—were identified in rapid succession.15 Ostensibly on behalf of the “general public,” the women’s sexual histories, friends, and families were subjected to intense scrutiny in the pages of widely read weekly magazines,
creating a web of stigma around southeast Asian and Japanese women with "international" ties. During the first AIDS panic, which involved a Filipina woman working in Matsumoto City, weekly magazines vilified foreign women in the sex trade, especially those Japayuki-san trafficked into the sex trade from the Philippines, often under conditions of fear and violence. During the second panic, which unfolded in the "international" port city of Kobe (Watanabe 1986; Nonaka 1987; Ono 1988), these same publications focused their gaze on single Japanese women who dated foreign men. Finally, critics appeared on television to blame the woman at the center of the third panic, not so much for the manner in which she had been infected (sex with a hemophiliac boyfriend), but for getting married and bearing a child against her doctor's orders. No longer a "fire on the opposite shore of the river," AIDS had penetrated the nation and the home.

Although AIDS is no longer regarded as a foreign disease, the same scandalous logic that was operative in the late 1980s continues to link women, promiscuity, and AIDS in the national imagination. A new moral panic, driven by the media and by social commentators on both the left and the right, began to unfold in Japan at the end of the millennium. In 1999, the media began to attribute AIDS to young girls, particularly a group of schoolgirls adopting a subcultural style known as the ganguro (literally, "black face") or yamamba ("mountain witch") style. The media's preoccupation with this group can be traced back to reports linking middle school and high school students to a new form of "compensated dating" known as enjo kōsai and to a purported rise in sexually transmitted diseases among Japanese women in general. Ignoring the diversity of sexual experience that marked rural women in the prewar era (Smith and Wiswell 1982), observers in the 1990s expressed dismay at the overt manner in which school girls flouted supposedly timeless gender norms by donning provocative clothing and adopting postures and mannerisms usually reserved for men.

One Fuji Television spot that aired in November of 1999 is exemplary of the focus on teenage girls that marked AIDS discourse in Japan during this time. After mentioning the necessity of "eliminating prejudice and discrimination toward those who are infected with HIV or have AIDS," the announcer asserts that HIV is on the rise among teenage girls. The camera then pans ominously to a letter "written by an HIV-positive woman" and a spotlight directs the viewer to the bleakest parts of the text. In this way, rejection and
isolation are framed as inevitable repercussions of an HIV diagnosis. The camera cuts back to the streets of Shibuya, a favorite gathering spot for young girls.

As the camera pans the urban streetscape, it captures schoolgirls in skimpy uniforms from the waist down. As such, it plays on the implicit understanding that these uniforms have erotic appeal (Kinsella 2002) for an adult male audience. The reporter speaks with two girls who laugh and joke about AIDS, stating that they know someone who is HIV-positive at age 18. Next, he follows two high school girls, aged 16 and 17, to a popular nightclub. Even less inhibited than the previous pair, these girls admit to having sex with strangers in the club and on the street. They also claim to know about “800 people” with AIDS. Their hyperbolism mirrors that of the previous pair, who stated that you could get AIDS “just from walking around Shibuya.”

Finally, the reporter visits the Japan Midwives’ Association, which runs a telephone hotline for teenagers. A review of their records reveals that many of the girls are worried about AIDS. Suddenly we are confronted by the two teens in the nightclub once more, who state that they would definitely “give the virus to people they dislike.” The letter mentioned above appears in the spotlight once more and a woman’s voice reads an excerpt: “Surely there is nobody who will love and embrace me now that I have (am) HIV.” In this way, the woman with AIDS is presented as a pitiful figure with no place to turn, and as a figure who is given to vengeance.

Despite the apparent novelty of the association between AIDS and teenage girls, the seeds of this narrative were planted during the Kobe panic of 1987. First, newspapers referred to the Kobe woman at the center of the outcry with the curious turn of phrase, “habitual prostitute.” In the absence of any evidence that the woman had engaged in any form of prostitution, this phrase functioned as a code word for a single woman who was sexually active. Indeed, by the late 1980s, the press had begun to treat the growing ranks of single women as an epidemic in its own right. Although women were once expected to marry promptly by the age of 25, the average age at first marriage (tekireiki) passed this hallowed benchmark in 1978, and it stood at 27 in the year 2000 (Ministry of Health, Labor, and Welfare [MHLW] 2000). Not only are Japanese women postponing marriage, they are eschewing motherhood as well. By 1999, the birth rate had dropped to a postwar low of
1.34, prompting a national debate over the reasons for this trend, and measures to counteract it. Today, Japanese demographers lament that the population will shrink by about 20 percent by the year 2050 unless strict immigration controls are lifted and millions of foreign workers are allowed to enter the country.

Yet, if single, working women incite fear of social collapse in Japan, so too do young girls. As Merry White (1993:7) points out in *The Material Child*, both American and Japanese “teens” were called into being by “consumer” industries eager to profit from their newfound affluence in the postwar era. However, this identity came at a high price: in order to “keep up” with their peers, many teenagers felt compelled to spend large amounts of money attaining the right “look” (White 1993:105). This type of “competitive consumption” (106) is usually attributed to young girls, who have emerged as the undisputed leaders of Japan’s youth culture and are often admiringly referred to as “new human beings” (shinjinrui).

Until the 1990s, most young girls gravitated toward the realm of the “cute,” or the *kawaii*. Sociologist Sharon Kinsella (1995) has described the Japanese obsession with childlike innocence as an outgrowth of the 1960s student movement, but the “cute craze” is frequently traced to the early 1970s, when young women began experimenting with different styles of handwriting, infantile slang, and cutesy fashions. Far from empowering them, cute behavior and products are designed to make their owners appear helpless and dependent. In fact, the proponents of this style describe themselves as *kawaiikochan* (cute kids), or *burikko* (fake children). Yet, from the very beginning, the *burikko* were forced to share the stage with the more precocious *kogyaru* (trendy young girls) who dye their hair and alter their uniforms in defiance of school regulations.

**GANGURO**

Within the broad category of *kogyaru*, the term *ganguro* is a play on the characters for “black” and “face.” As such, it is an accurate description of the swarthy appearance *ganguro* girls attain by spending long hours at tanning salons. Although the origins of the *ganguro* style are unclear, the most striking aspect about it is the way in which it inverts traditional Japanese aesthetics. Just as the *ganguro* girl’s black face challenges racial boundaries, it also stands
in direct contrast to the white countenance of the *maiko*, or young geisha in training, who represent the epitome of a supposedly time-less Japanese tradition, and of the older, upper-class women, many of whom use whitening cosmetics. Like them, the *ganguro* girl works hard on her appearance (Figure 3); a perusal of *Egg* magazine, a publication produced specifically for this population, reveals a plethora of ads for tanning salons, clothing stores, and special dieting products.

In contrast to the racial ambiguity and repudiation of traditional norms captured by the term *ganguro*, the term *yamamba*, used to refer to the same population, draws upon indigenous ideas about female sexuality and reproduction. Literally, the term *yamamba* refers to the “mountain witches” of Japanese folklore, to which these teenagers are said to bear an uncanny resemblance. The mythical *yamamba*, as depicted in folklore, in wood-block prints, and in Noh plays, is a tall ghoulish figure with long white hair, black hands, and a devilish grin that stretches from ear to ear (Figure 4). Contradictions abound in *yamamba* folklore, especially where the *yamamba’s* sexuality and fertility are concerned. Although some myths claim that the *yamamba* are actually
mountain gods in disguise, others claim that they are shamans who were sent into the mountains to worship the gods. In some myths, *yamamba* devour children for sport, whereas in others they display a special fondness for children resulting from their own impaired fertility. When they do bear children, they are said to bear as many as 78,000 at one time. While *yamamba* are often morally neutral, in some versions of *yamamba* folklore they entrap men and attempt to consume them.

In many ways, the *yamamba* fill the same role that other rebellious women have played in Japan since the late 19th century. Her predecessors include first-wave feminists such as Kishida Toshiko and Fukuda Hideko, the “new women” inspired by Hiratsuka Raicho’s “Blue Stocking Society,” and the *moga*, or “modern girls” of the 1920s, who raised eyebrows with their Western attire and scandalously short hairstyles (Silverberg 1991).
Although these women wielded political power in different ways and to different extents, they all rejected the Meiji government’s mandate to become “good wives and wise mothers.” In the post-war era, women have gained political power, but they continue to be marginalized within an economy in which they are prized more for the role they play in sustaining the efforts of their husbands and children than for their own accomplishments (Brinton 1993). Although 40.8 percent of the Japanese workforce is female, 29.3 percent of those women are employed in part-time jobs (paato) without any benefits or upward mobility (Allison 1996:xviii). In 2000, they earned 65 percent of what men earned (Women’s Bureau, MHLW 2001). The Equal Employment Opportunity Law of 1986 granted women the option of pursuing a competitive career track, but only if they agreed to rigorous working conditions which few women found acceptable. Although it is still too early to measure the long-term effects of the recent recession on women’s employment, past recessions have proven devastating for women (Brinton 1989). Dissuaded from career-track jobs, young women are increasingly blamed for rampant consumption, an aversion to marriage, and eschewal of motherhood.

In short, young women have become metaphors for what many observers regard as the breakdown of Japanese society. In an insightful article on the zeitgeist of turn-of-the-century Japan, Tomiko Yoda attributes “the perception of national peril that encompasses virtually all aspects of contemporary Japanese society” (Yoda 2000a:633) to the ongoing processes of globalization, postmodernization, and the “historical process by which the apparatus for producing and reproducing the national community has undergone a complex course of decline” (630). Rather than describing this as a break with the past, Yoda describes the fissures that arose in late 1990s Japan as the logical outcome of the weakened bonds between home, school, and workplace that characterized Japanese society during an earlier period of high economic growth. Although Japan was once praised as a “maternal” society in which dependence was hailed as a virtue and power exercised indirectly (Yoda 2000b), these same qualities are increasingly lamented as evidence of the need to reassert patriarchal values. In this context, young girls are suspect because they embrace a form of sexuality divorced from reproduction, and because they wield a degree of power, limited as it might be, over older men.
In 1994, the media coined the term *enjo kōsai* to describe what they identified as a growing “social problem.” At the time, the term referred to a practice in which college women exchanged sexual favors for money. At present, it is used almost exclusively to refer to interactions in which middle or high school girls accept money from older (Japanese) men in exchange for companionship and/or sex. Of note is the fact that generational divides have eclipsed racial divides as a cause for concern. In the 1990s, the debate on *enjo kōsai* reached deafening proportions. In fact, a search of the Nikkei 21 newspaper database turned up 2,208 articles on the topic between 1994 and 2002 (consulted on April 25, 2002). Although some people in Japan consider *enjo kōsai* a form of prostitution, others contend that it is a form of child abuse. In response to domestic and international criticism over this issue, Japan enacted its first law against child prostitution and pornography in November 1999. However, the unregulated nature of the telephone club, or cell phone dating, industry makes it impossible to ascertain the ages of the girls using these services to find sex partners.

The confusion over whether to categorize *enjo kōsai* as prostitution or child abuse, coupled with technological innovations allowing girls to find prospective sex partners, make it extremely difficult to get reliable figures on the actual prevalence of the phenomenon. In 1998, a Benesse Educational Research Institute survey of 1,726 public high school students found that 5.9 percent of the female students in Tokyo, and 3.3 percent of the female students in neighboring Saitama, had engaged in some form of *enjo kōsai* (*Sankei Shimbun*, August 22, 1998: 29). A national survey of 5,492 youths conducted by the Japanese Association for Sex Education in 1999 attests to regional differences. In this sample, 15.6 percent of high school girls had used telephone clubs and 13.9 percent approved of exchanging sex for goods or money, but only 0.7 percent of middle school students and 1.6 percent of high school students (both boys and girls) had engaged in *enjo kōsai* (Japan Association for Sex Education [JASE] 2001). Of even greater interest than the frequency of *enjo kōsai*, are male attitudes toward the practice: a 1999 survey of 673 men (aged 21–59) living within a 40-kilometer radius of Tokyo conducted by the Asian Women’s Peace Foundation found that 78 percent of respondents blamed girls for *enjo kōsai*, while 54 percent blamed men.
COUNTER-NARRATIVES

While the media has seized upon the "stock characters, stereotypes, and exceptions" (Treichler 1999:79) of the sex worker, the promiscuous woman, and the schoolgirl, the excesses of such representations are not lost on HIV-positive individuals, who critiqued the film, Cosmos, and engaged in a heated debate with its director in the pages of a patient-led newsletter called HIVoice. Nor is it lost on nongovernment organization (NGO) volunteers, who lamented that the only presentations to deal with women at Japan’s National AIDS Conferences prior to 1999 had focused on the technical aspects of mother-child transmission. Nobody, they complained, had ever presented data on the women themselves. Perhaps, the head of one prominent AIDS NGO noted sarcastically, they wanted them to give birth to healthy children and then die, like all of their on-screen counterparts.

How, then, are HIV-positive women affected by dominant representations of women and AIDS, and how do they respond to them? In what follows, I introduce four of the women I interviewed during the course of fieldwork in Japan in 1999–2000. Each of these women resists accounts casting them as hapless victims or as dangerous vectors of disease. One of them has done so in a public forum. The others simply resist by going quietly about their lives. Reflecting the skewed demographics of Japan’s NGO clientele, most of the women I encountered were young. The fact that all of the women introduced here are Japanese reflects the fact that foreigners with HIV have limited access to Japan’s healthcare system and, as a result, tend to leave the country or enter the healthcare system in poorer health than individuals with healthcare coverage (Sawada, Edaki, and Negishi 1999).

“Sometimes I think HIV is a Very Ironic Disease”

Hemophiliac or not, most PWAs (People with AIDS) in Japan embrace an ethic of invisibility and anonymity (Cullinane 2005). Hence, it was with great interest that I set out for an NGO-sponsored event in Tokyo entitled “Women, Gender, and HIV” on December 1, 1999. As the flyer noted, this would be the first public symposium in Japan in which women with HIV would speak out about their experiences publicly. As we took our seats, the event’s organizers reminded us that unofficial photographs, videos, and
tape recordings were strictly forbidden. They also told us that NGO staff members would be careful not to photograph any of our faces as they went about documenting the event. To my surprise, the only journalist in the room was Sankei Shimbun’s Miyata Kazuo, well known and respected in HIV circles for reporting on AIDS in an unsensational manner.

As we waited for the speakers to appear, the air in the auditorium was thick with anticipation. Yet, the two women who took the stage displayed at least as much curiosity about their audience as the audience had about them. Their understated manner and matter-of-fact accounts did much to challenge the images of AIDS circulating in the press. However, the tension between AIDS as “lived experience” and “media spectacle” remained palpable. In fact, Hayashi Ruri (her pseudonym), one of the speakers to address the audience that day, described her recent attempt to contribute to the Fuji Television show described above. It seems that someone had asked the NGO with which she was affiliated for an anonymous letter written by a “woman with AIDS.” Approached for her consent, Ruri agreed to cooperate as long as her letter was read in its entirety. She began to have misgivings about the project as soon as she saw the way in which it was described in the newspaper lineup—“Woman with HIV: Infected as a Teen.” This subtitle alarmed her because she had said nothing whatsoever about her age. By the time the show aired, it had been transformed into the lurid exposé about wayward schoolgirls.

After hearing Ruri speak, I contacted her via her Web site and she invited me to dinner. We met at a train station, where four of her HIV-positive acquaintances, including a woman I had interviewed several times before, were gathered. Given the emphasis on maintaining client privacy in most NGO settings, I was surprised when Ruri invited us back to her apartment, where she prepared a home-cooked meal for us. She also introduced us to her 6-year-old son, Kyosuke, who was thrilled to have company for the evening.

Like many other women with HIV, Ruri had been diagnosed with HIV after agreeing to a routine blood test during pregnancy. At that time she learned that her foreign boyfriend was also HIV positive, and she found herself drifting apart from him and embarking on a new life as a single mother. At the time of our meeting, she was skillfully balancing the demands of motherhood and her many AIDS-related activities, although she was still bitter at her doctor for having advised her to quit her job and to live on
public assistance until she could confirm that her son was HIV-negative. According to this doctor, it would be unfair to place her child in daycare unless she told employees there about her condition and she felt that she could not do so lest they exclude her son from the center altogether. Fortunately, her son turned out to be HIV-negative, but Ruri had already given up her job by then. To this day, her financial situation is somewhat strained, although she recently qualified for a subsidized apartment in a competitive lottery in which single mothers were accorded special status.

In the “illness narrative” (Kleinman 1988) Ruri wrote for the television show mentioned above, she strove to present a balanced account of the trials and rewards of living with HIV. After describing a number of hardships—from pregnancy to diagnosis, separation, and single motherhood—she ended her account thus:

I have overcome the time when I suffered just because I was HIV-positive. HIV has become just one part of my body and my life. Sometimes I am struck by the severity of the situation, but it’s just one of the many worries everyone carries. That’s the way I look at it.

I have met many people as a result of my HIV. I can’t deny that my life is moving in a positive direction since finding out I was HIV-positive. That’s why I can’t hate HIV. Nor do I like it. Sometimes I think HIV is a very ironic disease.

Ruri was indignant that this portion of the text had been purged from the program. Undeterred, she read this letter in its entirety before an audience made up largely of AIDS researchers and doctors at Japan’s national AIDS conference in late 1999.

“Marriage is Between Families”

Like Hayashi Ruri, Kitayama Shoko has “gone public,” albeit also under a pseudonym. A longtime contributor to HIVOICE, Shoko published installments of her autobiography in the pages of that newsletter in 1996. In these submissions, she discussed the process by which she learned of her HIV status while working as a public health nurse in Tanzania and how she readjusted to Japanese society upon her return. As a nurse who refused to quit working because of her diagnosis, Shoko speaks regularly to groups of medical professionals about her condition. In addition, she served as the sole female representative on a subcommittee responsible
for drafting the new Infectious Disease Law of 1999. However, she did not “come out” on a national scale until 2000, when she published her memoirs under the title, *The HIV God Gave Me* (*Kamisama ga kureta HIV*). A dark photograph on the cover of the book reduces her to a shadowy silhouette and serves as a stark reminder of the fear of discrimination with which many PWAs contend.

The main tension in Kitayama Shoko’s book is between an “African” society in which people are said to accept illness and adversity as a part of everyday life and a “Japanese” society, which is supposedly marked by discrimination and solitude. However, the book is also a story of lost love, including the Tanzanian man she had hoped to marry and the Japanese man who supported her but then left her because he didn’t think she would make an appropriate wife. As Shoko explained to the audience at an AIDS event that took place in Yokohama in 2000, “in Kansai [where her hometown is located] marriage is between families” and not between individuals. While hers is a story of loss and rejection, it is also a story about a daughter who goes to Africa against her parents’ wishes, and of her parents’ willingness to accept and support her nonetheless. Shoko shares with Ruri the burden of being associated with a racial and ethnic “other,” but she insists that her relationships were pure because she would have married each of her boyfriends had things worked out between them. By publicly correcting those who assumed that she had been infected via a needle stick, she also challenges the notion that “accidental” HIV patients are more worthy than those who contract the virus sexually.

“A Bride Like That”

To be sure, not all women with HIV have had relationships with foreign men; nor are they as heavily involved in their professional lives or in the HIV community as Hayashi Ruri or Kitayama Shoko. No doubt, many women find little reason to visit NGOs or join support groups of the type that Ruri is attempting to create for single men and women with HIV. Tanaka Chikako, for one, has had little contact with the HIV community, but she met with me to discuss her life since diagnosis upon a friend’s introduction.

Chikako is a cheerful and easygoing person who humorously refers to herself as “lazy and lackadaisical.” When we met, she had recently moved to the outskirts of Tokyo with her husband. Although they had moved to Tokyo for his career, their relocation
brought additional benefits: after years of commuting long distances to her present hospital from the Tohoku area, in the northernmost reaches of Honshu, she was closer to her doctors than ever before. Although it is, in fact, possible to find a kyoten byōin, one of the “base hospitals” where HIV patients are treated,29 in Tohoku, she had opted for a long and expensive commute to protect her father’s reputation instead. As she explained, her father had friends working at the local hospital and it would be “pitiful” (kawaiisō) if they were to find out that his daughter had HIV.

Like the woman who introduced me to her, Chikako discovered her HIV status by accident when she and her mother decided to donate blood on a whim. Although the Japanese Red Cross maintains an official policy of discarding HIV-positive blood without informing donors of their HIV status, it is common knowledge that they do, in fact, notify donors. The fact that 1.68 blood donors per 100,000 tested positive for HIV in 2004 is widely interpreted as a sign that some people are turning to blood donation as a substitute for the awkward face-to-face interaction required at HIV testing sites.30 Living in a provincial city on the periphery of Japan, Tanaka Chikako insists that HIV testing could not have been further from her mind when she went to donate blood. Accordingly, she was stunned when the Red Cross called her in to deliver her test results in person. She had had few sexual contacts in her lifetime and all were Japanese. She contacted one of her former boyfriends, whom she said was known for “playing around,” but he insisted that he was HIV-negative. She soon gave up trying to trace the source of her infection and resolved that she would never marry or have children.

Chikako met her present husband while attending college in her home prefecture. Although she tried to avoid his advances, he was persistent. Unsure of what to do, she told him that she could not see him because she “was sick.” Later, she told him that she had HIV, and was surprised that he did not waver. In fact, he insisted that they get married so that they could spend as much time together as possible. According to Chikako, her father-in-law was vehemently opposed to the marriage, asking why his son had to “accept a bride like that.” The phrase, “to accept a bride” (yome o morau) reveals the fact that women in Japan are still said to “marry into” (oyome ni iku) their husband’s families, even though nuclear households are fast replacing the ie, or the patrilineal and patrilocal extended households of the past. Her own parents, who had
supported her all along, were thrilled that she had found a loving and supportive husband.

At the time of our meeting, Chikako was awaiting approval from a hospital ethics committee to undergo artificial insemination. Given the uncertainties surrounding assisted reproduction, and the need for outside approval to undergo such treatment, she was deeply ambivalent about the process and insisted that she could live happily without children. However, once permission was granted, she underwent several attempts at intra-uterine insemination and became pregnant in early 2002. She gave birth to a baby boy in November of the same year and by January of 2003, antibody tests revealed that he was HIV-negative. When I asked her what it felt like to be an HIV-positive mother, she kindly informed me that HIV was simply not as big a part of her life as I seemed to think. If Tanaka-san and her husband are any indication of broader trends, it seems that some people readily reject ideas about pollution and the purity of the family line in favor of individual choice and fulfillment. Chikako still lives with her father-in-law’s tacit disapproval, but this is easy to endure as she and her husband have established a neo-local residence far from his hometown.

HIV and Older Women

Kawashita Akemi is a sprightly, energetic woman who looks far younger than 53 years. A veritable bundle of energy, she speaks and walks as if she has little time to lose. Unlike the women introduced above, I met Akemi quite unexpectedly when a staff member at one of the AIDS NGOs I was observing invited me to join him and some other “clients” for dinner one evening. During the course of the dinner he pointed out that I had been “conducting interviews” with PWAs. Although this announcement evoked little reaction at the table, Akemi bombarded me with questions on the train ride home. She was not from Tokyo, she explained, but she used a shelter run by a rival AIDS NGO whenever she was in town. Unlike most people who declared their allegiance to only one of the two main AIDS NGOs in Tokyo, she congratulated herself on remaining friendly with both of them and “making skillful use” of their services in turn. Before we parted, she gave me her home telephone number and invited me to visit her in the Kansai area in central Japan.
When I visited Akemi in the summer of 2001, I found her in good health and working full-time. Akemi lived with her mother in a traditional Japanese house with a beautifully tended garden. Both she and her doctors were amazed at how well she was doing on her medications. She was one of the lucky individuals who responded well to therapy and had not suffered any serious side effects, such as nausea or liver damage.

Like Ruri, Akemi was diagnosed with HIV after a routine blood donation and then asked her Japanese partner to be tested, at which point they discovered that they both carried the virus. Although her husband had died of AIDS some time ago, photographs and other reminders of him adorned every room of the house. In fact, Akemi took great joy in the fact that she was able to purchase a home just across the street from a park she and her husband used to frequent when they were dating. This was sheer coincidence, she explained, since she had bought the house with the money he had left her after his death. In our conversations, Akemi never expressed any hostility to her husband, although she claimed that he had been a “difficult” person. Instead, she recounted how happy he had been when they finally decided to get married, at an advanced age, and rather late into his illness. In her opinion, he had decided to marry her so that he could leave her his life’s savings. She also told me about how they had traveled the world together, in an attempt to visit as many countries as possible before his death. In a tribute to his spirit of adventure, Akemi had created an AIDS memorial quilt featuring his trusty backpack in bold relief. With the help of some volunteers, she had stitched the names of the countries they had visited together along the periphery of the quilt; the quilt had in turn traveled the world as a part of various AIDS exhibits.

Although Akemi preferred not to dwell on the past, she told me that she had struggled to find doctors who would care for her husband, both in Tokyo and in their hometown. Akemi’s own mother was aware that her son-in-law had died of AIDS, but he had never been able to bring himself to tell his own family about his illness. To this day, they believe that he simply died of cancer. Akemi still refuses to allow anyone to ask her how she was infected. In our rush to exonerate women from blame for HIV, it is important to remember that not all women regard themselves as victims of male promiscuity, either.

Akemi is unusual in that she is older than most of the women who frequent AIDS NGOs in Japan. In fact, surveillance reports
released by the Ministry of Health and Welfare during the fourth quarter of 2006 indicate that only three Japanese women over the age of 40 were newly diagnosed with HIV during the period in question. In contrast, 70 Japanese men over the age of 40 were diagnosed during the same period. Likewise, there were 39 full-blown AIDS cases among males of this age group, as opposed to three AIDS cases among females of the same group. Although the rates for both sexes are surprisingly low, it seems probable that women are more likely to go undiagnosed than men. Likewise, many older women are probably too embarrassed to come forward and seek help. At the time of our meeting, Akemi told me that her doctor had put her in touch with another middle-aged woman who had been diagnosed with HIV. This woman’s husband had also died of “cancer” some time ago; the woman lived with the fear that her children, now grown, would find out about her condition. She was grateful to Akemi for listening to her worries, although she refused to meet with her in person. When I asked Akemi about this same woman one year later, she reported that her mindset had not changed a bit: “She’s an old [old-fashioned] person and she won’t change now. Nothing can be done about people like that,” she said with a good deal of frustration in her voice.

The next time I met Akemi she told me about a series of interviews she had done with a local reporter in which she attempted to relate the mundane aspects of her day-to-day life. While we were talking, the telephone rang and she learned that the series would not appear on local television after all.

SUMMARY

As AIDS in Japan has gone from a “foreign disease” to a domestic issue, the media has zeroed in on progressively younger women as vectors of disease. However, the uproar over kogyaaru and the fixation on the yamamba as the most outrageous example of her ilk are only a recent manifestation of pervasive anxieties about gender, sexuality, and the state of the nation in turn-of-the-century Japan. In this sense, AIDS is truly a “disease that speaks of the times” (Tatsukawa 1987). Female high school students embodied Japan’s worst fears in the late 1990s for a host of reasons. In a society despondent over a flailing economy, rising unemployment, a rapidly aging populace, and a dwindling social safety net, wayward youth were held up as metaphors for all that was plaguing Japan.
Themselves the targets of aggressive advertising campaigns, schoolgirls were packaged and presented to the public as objects of popular consumption. Yet this was hardly a unilateral process. More often than not, the girls were complicit in their own objectification and desired nothing more than to shock the adults with whom they came into contact.

The media images and narratives presented here reveal the ways in which popular representations of AIDS contribute to the "social and moral construction of risk" (Smith 2003) and blame, while the individual narratives draw attention back to the everyday struggles faced by HIV-positive women. Some women, like Hayashi Ruri and Kitayama Shoko, actively critique media accounts that distort their words and their lives. Other women, like Tanaka Chikako, seek normalcy in the routines of a "professional housewife's" (sengyō shufu) existence. Still others, like Kawashita Akemi, attempt to tell their stories, only to find their voices stifled. While these women continue to receive support and acceptance from friends, family, doctors, and NGO volunteers, their stories are drowned out by larger stories that speak of the body politic and national concerns over generational divides, demographic shifts, and gender relations in times of rapid social change.

NOTES

1. This data is publicly accessible via the AIDS Prevention Information Network, which is maintained by the Japanese Foundation for AIDS Prevention, and can be found at: http://api-net.jfap.or.jp/mhw/survey/0601/coment.pdf, accessed on February 2, 2006.

2. Hence, epidemiological charts include the following caveat: "Includes transfusion-related infections and cases where multiple routes of infection are posited."

3. During the fourth quarter of 2006, foreign cases of HIV/AIDS made up a scant 9 percent of new cases, and in 274 of 320 newly reported cases, the virus was reportedly contracted "within Japan."

4. This data is available at: http://api-net.jfap.or.jp/htmls/frameset-03-02.html. This figure includes all patients, regardless of mode of infection. A full 75 percent of Japanese women who contracted HIV through heterosexual contact between 1985 and 1999 stated that they had contracted the virus within Japan. During the same period, 64 percent of men who contracted the virus through heterosexual contact, and 85 percent of men who contracted the virus through homosexual contact, stated that they had contracted it within Japan.

5. By the end of 1999, a full 976 out of 1,298 HIV cases (75 percent) involving women involved foreign women. By way of contrast, 92 out of 136 AIDS cases (40 percent) involving women involved Japanese women.
6. Supporting this hypothesis is the fact that foreign men have outnumbered foreign women with AIDS for every year since AIDS surveillance began in 1985, whereas the opposite was true of HIV from 1990 to 2000.

7. According to Coleman (1983:6), who has written a definitive study on contraception in postwar Japan, most of the women who have abortions are married women between the ages of 25 and 35. This claim is based on data from 1976, and the number of abortions performed on unmarried women may be rising. However, those received by unmarried women are still more likely to go unreported.

8. The vast majority of people who tested positive for HIV in the 1991, 1992, and 1993 were either from Japan or from southeast Asia. Yet, the statistical visibility of foreign women contrasts sharply with their social invisibility. At shelters such as HELP, Salaa, and Mizura, all formed to help foreign women escape from abusive employers and/or spouses, I learned that these women are usually deported soon after being diagnosed with HIV. Although this claim requires further investigation, there is not enough space for such an investigation in this article.

9. This represented 5.9 percent of HIV cases among Japanese women up to that time.

10. While Dr. Akaeda has been hailed as an altruist in some circles, he remains a rather controversial figure. When I heard him speak at an AIDS organization in Yokohama in 2000, he described the *ganguro* girls with whom he had come into contact as “dirty” (*kitanai*), “unsanitary” (*fuketsu*) figures. In this way, he inadvertently reaffirmed the link between women, impurity, and danger that feeds HIV stigma in Japan. Furthermore, he has been roundly criticized by many AIDS activists and medical experts for failing to provide adequate privacy or counseling at the time of testing.

Both Sievers (1983) and Hane (1988) write about the “first wave” of Meiji-era feminists who challenged the restrictions placed on them, speaking out on women’s issues in their public lectures, in newspapers, and in literary journals, upon pain of persecution and even death.

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12. In the blockbuster film, *Philadelphia* (1993), an affluent white lawyer fights job discrimination. The 1985 independent film, *Buddies*, addressed generational and class divides within the gay male community. *Parting Glances* (1986) examined the impact of AIDS on Manhattan society, and *Longtime Companion* (1990) dealt with the lived experience of AIDS among a group of affluent white men. This is not to say that all representations of AIDS bolster dominant norms and agendas. In particular, a number of activists have begun to use film in creative ways to address conflicts and divisions among HIV patients in the United States and elsewhere. However, more mainstream efforts to address AIDS have been marked by a reluctance to consider potentially divisive issues such as race, class, or gender; sexuality, if addressed at all, is broached in a cautious and tentative manner.

13. For more on the racial politics driving the popularity of Ieda’s novels, see Kelsky (2001). For more on the connection between Japanese tourists, Hawaii, and HIV, see Cullinane (1996).
14. At the time, Gina had lost custody of her 9-year-old son and moved in with another AIDS patient, and this residence was the object of fear and curiosity in the neighborhood. Ieda writes candidly about Gina’s drug and alcohol abuse and reports that Gina’s friend, Stella, murdered her daughter because she could no longer bear to take care of a child with AIDS.

15. In 1985, the Japanese media reported that up to 40 percent of all hemophiliacs had been infected via imported blood products, and that several had already died of their illnesses. However, the hemophiliac story has shifted in and out of focus with each new development. For instance, when news of Japan’s first homosexual AIDS patient, a Japanese male visiting Japan from his home in the United States, emerged a few days later, the media referred to him as Japan’s “first AIDS patient.” The issues surrounding hemophiliac AIDS and hemophiliacs’ struggle for both compensation and anonymity are complex and have been addressed elsewhere (Cullinane 2005).

16. Rather than using the more explicit phrase “watashi wa HIV ni kansenshite iru” (“to be infected with HIV”), it is common for PWAs to use the phrase, “watashi wa HIV desu.” The use of the copula “desu” in this manner blurs the line between “having” and “being” and indexes the way in which HIV becomes a part of one’s identity.

17. At times, their predictions are even more dire, as in the repeated assertion that, unless things improve, there will be only one person left in Japan in the year 3500.

18. In fact, the popularity of girls’ goods and girls’ manga, many of them featuring idealized accounts of love between young boys, has sparked acrimonious debate over the deleterious (and emasculating) effects of this culture on teenage boys.

19. In a survey of 673 men living within 40 kilometers of Tokyo conducted by the Asian Women’s Peace Foundation, 78.3 percent of respondents blamed girls for enjo kōsai, while only 54.7 percent blamed the men (Sankei Shimbun, June 20, 2000: 24).

20. Official figures seem to indicate that youth prostitution is on the decline. National Police Agency statistics, for example, indicate that 4,510 girls were arrested for “sexual deviance” in 1998. This number was down from 7,939 in 1986 and from 9,402 in 1985. However, the number of girls saying they sold sex because they “wanted money” has increased steadily during the same period. In 1998, a full 42.7 percent responded in this manner. The second-most common reason cited was “curiosity,” at 31.3 percent. To the public’s dismay, only 3.5 percent of the girls stated that they had been forced to engage in such behavior (Japan National Police Agency 1999). On a related note, the Hamagin Sogo Research Institute, a think-tank attached to Yokohama Bank, estimated the enjo kōsai market to be worth 56.9 billion yen (Mainichi Shimbun, evening edition, May 31, 2001: 12).

21. In a 1996 survey by the Tokyo municipal government, 4 percent of high school girls and 3.8 percent of junior high school girls made the same claim (ibid).

22. Unfortunately, they only sent their survey to men. One wishes they had asked women the same question.

23. As Nobue Suzuki (2003) argues, Filipina women married to Japanese men—a group often associated with sex work and with AIDS—also resist the category of “victim” by “acting up” in various ways, such as leaving their husbands, having affairs, and starting their own businesses.
24. In this sense, the domestication of AIDS depends, in some measure, upon the exile of foreign women from Japan. In fact, it is not clear whether HIV-positive women from foreign countries leave Japan willingly. I visited the organization, AYUS, and the shelters, HELP, Saalaa, and Mizura, which were founded to help women escape from abusive employers, husbands, and/or boyfriends, and I encountered the same story at each. They had indeed come across foreign women with HIV but they had helped to repatriate those women rather than helping them get treatment in Japan. Although foreign women who marry Japanese men should in theory be able to access treatment through their Japanese husbands, those who are single, divorced, or abandoned are left with little choice but to return to their home countries. Given the expenses associated with antiretroviral treatment, it is virtually impossible for most of these women to receive treatment after leaving Japan. Within Japan, Sawada et al. (1999) found that uninsured patients were healthier at the time of diagnosis than uninsured patients; migrants of Japanese descent, who hail from Latin America and have access to the healthcare system, despite structural, linguistic and cultural barriers to care, had higher immune functioning than migrants from other areas of the world, in turn.

25. This is an extremely unpopular choice in Japan. According to the 2000 census of Japan, there were 625,904 *boshi setai,* or households headed by women. Of this number, which represents only 1.3 percent of all households in Japan, a mere 38,277, or 0.08 percent of all households were headed by single women who had never married; the rest were headed by divorcées or widows. This data is available at:  http://www.stat.go.jp/data/kokusei/2000/kihon3/00/hyodai.htm. Accessed on January 12, 2004.

26. This can take months to determine, as a newborn infant carries its mother’s antibodies.

27. On November 29, 2003 the Asahi newspaper reported that a private day-care center in Beppu City had denied entry to a child whose mother was HIV-positive in the previous year and had forced the child to transfer to a public facility.


29. The Japanese government established a “base hospital” system in the wake of the trials brought by hemophiliacs against the Ministry of Health and the pharmaceutical companies who sold them tainted blood products. After these trials ended in 1996, certain hospitals were encouraged to treat HIV patients in exchange for government funding. These are the only hospitals required to care for HIV patients.

30. Data available at: http://api-net.jfap.or.jp/mhw/survey/0601/kensu.pdf. By way of comparison, the prevalence rate for HIV among first-time donors of whole blood to the Red Cross, which collects half of all of the blood donations in the United States, was 9.7 per 100,000 in 2001 (Dodd, Notari, and Stramer 2002).


32. As Merry White points out in her work on the “material child,” youthful pursuits require money. New fashions are fostered and perpetuated by a voracious
culture industry telling prospective girls where to shop and what to wear (White 1993).

33. Although surveys continue to find that *enjo kōsai* is rare, the media has consistently exaggerated the extent of the phenomenon. In 1998, the left-leaning magazine *Takarujima Bessatsu* (1998) devoted an entire issue to the *kogyaru* phenomenon. In it, a writer for a certain women’s magazine described some of the girls he had met on assignment. First, there is “Yuki,” who began working as a “look-out” for some of her older friends while in middle school, but had never traded sex for money herself. After a year, she found a boyfriend via a dating club and had been forced to surrender her cell phone because of the enormous phone bills she ran up from this long-distance relationship. Then there is the case of 18-year-old “Fuyumi,” who gets addicted to *enjo kōsai* and then to amphetamines in turn. Accustomed to making from between 30,000–80,000 yen per hour, she has finally attained all of the brand name items she could ever desire. As the article ends, we learn that she has given up on junior college in favor of working at a “cabaret” (a strip club) because it is the only way she can continue to support her extravagant lifestyle.

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