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The Contained Threat: Women in Mainstream AIDS Documentary

ALEXANDRA JUHASZ, M.A.

New York University

In 1986-87, when it could be no longer denied that women, and therefore, heterosexual men, were at risk for AIDS, the makers of mainstream media faced a difficult dilemma. How could they resolve their urge to represent women in the way patriarchy knows best, as culpable vector for the spread of disease, while at the same time perpetuating the myth that the middle-class, white male spectator need not worry about becoming infected? In the AIDS documentaries of this time, women were depicted as *contained* threats: an oxymoronic representation that allowed them to register simultaneously as iconographic site of danger and as easily controlled subject. In this analysis of four mainstream media documentaries which were made to address the issue of heterosexual transmission, I discuss how women's sexuality is contained and controlled through representation. Furthermore, I examine whether the attempt to construct control over anxiety about AIDS is in any way similar to other social controls over women.

KEY WORDS: feminism, sexuality, media, AIDS, representation, women

The female population is, of course, a subject of anxious attention to (presumably) heterosexual journalists, since it is from this direction that they evidently think themselves to be at increasing risk [for AIDS]. . . ." (Watney, 1987, p. 33)

I am curious about the anxiety of heterosexual journalists over the female population. How does their nervousness and caginess, ambivalence and anger, seep into the images of women created in AIDS reportage? How is their anxiety resolved through representation? Is the attempt to construct control over their anxiety about AIDS in any way similar to other social controls over women?

In an era of conservative retrenchment, such questions are not merely aesthetic or academic. I am interested in the media's anxiety about AIDS and the female population because to understand how this is reconciled on the TV screen is to begin to understand the methods of attempted control over women's sexuality in late-eighties America in general. For, AIDS has become just one more "moral" imperative con-

tributing to the prevailing conservative climate of late-eighties America: where control of women, through their sexuality, is not only acceptable, but necessary. Mainstream AIDS media is just one more outlet for this discourse about discipline, but importantly, to understand the construction of this control is to begin to challenge it.

The body of the woman, so ruthlessly and readily regulated by most image makers, instead presents the mainstream media with a difficult dilemma in its documentary coverage of the AIDS crisis. In 1986 and 1987, with the release of scientific studies establishing that the AIDS virus could be transmitted heterosexually, and documenting the history of cases involving women (Guinan & Hardy, 1987), the media was forced to accept the existence of the female AIDS patient. Before this, when the reported cases of AIDS were predominantly from the "classic 4-H 'risk groups'—homosexuals, heroin addicts, hemophiliacs, and Haitians" (Treichler, 1988a, p. 198), women were perceived to be virtually untouched by AIDS, and so they were left untouched by the news camera (Treichler, 1988a). But suddenly, AIDS was not just a disease of gay men.

This altered AIDS' representation because the mainstream media yet again claimed the bodies of women upon which to transfer much of the blame for physical and psychic contamination. Here was an image with the historical familiarity of patriarchy: Typhoid Mary, the female syphilitic, Eve. On the other hand, the mainstream media was as ever, desperately trying to convince its fabricated general public—the consumers of television who must never be so angered or alienated that they turn off the tube—that they were not at risk for the disease. For, until this time, the media had conveniently presented AIDS as a crisis affecting only the most marginal and inconsequential populations—no one "normal" needed to worry. Acknowledging that women were at risk also meant that the female became the first potential "bridge" to the heterosexual male, the most defiantly normal non-risk-group on the block. How did the makers of mainstream media resolve their urge to represent women in the way patriarchy knows best, as culpable vector for the spread of the disease, while at the same time perpetuating the myth that the middle-class, white male spectator need not worry about becoming infected?

In 1986 and 1987, the mainstream media responded to this dilemma with several AIDS documentaries (as well as books and magazine articles) geared specifically for the heterosexual "general public," and ostensibly produced to explain to them their potential risk. I will analyze the representation of women's sexuality in four such produc-

tions: "Life, Death and AIDS," a Special News Report produced by NBC; "AIDS Hits Home," a CBS Special; "Donahue: AIDS Ward," again for NBC; and "AIDS: Changing the Rules," an independently produced documentary by AIDS Films, aired on PBS.¹ I have chosen these productions because their shared goal—to inform the "general public" about possible heterosexual concern about AIDS—means that these programs, unlike the majority of programming which focuses upon gay men, devotes time and energy to the representation of women. I identified these four programs in the video archives of the Gay Men's Health Crisis (GMHC), as those in their collection that focused upon heterosexual transmission. GMHC has a comprehensive collection of alternative AIDS media, and a more piecemeal gathering of mainstream AIDS programming which is taped off the air by a staff member when a program seems of particular interest. Therefore, my analysis in no way attempts to be a systematic review of every program produced over these two years, for even if I had wanted to do so, an unfortunate limitation for anyone who studies media is the lack of comprehensive collections of programming. Although these four shows are probably representative of most of the programming covering this issue at the time, my purpose remains specific in its scope: a close analysis of four AIDS documentaries, focusing upon the representation of women's sexuality, how this is worked formally, and what understanding of women is created through such representation. Not surprisingly, the programs I analyzed share a similar outlook and response: real (and legitimate) fear about the changing demographics of AIDS infection, as well as much less legitimate methods to curtail this fear. How did the media continue to feel safe while representing the new threat posed to (by) women?

In the AIDS documentaries of 1986 and 1987, women were depicted as *contained* threats: an oxymoronic representation that allowed them to register simultaneously as iconographic site of danger and as easily controlled subject. It is my contention, however, that it is not merely in AIDS media where an anxiety about women's bodies is being resolved through such strategies of containment. For, it seems the *threat* that women currently pose is not just viral transmission, but the very gains of the women's liberation movement: economic,

¹"AIDS: Changing the Rules," was produced by an independent production company, AIDS Films, and aired on PBS on September 30, 1987. "AIDS Hits Home: A CBS News Special," was produced by CBS News, and aired on October 22, 1986. "Donahue: AIDS Ward," was produced by NBC and aired in November of 1986. "Life, Death and AIDS: An NBC News Special," was produced by NBC News and aired on January 21, 1986.

political, and sexual independence. The *containment* proposed by AIDS documentary, the Supreme Court Justices and Jesse Helms alike, is a quick return to the constraints before women's liberation: monogamy, marriage, children.

How is this representation of woman as contained sexual threat set into place in the AIDS documentary? Gilman explains that boundaries are drawn between different "types" of women: "A new group has now been labeled as the source of the disease: women, but not all women, only those considered to be outside the limits of social respectability. Even while acknowledging heterosexual transmission, the attempt is made to maintain clear and definite boundaries so as to limit the public's anxiety about their own potential risk" (1988, p. 107). In these documentaries, the distinctions between safe and dangerous women were, not surprisingly, drawn along lines of sexuality and concomitant categories of race, class, and age. In the four documentaries, I have identified six distinct types of sexual women: the middle-class yuppie single, the un-married procreating low-income woman of color, the teenager forced to say no, the procreating white wife, the promiscuous prostitute (and tossed into this category the African/Haitian woman as well, because of her assumed promiscuity), and lastly, the unseen, so un-sexed lesbian. Separating women into these six clear categories of blame-for-their-risk was the first order of business. Once labeled and identified by sexual practice, the mainstream media used various representational strategies to perform the more complicated feat of containing and controlling each category of woman by denying or limiting the very "type" of sexuality which had previously identified her.

How was this done? An excellent example occurs during the segment called "The New Rules" in "Changing the Rules." This segment is devoted to safer sex education for straight women, but another "new rule" is laid in place as well: how the single woman, by cultural definition a woman looking for sex, can at once be defined as such, only then to have her sexual activity controlled. Beverly Johnson, that kind of beautiful, tall, thin, black media celebrity of unclear fame, narrates the segment. To the film's credit, she precedes her lesson by explaining that not only are women at risk, but that women of color are at disproportionately higher risk than white women. However, this savvy, politicized talk becomes part of a more devastating set-up to come: the set-up where Beverly Johnson, a straight-talking, sexually-free young woman becomes unwittingly the voice and image of a new kind of eighties sexual conservatism.

Johnson begins by telling us that abstinence is the safest sex of all. However, her pre-scripted narration is hip enough to know that the eighties gal is not going to just say no. Instead, Johnson suggests "Rule #1," which is to use a condom, every time, because "there's AIDS virus in vaginal secretions and semen. You know," pause, pause, pause, "cum." Here we begin to see how the all-new de-sexed single woman is created by the TV documentary. We have a beautiful, young, intelligent, articulate, polished, and even political, black woman talking freely about sex in a tight and still medium-shot. She looks directly into the camera and talks about pre-marital sex and vaginal secretion as only a "sexually liberated" woman could. So, why then the pause, pause, pause before the word cum? Why wasn't there a re-take so that this sentence would flow as evenly and flawlessly as the rest of her lines? Because the image is a complicated one: she will have sex, it's the eighties after all, but she must also remain symbolically pure. She doesn't speak sexual slang easily in public: she has her limits. She can have sex, but only the right kind. Gayle Rubin delineates the social system of sexual accreditation to which Johnson conforms:

Modern Western societies appraise sex acts according to a hierarchical system of sexual value. Marital, reproductive heterosexuals are alone at the top of the erotic pyramid. Clamoring below are unmarried monogamous heterosexuals in couples, followed by most other heterosexuals. Solitary sex floats ambiguously. . . . Stable, long-term lesbian and gay male couples are verging on respectability, but bar dykes and promiscuous gay men are hovering just above the groups at the bottom of the pyramid. (1984, p. 279)

Johnson casts herself among the ranks at pyramid's top: neither abstaining nor admitting anything weird in public. The power of the close framing and pseudo-spontaneous monologue format is what makes the point: we are intimately aware of the subtleties of her narration; we are intimately assured that it is only natural for a young woman to be embarrassed over the word "cum." And the best is yet to come.

She has finished lesson one about condom use for both vaginal and anal intercourse, and then, there's this enormous pause. The camera rolls, but she stops and takes a big breath. She's upset. Finally, she spits it out: "Oral sex . . ." Then, she makes one big, long swallow—lips, mouth, neck—clearing her throat. "When a woman goes down on a man, the man must wear a condom every time." What's this all about? The assumption that oral sex is something that is exclusively performed on a man, and Freudian *convergence* aside (he said Dora's

throat irritation was an hysterical symptom which translated psychical excitation about the fantasy of a penis in her mouth into physical terms), Johnson has been directed to be a little prissy about "cum," and physically uncomfortable about talking about those things even more private, like oral sex. Why? So that the film, like eighties America, can create for the single woman the impression of sexual freedom, while re-assigning an archaic system of do's and don'ts to purify and make small the reaches of her freedom. Oral sex gets Johnson no closer to the conjugal, child-producing bed. No wonder her throat hurts.

The logical extension of this limited sexual behavior for the liberated young woman is articulated in the book *The Real Truth About Women and AIDS*, written by sex therapist Helen Singer Kaplan in 1987.² Like "Changing the Rules," Kaplan addresses single, straight women—that liberated gang who just will have sex before marriage. Her advice is to find a good catch, take the ELISA test, neck, take the test again, neck some more, and then have as much sex as you want. This marriage without the ceremony is similar to Johnson's "oral sex" preceded by a swallow: a silent call for women to return to normal (read monogamous) sexual behavior couched behind an image of sexual liberalness. Treichler warns: "Meanwhile on the home front monogamy is coming into its own, along with abstention, the safest sex of all. The virus in itself—by whatever name—has come to represent the moment of truth for the sexual revolution . . ." (1988b, p. 67).

An important rebuttal against the AIDS-requires-monogamy camp is that safer sex has no necessary connection to numbers (Crimp, 1988). Effective use of barriers does not hinge upon quantity of partners or limitation of sexual activity, but rather upon the use of a condom or dental dam when appropriate (Patton, 1985). Therefore, what is being suggested for single, straight women has nothing to do with safety. Rather, the advice that monogamy (not barriers) should be the single's response to AIDS, manipulates real fears to falsely legitimize the dismantling of what sexual liberation tries to encourage: the "separation of sexual pleasure from reproduction, marriage, and traditional family life in our society" (Ginsburg, 1984, p. 174).

Of course, the re-inscription of the monogamous, if not the married and procreative bed, is not just the agenda of mainstream AIDS education. The New Right's vehement battle for the reinstatement of "The Family" was underway long before AIDS fueled the debate.

However, AIDS became the rhetorical lynch-pin for the Right by providing a whole new vocabulary under which science, the threat of disease, and sexuality could be linked. AIDS, in all its scientific glory, gave words for a hysterical conjoining of germ, desire, gender, color, and sexual preference. These words then legitimate a line of thinking which uses AIDS as proof that sexual and other liberations have proved themselves dangerous and flawed. Just look around and see who is sick: gay people, poor people, black people, Haitians, Hispanics, women.

One purpose of this paper is to analyze how the mainstream media, through the representation of women's bodies, has fueled and contributed to this recent undermining of women's sexuality. It is my contention (as well as that of a large school of media and cultural critics who practice what is known as "ideological analysis") that it is difficult to separate the legislative controls of the state, or the dogmatism of the church, from the ideological controls of the television. In other words, the manifestations of culture in a society, be they television, literature, or advertisement, not only reflect, but also serve to create the political/ideological environment of that culture. For the most part, ideological analysis, based in Marxist theories of culture, understands that "the cultural artifacts produced within a given mode of production are seen as reflecting the interests of the dominant class" (White, 1987, p. 137). While there is room in this analysis for oppositional practice, ideological analysis is interested in finding the subtle but strong connections between the dominant control of the market, government, church or school and the often "privately" controlled arenas of culture like the media. Stuart Hall elaborates how those in political and economic power also have access to the control of culture:

The elites are in a powerful position to win assent (a) because they play a dominant role in crystallizing issues, (b) because they provide the material and information which support their preferred interpretations, and (c) because they can rely on the disorganized state of public knowledge and feeling to provide, by inertia, a sort of tacit agreement to let the existing state of affairs continue. We are thus in the highly paradoxical situation whereby the elites in power constantly *invoke*, as a legitimation for their actions, a consensus which they themselves have powerfully prestructured. (1987, p. 363)

An example of Hall's argument occurs in AIDS documentaries when restrictive, hysterical images of sexuality are presented as if they are natural, rather than highly constructed. In the segment of "Changing The Rules" called "Casual Contact," a most extreme message is given to the show's singles audience. For what is imaged here is not low-risk

²Kaplan, Helen Singer. (1987). *The real truth about women and AIDS: How to eliminate the fear of AIDS and live and love*. New York: Simon and Schuster.

three people eating Chinese take-out, a scientist looking at slides, a couple in a cool convertible drinking imported water. This is the soft sell—say no to sex, chum around instead. The hard sell is pictured in “AIDS Hits Home” in the rooms of an aerobics salon/singles gym. The image is taut, spandexed women bouncing. The narrator says: “AIDS is what homosexuals got. But a scary reality is starting to hit home, that the AIDS virus is out there and its not just gays who are catching it.” A neat sound cut is made so that the voice of the aerobics instructor, dancing and shaking previously to the ominous threat of the narrator’s voice chimes in “Here we go” to the backbeat of her aerobics tape. Here we go into the world of sex and AIDS. Sexuality is to be transferred, displaced and sweated out. Straight singles may lightly press flesh while exchanging exercise bikes or may rub against each other while spotting for squats, but the real thing will kill you. A Barbie-doll blonde tells a reporter after her workout that she doesn’t date any more: “It’s like Russian roulette, one mistake and you die.”

Control over women is waged as forcefully with such images as it is through attempts to impose restrictive reproductive rights policies. In both instances, the message to women is the same: normal women don’t want to experiment; they want to get married because they want to be safe. It comes as no surprise that the suggested safety-source of “AIDS Hits Home”—the family—is also the savior proposed by the New Right and the Supreme Court. And it is not so coincidental that this self-same “family,” the intended viewer of the TV sitcom and docu-drama, the “general public” to whom Reagan made his charismatic speeches, the crowd to whom Barbara Bush proudly presents her dogs and grandchildren, is the same audience being informed that they are not at risk for AIDS. Watney (1987) argues that the eighties have found the family to be the most powerful site for political, economic, and moral appeals:

Moving between the spheres of domesticity, work and leisure, the press is no longer tied directly to political parties, and makes its primary appeal to “the family,” seen both as the central site of *economic* consumption, in the form of clothes, cosmetics, furniture, holidays and so on, as well as a primarily *moral* entity, since it also occupies the space of sexuality and child-raising. (p. 82).

What continues to be most astonishing about the successful work of both the mainstream media and New Right is that most people are not, and will never be, the person being sold to. “Given that most people do not in fact live in households which conform to received images of family life, this involves a considerable degree of fantasy on the part of journalists and readers alike” (Watney, 1987, p. 82). Attempting

explanation of this mass fantasy is not the intention of this paper; understanding how AIDS was packaged in its wake is. For one devastating affect of the media’s constant address to what media critic Todd Gitlin (1987) calls a “middle-of-the-road” spectator—“audiences that cut across class, race and ideological lines” (p. 243)—is that most individuals never see their particular issues and images represented. In AIDS media this is not merely a limiting, but a life-threatening situation, because risk-reduction is the only protection against the spread of AIDS, and risk-reduction education has been proven to be most effective when it is culturally specific (Worth, 1989).

For example, left unpictured in the media’s representation of AIDS and the single woman’s sexuality are images of low-income females of color (Beverly Johnson, though black, is rich and famous). The unmarried woman of color, unlike her white counterpart, is always depicted as a mother of children, establishing and confirming her historically assumed insatiability, irresponsibility, and uncontrollability. When the woman of color is represented in AIDS documentaries, it is always as un-wed mother whose children register her lack of sexual control. This, of course, comes out of a long history of misinformed sexist, racist, classist and culturally insensitive notions of the sexuality of women (and men) of color. Historian Elizabeth Fee notes in her discussion about the battle against venereal diseases: “Blacks were popularly perceived as highly sexual, uninhibited, and promiscuous, . . . white doctors saw blacks as ‘diseased, debilitated and debauched,’ the victims of their own uncontrolled or uncontrollable sexual instincts and impulses” (1988, p. 127).

Whereas the culturally dominant, and therefore familiar, single white woman is contained through representation, the low-income, single and childless woman of color is controlled through absence. The low-income woman of color hoping to negotiate both safer and non-procreative sex sees no model of herself in mainstream AIDS documentary. This negligence is especially disturbing on two counts beyond its inherent racism: (1) black and Hispanic women are disproportionately affected by this disease and need appropriate risk-reduction information and education targeted towards them (Worth, 1989); and (2) the specific cultural and religious significance of sexuality, gender-roles and birth control in various ethnic and racial communities makes the issues surrounding safer sex that much more complicated, requiring open and frank confrontation, not avoidance (Worth, 1989).

Like low-income single women of color, teenagers of all colors are dangerously denied imaging in mainstream documentary. And, like

women of color, teenagers are believed to be uncontrollable by our society. Instead of tackling an uncontrollable woman, the mainstream media's AIDS documentaries ignore this highly threatened population of women (teenage girls are actively experimenting with both sex and drugs, and are even less prepared than older women to break societally inscribed sex roles to take control of their safety) (Wallace, 1988). Teenage sexuality is left unaddressed in the programs I analyzed. The mainstream media, like the New Right, seems to insist that by avoiding the discussion (and education) of the "sexually deviant" these social "problems" will go away. This attitude prevails in the education of teenagers. In public schools AIDS educators are legally prohibited from condoning (discussing) homosexuality, and are subtly coerced to refrain from promoting condom use, as this is perceived to condone intercourse (Brandt, 1988).

The invisibility of teenage sexuality not only insures the absence of realistic education for teenagers, but perpetuates misinformation about teenagers as well (thus insuring inadequate response by adults). For, as is true with the non-imaging of lesbians and certain women of color, the non-imaging of young women's sexuality also works to maintain the all too fertile imaginings and myths about the sexuality of these women. Most of these fantasies would be dismantled if anyone took the time to train a camera upon these women and find out about their sexual behavior.

In the few programs made specifically for teenagers, a moratorium is placed upon their sexuality; they are not afforded even the token freedoms allowed other single women. For example, the videotape "Sex, Drugs and AIDS," made by O.D.N. Productions specifically for distribution to teenagers in the New York public schools, was prohibited distribution until a controversial sequence was altered to condone abstinence over condom use (Wallace, 1988). Instead of educating young women about negotiating safer sex, the state and television offer "saying no" in a scare campaign aimed at teenagers complete with threats of babies, herpes, AIDS, and death. A disturbing poster campaign in the New York subways shows a darkly lit, near rape-like image of a boy cornering a girl in a misty-alley. The print reads: "AIDS. If you think you can't get it you're dead wrong." Crimp argues that this collapsing of sex, death and AIDS occurs semantically in the ambiguous use of the word "it" in the title of a television ad campaign targeting teenagers produced by the New York City Health Department: "AIDS: Don't get it" (1988, p. 268). He continues:

AIDS will not be prevented by psychic danger to teenagers caused by ads on TV. It will only be stopped by respecting and celebrating their pleasure in sex and by telling them exactly what they need to know in order to maintain that pleasure (1988, p. 268).

If young women don't say no as they are instructed, they will be punished with disease, child, or other social penalty. Sidestepping education, erasing the existence of teenage sexuality until it is "too late," and then offering punishment instead, is somehow becoming an accepted method to combat the national crises involving teenage sexuality: unwanted teenage pregnancies and sexually transmitted disease. New legislation (like the case slated for the Supreme Court which will decide if teenagers can continue to obtain abortions without parental consent), and AIDS documentaries, not so subtly scare, cajole and attempt to force young single women to "choose" abstinence until procreation and marriage, the "normal" sexual options, are their intention. Explains Surgeon General Koop, seated in front of a class of eager students in a video for teenagers called "Don't Forget Sherrie," made by The American Red Cross: "People get AIDS by doing things that most people do not do, and do not approve of other people doing. Now what am I talking about?" It's quite clear.

Another "type" of sexual woman in AIDS documentaries is the female who has sex that results in procreation. Women who have children are as de-sexed as their infantless sisters by the act of mainstream representation. There are two kinds of mothers depicted in such productions: the minority, poor and guilty, single mother of sick babies, and the white middle-class married mother of innocent victims. How is women's sexuality regulated through the depictions of these two motherly scenarios? In "Life, Death and AIDS," the two different types of mothers are given representational strategies that are polar opposites. We are exposed to the first kind of mother at the tail end of the segment of the show devoted to drug addicts. Two highly stylized images are all she gets: a close shot of two infant black baby girls dressed-up in light blue, one holding a rattle the other with a bottle; and the image of a young Latino boy, alone in a hospital bed. The voice of a correspondent accompanies these images: "Almost all of the hundreds of children born with AIDS are *victims* of drug users: either drug addicted mothers, or mothers who got the virus from an IV-infected husband or lover" (emphasis mine).

What is to be seen here? Certainly not victimizing mothers of color, those uncontrollable baby vessels. For this woman is erased in the public image immediately after the act of unprotected heterosexual intercourse. Instead, her metonymic representation comes as naturally

as does the Right Wing agenda which places the rights of the conceived above those of the woman who conceives. Since it was established that mothers had a real risk of passing the virus in utero to children (Pinching & Jeffries, 1985), images of sick but pretty babies have become the overplayed symbol of this manner of AIDS transmission. Jan Zita Grover wonders "what does it mean throughout the period 1985-1989 that the number of children with AIDS (1% of the total U.S. AIDS cases) received more media attention than the 61% of the diagnosed cases among gay men?" (1988, p. 10). Such pictures of helpless children have been overplayed by the media because they depict the PWA (Person With AIDS) unblamable—untainted by sex, drugs, and at this young age, even rock and roll—they've done nothing to bring on their predicament.

The lost and hidden mothers inferred by images of sad children cannot be shown, it seems, because their crime is too horrible: "victimizing" their own offspring through the selfish act of procreation. Unlike other women, females who are HIV positive or who have AIDS are not supposed to procreate. The "innocent" image of a sick child establishes the guilt of the unseen and displaced mother. In a society that does not condone abortion, especially for poor women who can not afford it, these images suggest only two options: poor women of color must not, can not and will not procreate, they must abstain; or they must agree to accept the solution that most states can legally fund—sterilization. The long history of sterilization abuse against women of color makes this horrific option a real and important focus for concern (AIDS Discrimination Unit of The New York City Commission on Human Rights, 1987).

Infrequently, the low-income minority Mom makes it onto the prime time screen. In "Donahue: AIDS Ward," we catch our host's white-haired, too-recognizable mug, as he enters a room in the ward, armed with his technically unnecessary but institutionally required microphone (such interviews are amply recorded by powerful microphones off-screen) which he sticks into the face of a scared looking Hispanic woman on a bed. A hand held camera follows him, catching his entrance with bumpy integrity, and finally coming to rest upon the woman: "Hi, Martha. I'm Phil Donahue. How are you? I guess it's okay if I sit on your bed." He's on it already, nice and close. We've been prepped in hushed tones in the hallway before coming in that "Martha is a Hispanic I.V. drug user with two kids." This informs how we, through the unobtrusive-camera-in-her-face, and Donahue, through his sensitive-but-smart-glasses and symbolic-and-

about two things only: her drug use and her children. What else could there be to know about her? ("You probably got it from the bad needle," he wheedles. "How did you explain this to your kids?" he leers).

After more of this than Martha can take, she breaks down: the camera relentlessly holds on to the tear-streaked face of Donahue's making, the microphone the only indication of his presence in the shot. His voice enters the frame: "Martha, I'm sorry. We have to leave. There's not really a graceful way to do this (a graceful way to blame a woman for her illness, remind her that she is dying and leaving behind small children, push and prod her into tears?—no, I guess there isn't). . . . You're a courageous mother. And that's the best thing one can say about a woman, isn't it?"

Another reason why the media may deign to include images of a mother along with her baby, besides the drama of blaming her and pushing her to tears, is to capitalize on the high tear-jerker value of a mother and baby presented sick and sad together. For example, in "Changing the Rules" an actress, with a sweet baby on her hip, faces the camera in the stock, tight, well-lit style of that production. The production uses the codes of documentary to make us believe this is a real, spontaneous, on-the-street-like interview, not scripted, acted, and highly conceived. Tears are welling in her eyes and we believe them. "I have AIDS, and my baby has AIDS. Every night I kneel and pray to be strong. I pray my baby won't die." And then she really breaks down, tears pouring, and the camera stays, and stays. Treichler (1988a) explains that the logic behind such an image has effects more far reaching than tears. Caring for the well-being of children over the health of their mothers legitimates public policy of questionable validity, like mandatory HIV testing for pregnant women. Treichler concludes:

But surely we are also concerned about women themselves and need to give thought, in policies and practice, to *them* rather than simply treating them as transparent carriers who house either the future of humanity or small Damians who will assist in furthering viral replication. (p. 215)

In the imaging of procreating women there is a flip-side to the guilty, weeping and missing mother. Non-blame-worthy infection is assigned to a white, married mother in "Life, Death and AIDS." Unlike the women of color who are displaced by images of babies, this kind of Mom is allowed an entirely different representational strategy. First, an introduction by Tom Brokaw, the show's host: "And now, a victim

of chance." Brokaw explains that this *chance* victim is a 24-year-old Indiana woman who received three blood transfusions for a bleeding ulcer in 1982. Other than babies who are cuter, and hemophiliacs who are already cursed with an unfortunate disease, blood transfusion recipients are the most holy of PWAs, again, because their behavior and lifestyle is unconnected to the contraction of the disease. Brokaw concludes his heart-wrenching, melodramatic background information: "She was married a year later, and in the same week in 1984 she learned that she was pregnant on Wednesday and on Friday she was diagnosed with having AIDS." There is a cut. A friendly blond woman looks into the camera and says: "Hi, I'm Amy. I have AIDS." This is a scene from a commercial Amy was in. The next cut is to Amy and her husband, sitting and holding hands live in their home in Indiana. A fire crackles behind them as Brokaw asks them three questions: Is Amy angry? How is AIDS affecting her marriage? How is the child?

My purpose here is not to condemn Amy for being a female PWA spokeswoman. Her work is important and valued. However, what is necessary to contest is that Amy is given respect by the camera and the narrator that is wholly denied the other mothers and PWAs represented in the program. She is allowed not only her own image, but her voice as well. She is given her name. She can tell her story. She is permitted the comfort of her own home, soft chair, and husband's hand for the understandably intimidating interview. Unquestionably, such respect should be the norm for all documentary interviewees, but only Amy, in this hour-long show is so treated.

Why? Brokaw and the camera tell us: she is from Indiana, she is blond, she wears blue eye shadow and cooks meals in her clean, spacious kitchen. She is the PWA acceptable. Not only does she look like a "normal American," she's married—as akin to the fictional heroines of prime time as any PWA could be. And on the sexual hierarchy, Amy is A-O.K. Treatment by the TV camera becomes yet another social incentive for privileged forms of sexuality. For as Amy is given every comfort and respect by the documentary camera (eye-level, steady medium-shot, her own voice, her own home), those less privileged on the sexuality scale are punished with film form just as they are by society.

So, what about the woman who repudiates the confines of procreative sex? How is her documentary image controlled? In "Life, Death and AIDS," prostitutes are represented for one fleeting moment as another visual point to be made during the segment on IV drug users. The camera, in voyeuristic and slightly blurred long shot, scouts

women on the street as they lean over, perching on car windows, to talk to men inside. The voice-over reminds us that "many of the street prostitutes are drug addicts." And that's it. Such imagery, stolen from a safe distance, merely reinscribes prostitutes into society's favorite pictures of them. First, that proximity spells danger: prostitutes are envisioned as "'always dripping,' virtual laboratory cultures for viral replication" (Treichler, 1988a, p. 207). But second, luckily there's a zoom lens, because they're still tantalizing to look at—those hot pants and four-inch heels. The camera, removed but interested, is not interested in offering them the respect and power of self-articulation (an interview, perhaps?).

The show, uninterested in talking to street workers, is perhaps scared to find out that the "unimaginable and outrageous" things it is believed that they do, are imminently more practical. Most street prostitutes, for instance, used condoms long before AIDS was ever a threat, and most street prostitutes perform oral sex, only a minimal risk to the man while being a real risk to the woman unless she takes precautions (Alexander, 1987). Thus, it follows that: "Prostitutes are taken as embodiments of infectiousness less for their actual risks and rates of infection than for their symbolic and historical status" (Grover, 1988, p. 26). All kinds of erroneous deductions are drawn and perpetuated about prostitutes' risk (this meaning, of course, their risk to their straight male clients), when images are offered as index cards of historical misconceptions about who prostitutes are and what prostitutes do.

What we can learn about prostitutes from these images is that America in the eighties has the same agenda about them that it has always had: desiring to control these women, who have always been targets of social control, yet have never been entirely controlled. These images attempt to control prostitutes' sexuality by at once affirming sexuality to be their identifying feature in the seductive, stolen, curious images taken of them, while forbidding them to explain their sexuality by literally unplugging the microphone. The images hold these women captive in poses which confirm their guilt—seducing men, ready to let the germ-flow begin—while keeping in check any education or information about how to curb the spread of germs, from women to men, and as importantly, from men to women. The logical extension in legislation from such images is criminal penalties which punish prostitutes—never their johns—regardless of what kind of sexual activity is being sold, so as to sweep these women off to where they can't be heard (or educated) like jails and other places of quarantine (Hunter, 1988; Buraff Publications, Inc., 1987).

The representation of African and Haitian women can best be understood as another example of the to-be-seen-blamed-and-not-heard system used for the imaging of prostitutes. There is a lot of legitimate worry in America about statistics in Africa because African AIDS demographics, unlike American statistics, show that the disease is virtually 50/50 in its male/female ratio (Gilman, 1988). Americans worry that Africa is a portent for things to come: that here, too, AIDS will eventually become a disease of heterosexuals. But, this legitimate concern is resolved in a typically U.S.-centric way in the AIDS documentaries I analyzed. Three of them ignore international demographics, as if insignificant to Americans, and the fourth, "Life, Death and AIDS," searches for a distinguishing African feature that could explain why heterosexual Africans are having this problem, but why we never will. The feature found is that inherently African character trait we've heard so much about—their enormous, un-American, illicit and abundant sexual behavior. The media has used AIDS as excuse to perpetrate inane and racist descriptions of Africa's sexual behavior (Treichler, 1988a), and "Life, Death and AIDS" proves no exception.

In the show's special sequence on Africa, we see from a low, side angle, in an underlit shot, a woman in a hospital bed, while the commentator says: "In Africa, AIDS is spread not through insects, cuts, rats, or needles, but heterosexuality. . . ." (Can you hear the unspoken word "woman" as you see her image?) The next cut is to a male African doctor who says in English: "A young single woman can't talk about it. Most women are hesitant to discuss their sexual lives. She might be having more partners than she's telling us." The image and the doctor's words confirm that the preceding cut signified blame: it is the previous shot's unidentified "she's" fault. One, she's promiscuous and she's not supposed to be, and two, she lives in a society where she's been taught not to talk about her sexuality, so that she then gets blamed for not talking, even though she is behaving as she's been socialized. The camera, then, like the culture, denies her her voice and image by filming her from a bizarre angle and hygenic distance, while at the same time punishing her for not speaking because the voices of the male narrator and doctor dictate how she is to be known and understood.

Finally, the AIDS documentaries of the mainstream make no mention of women whose sexuality is so alien to the media that it is offered up as non-existent. In the media's pictured world lesbians should not, and therefore do not, lead sexual lives. They are de-sexed through non-imagery. Of course, this denial has real ramifications.

First, the media once again perpetuates the highly prejudiced "risk group" versus "risk behavior" fallacy: i.e., knowing someone is gay or Haitian means that they are at risk, as opposed to knowing what sort of behavior a particular gay person or Haitian participates in so as to determine his or her potential risk. In "Lesbian Safety and AIDS," Lee Chiamonte debunks the "fairy tale" of lesbian non-risk. She says that to believe that lesbians were entirely safe:

I would have to believe we are either sexless or olympically monogamous; that we are not intravenous drug users; that we do not sleep with men; that we do not engage in sexual activities that could prove as dangerous as they are titillating. I would also have to believe that lesbians, unlike straight women, can get seven years' worth of honest answers from their lovers about forgotten past lives. (1988, p. 5)

Furthermore, as in their handling of prostitutes, the media's unwillingness to ask lesbians what their lives (sexual and otherwise) are like, insures that an exotic, unnatural, unimaginable picture remains grooved in the imagination of America. The most dangerous consequence of such uninformed fantasy is that there has been little or no scientific research conducted on the transmission possibilities of lesbian sexual behavior. Chiamonte confirms the dangerous consequences of this particular threat in an interview with Dr. Charles Schable of the AIDS Diagnostic Labs at the Center for Disease Control: "To my question about any correlation between lesbian sexual behavior and AIDS exposure, he replied, 'What sexual behavior? I thought lesbians didn't have much sex'" (1988, pp. 5-6).

Invisibility, certainly the most severe for lesbians in these documentaries, seems to be a most common (and most simple) choice that the media makes to cope with their ambivalence about women's role in the AIDS crisis. What seems most surprising about the representation of women's sexuality in AIDS documentary is, in fact, the gaping lack of it. For although I've devoted the analysis in this article to the representation of women's sexuality in AIDS documentaries focusing on heterosexual risk, there were surprisingly few images of women from which to draw my analysis in even these documentaries.

This interests me because it challenges some very basic tenets of feminist film theory. For one, AIDS documentaries contradict the idea that film, unlike other aspects of patriarchal society, has historically been *too* attentive to women, at least in terms of imagery (Haskell, 1973). The early work of feminist film critics was to explain this surfeit of visibility. In a first wave of work about film, feminists used a sociological approach, focusing on the positive and negative roles for women represented in the many images of women found in Hollywood

films (Kaplan, 1983). Later, feminist film theory, a loose union of Freudian psychoanalysis, semiotics, and structuralism, began to analyze how the filmic apparatus (the act of spectating, the machinery of projection, the film stock itself) uses the images of women to help us construct our lived sense of ourselves as female or male.

In Laura Mulvey's (1975) groundbreaking "Visual Pleasure and Narrative Cinema," she argues that the mainstream cinema provides the viewer, regardless of their actual sex, with a gaze constituted as male. This "male" spectator then looks at female bodies projected on the screen using the psychoanalytic mechanism of scopophilia: "taking other people as objects, subjecting them to a controlling and curious gaze" (p. 415). Without becoming too technical, the important point that she, and later feminist film theorists make, is that the structure and form of the Hollywood film is organized almost exclusively around the presentation of the female body to satisfy the unconscious needs of this constructed male viewer: woman presented as either the dangerous, iconic threat of castration or as the ultimate fetish, "she is no longer bearer of guilt but a perfect product, whose body, stylized and fragmented by close-ups, is the content of the film" (Mulvey, 1975, pp. 422-423).

However, in AIDS documentary, the female body is rarely seen, and when she appears, her sexuality is so controlled that she looks like neither threat nor fetish. Instead, in the documentaries analyzed, most of the air time is filled with male narrators, male patients, male doctors, male health administrators, male scientists, and not female bodies. Of course, Hollywood film also includes images of men on the screen, but Mulvey (1975) argues that their presence is always primarily organized around the display of the female body so that the image connotes her *to-be-looked-at-ness*. But, in the AIDS documentary, the male presence, embodied in a host of authorities, is rarely organized by a female presence to be looked at, for more often than not she is simply invisible. What we see instead is him talking about her, analyzing her, knowing her, or him talking, analyzing and knowing about things that have nothing to do with her whatsoever. Mary Ann Doane describes a similar phenomenon in a chapter about medical films in her book about the woman's film of the 1940s: "Medicine introduces a detour in the male's relation to the female body through an eroticization of the very process of knowing the female subject" (Doane, 1987, p. 40). In 1940s women's films and AIDS documentaries alike, the pleasure of gazing at a woman's body is displaced by the pleasure of watching science about her.

Although feminist film theory centers upon the representation of women in Hollywood film practice, it claims to speak about the act of spectating in general. I suspect, however, that the desires of the constructed male viewer differ when viewing TV news documentary instead of a Hollywood film, and that this difference has something to do with a pleasure in seeing not women, but knowledge controlled systematically. For news claims to present not only narrative and its images, but cold, hard facts, data, and information and their images. I suggest that in the case of AIDS reportage, this desire for complete explanation is particularly strong because one effect of this new and unexplained epidemic is a profound sense of loss of control. Thus, to date, the representation of AIDS has been largely an attempt to muster control—control over defining who is at risk and who has authority.

Therefore, in AIDS documentaries, unlike Hollywood films, instead of seeing women we see men gaining control through knowing about women. In a world with AIDS, the surface or image of a woman's body is not all a male needs to know of her. If she is not only symbolically, but potentially diseased (and more importantly the cause for men's disease), patriarchal society is less concerned with sexual fascination over the surface of her body than with scientific control over what is going on inside her body, and sexual control over what she does with her body. Finally, I contend that there are great similarities between this system of representational control, attempting to regulate the insides and actions of a woman's body, and controls occurring in other arenas of our culture.

How do women protect themselves from controlling images, controlling doctors, controlling legislation? One place, surely, is by taking control of representation. Women—PWAs and AIDS activists, health care workers and AIDS specialists, documentary makers and writers—can successfully muster our representational forces to attempt to contribute to the social construction of women and AIDS. This paper has worked to show the way control is waged through mainstream media images, not to argue that this work is totalizing and complete, but to insist that once such operations are recognized and understood, they lose much of their force. Knowing how mainstream media works is the basis of forming oppositional readings of its pervasive messages.

Importantly, theorists of ideological analysis explain that while it is true that most cultural production supports the ideological agenda of the dominant culture, alternative and/or oppositional practice also exists, as does the potential of alternative and/or oppositional readings

of dominant production (White, 1987). This sort of alternative and oppositional reading and writing must be the work of feminists in late-eighties America. I suggest that the terms "residual and emergent cultures," coined by critic Raymond Williams, can be useful to describe the work of both our present state of opposition, and our future courses of action.

Today, a great many people live their lives as if members of what Williams calls a "residual culture." He explains:

By 'residual' I mean that some experiences, meanings and values, which cannot be expressed in terms of the dominant culture, are nevertheless lived and practiced on the basis of the residue—cultural as well as social—of some previous social form. (1975, p. 40)

Although some forces in present-day culture (The New Right, the television) insist upon a woman's contained sexuality, most of us live our daily lives in ways which do not conform to this recent resurgence of prescriptive morality. Regardless that the New Right screams for families, few of us live in them. Regardless that the TV tells of marriage or monogamy, there are many of us who continue to engage in the residual culture of expanded sexual freedom and feminism.

Thus, in conclusion, I suggest that we should work forcefully for the instatement of "emergent culture." According to Williams, emergent culture means that "new meanings and values, new practices, new significances and experiences are continually being created" (1975, p. 41). This is the ongoing work of feminists: to create alternative practice which contributes to an "emergent culture" of sexual and personal freedom. Thus, I conclude with prostitute's rights, AIDS activist and videomaker Carol Leigh, who works diligently with representation towards an emergent culture which tolerates all of our needs:

We must work to dispel the myths that stigmatize us and divide us from one another and from other supposedly deviant communities. Especially in the midst of the AIDS epidemic, we must fight to protect everyone's right to engage in consensual sex. And we must fight against all those who would use this crisis as an excuse to legislate or otherwise limit sexuality. (1988, p. 177)

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Black Women and AIDS Prevention: A View Towards Understanding the Gender Rules

MINDY THOMPSON FULLILOVE, MD
ROBERT E. FULLILOVE, III, EdD
KATHERINE HAYNES, MBA AND
SHIRLEY GROSS, MPH

University of California, San Francisco

Black women comprise 52% of women with AIDS, yet there is minimal development of prevention efforts geared to needs of black women. This paper presents the results of intensive group discussion with 28 lower-income black women and teenage girls in San Francisco examining patterns of sexual behavior. The comments of participants suggest that traditional sexual roles, which permit men to have sexual freedom but censure women for the same activities, are still operating in the black community. A major problem in relationships between men and women is the lack of effective communication about sexual practices, particularly the use of condoms when partners are not mutually monogamous. The communication difficulties are aggravated by imbalance of power between the sexes, as well as dramatic shifts in the economy of the black community. Suggestions are made for effective AIDS prevention programs, based on improved communication in the context of efforts to rebuild communities.

KEY WORDS: black women, AIDS, sexual behavior

Introduction

A woman's sexual contact with an infected man is well established as an important mode of infection for women with AIDS (Guinan & Hardy, 1987). Until recently, heterosexuals with AIDS represented only a small number of AIDS cases. National surveillance data show that an increasing proportion of AIDS cases (up from 0.5% of cases in 1981 to 5% as of June 1989) are due to heterosexual spread (CDC, June 1989); serological studies of a variety of special populations (including military recruits, patients at STD clinics, and blood donors) document

Multicultural Inquiry and Research on AIDS, a project of the UCSF Center for AIDS Prevention Studies and the Bayview-Hunter's Point Foundation. This work was supported by Centers Grant #MH42459 and by the U.S. Centers for Disease Control. Address all correspondence to: M. Fullilove, The HIV Center, New York State Psychiatric Institute, 720 W. 168th Street, New York, NY 10032.