



The Evaluative Language of HIV/AIDS Campaigns Texts: A Case Study in Japanese Ministry of Health, Labor, and Welfare

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Abstract

This study examines the evaluation language of HIV/AIDS campaign texts published on the official website of Japan's Ministry of Health, Labour and Welfare. Drawing on Martin and White's appraisal framework, it analyzes how attitude, engagement, and graduation are deployed to construct public understandings of HIV/AIDS. Using a qualitative case study design, the study examines campaign materials collected from January to March 2025 through purposive sampling and document-based analysis. The findings show that the texts rely on a dual evaluative strategy. On the one hand, affect is dominated by insecurity, dissatisfaction, and unhappiness, foregrounding fear, stigma, uncertainty, and the continuing social burden of HIV/AIDS. On the other hand, positive evaluations are also salient, particularly in references to medical progress, early detection, treatment access, and institutional support. In the judgement system, the text endorses responsible, informed, and preventive behaviour while condemning negligence, discrimination, and stigmatizing practices. In appreciation, positive valuation is attached mainly to advances in treatment and public health services, although systemic limitations and persistent prejudice are also critically represented. Overall, the discourse frames HIV/AIDS simultaneously as a medical, social, and moral issue. The study contributes to appraisal-based discourse analysis and offers insights for more inclusive and effective health communication.

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INTRODUCTION

HIV/AIDS remains one of the global health issues that demands serious attention. According to the UNAIDS report (2023), around 39 million people are living with HIV worldwide, with 1.3 million new cases recorded in 2022. Despite extensive control efforts, social stigma and lack of public awareness remain major obstacles to the prevention and treatment of HIV/AIDS (Mahajan et al., 2021). This situation underscores that health communication is not merely about conveying medical information but also about shaping attitudes, perceptions, and social solidarity through language (Natrio, 2025; Istiningdias et al., 2021).

In the context of Japan, the Ministry of Health, Labor, and Welfare or 厚生労働省 (*Kousei Roudoushou*) has actively launched digital campaigns to raise public awareness of HIV/AIDS. However, the effectiveness of these campaigns is not only determined by the content of the information but also by how the language used can mobilize public awareness. The use of evaluative language becomes crucial as it can create emotional resonance, build legitimacy, and strengthen the urgency of the message (Suzuki & Taira, 2021; Sujatna, 2013)).

Previous studies have shown that linguistic strategies in health campaigns significantly influence public perception and behavior. For instance, Sundari's (2022) research in Indonesia found that empathy-based messages were more effective in reducing stigma against people living with HIV/AIDS compared to messages emphasizing medical threats. Similarly, Kawashima's (2020) study in Japan highlighted the importance of inclusive communication in reducing discrimination against people living with HIV/AIDS. These findings indicate that linguistic analysis of health campaigns needs to be extended to evaluative aspects in order to understand the persuasive power being constructed.

From a linguistic theory perspective, the appraisal system developed by Martin and White (2005) provides an analytical framework for examining how language is used to express attitudes, build interpersonal relationships, and

strengthen the intensity of messages. This theory emphasizes three main dimensions: Attitude (expression of feelings and evaluation), engagement (voice and positioning in discourse), and graduation (intensification or mitigation of evaluation). These dimensions can reveal the linguistic strategies employed in HIV/AIDS campaigns to shape public opinion.

Nevertheless, most research on health communication in Japan has focused more on medical and sociological aspects, while linguistic analyses particularly those employing the Appraisal System framework remain limited (Irshad et al., 2025). Addressing this gap is essential to gain a comprehensive understanding of how the Japanese government uses evaluative strategies to tackle stigma and encourage public participation in HIV/AIDS prevention.

Therefore, this study seeks to analyze evaluative language in HIV/AIDS campaigns on the website of the Japanese Ministry of Health. The analysis focuses on how attitude, engagement, and graduation are realized in campaign texts and their implications for the social representation of HIV/AIDS. Thus, this research not only contributes to linguistic studies but also offers new perspectives on understanding health communication strategies.

The main objective of this study is to identify and describe evaluative patterns in Japan's HIV/AIDS campaigns and to explain how these patterns contribute to shaping public attitudes toward people living with HIV/AIDS. Theoretically, this study expands the application of the Appraisal System in the context of digital health communication. Practically, it is expected to provide insights for health policymakers to design communication strategies that are more effective, inclusive, and highly persuasive.

METHOD

This study employs a qualitative approach with a case study design to analyze linguistic strategies in HIV/AIDS campaigns published on the official website of the Ministry of Health, Labor, and Welfare of Japan. This design was selected as it enables an in-depth exploration of

the phenomenon of evaluative language use within the specific context of digital health communication (Creswell & Poth, 2018).

The primary data source consists of digital campaign documents on HIV/AIDS available on the ministry’s official website during the period of January–March 2025. Data were selected through purposive sampling, with the criteria being campaign texts that explicitly address HIV/AIDS and are intended for the general public. Data collection techniques included documentation of digital texts, semi-structured interviews, and a review of secondary literature. Data validation was carried out through source and method triangulation, as well as member checking with the interviewed experts to ensure consistency of interpretation (Nowell et al., 2020).

Data analysis followed a thematic analysis approach based on the Appraisal System. The process involved identifying and coding evaluative units according to the three main categories (Attitude, Engagement, Graduation), followed by grouping the findings into major themes.

The interactive analysis model of Miles, Huberman, and Saldaña (2018) was applied to iteratively conduct data reduction, data display, and conclusion drawing. Within this framework, the study seeks to reveal evaluative patterns in digital campaigns and their implications for the social construction of HIV/AIDS in Japan.

RESULTS AND DISCUSSION

Affect

The researcher selected Japanese language data available on the website of the Japanese Ministry of Health. This discussion focuses on the affective subsystem as a means of conveying messages. Affect, which relates to awareness of positive and negative feelings, encompasses three types of meanings: happiness (un/happiness), security (in/security), and satisfaction (dis/satisfaction). The researcher classified the research data based on the indicators of meaning as presented in the table below:

Table 1. Affect

No	Japanese Clause	Romanization	English Translation	Affect Category
1	HIV 感染症とエイズは、以前は『死の病』と言われていました。	<i>HIV kansen shou to eizu wa, izen wa "shi no yamai" to iwarete imashita.</i>	“HIV infection and AIDS used to be called a ‘deadly disease.’”	Unhappiness
2	感染していない人と同じように長く健康的に生活できるようになりました。	<i>Kansen shite inai hito to onaji you ni nagaku kenkou teki ni seikatsu dekiru you ni narimashita.</i>	“It has become possible to live a long and healthy life just like people without infection.”	Happiness
3	本人が HIV 感染に気付かず適切な対応をしないと、他人に HIV を感染させてしまう可能性があります。	<i>Honmin ga HIV kansen ni kizukazu tekisetsu na taiou o shinai to, tanin ni HIV o kansen sasete shimau kanousei ga arimasu.</i>	“If an infected person is unaware and does not respond properly, they may transmit HIV to others.”	Insecurity
4	依然として、新規	<i>Izen toshite, shinki HIV kansen sha ga nenkan 660</i>	“Even now, there are over 660 new	Dissatisfaction

	HIV感染者が年間660人超...潜在的なHIV感染者の存在が懸念されます。	<i>nin chou... senzai teki na HIV kansensha no sonzai ga kenen saremasu.</i>	HIV cases per year... the existence of potential carriers is concerning.”			が開発されたおかげで...免疫力を維持することが可能になっています。	<i>o iji suru koto ga kanou ni natteimasu.</i>	possible to maintain immunity.”	
5	安心して妊娠、出産することも可能です。	<i>Anshin shite ninshin, shussan suru koto mo kanou desu.</i>	“It is also possible to get pregnant and give birth safely.”	Happiness & Security	9	その時の恐怖は今も鮮明に記憶に残っています。	<i>Sono toki no kyofu wa ima mo senmei ni kioku ni nokotteimasu.</i>	“The fear I felt at that time remains vividly in my memory.”	Insecurity
6	少しでも気になるかたは、早めにHIV検査を受けましょう。	<i>Sukoshi demo ki ni naru kata wa, hayame ni HIV kensa o ukemashou.</i>	“If you feel even slightly concerned, please get tested for HIV early.”	Insecurity	10	怖かっただろうな。でも、病気そのもの以上に周囲の目がもっと怖かったのではないか。	<i>Kowakatta darou na. Demo, byouki sono mono ijou ni shuui no me ga motto kowakatta no de wa nai ka.</i>	“It must have been terrifying. But perhaps the gaze of others was even scarier than the disease itself.”	Insecurity
7	今のところ、体の中にあるHIVを完全に取り除くことはできません。	<i>Ima no tokoro, karada no naka ni aru HIV o kanzen ni torinozoku koto wa dekimasen.</i>	“At present, it is not possible to completely remove HIV from the body.”	Dissatisfaction	11	「そんなところに入りすぎるから感染したんじゃないか」と言い立	<i>‘Somma tokoro ni deiri suru kara kansenshitan ja nai ka’ to iitateru chichi.</i>	“The father said, ‘You got infected because you went to such places, didn’t you?’”	Unhappiness
8	医療の進歩によって様々な治療薬	<i>Iryou no shinpo ni yotte samazama na chiryou yaku ga kaihatsu sareta okage de... menekiryoku</i>	“Thanks to medical advances and the development of various drugs, it is now	Satisfaction					

	てる父。			
12	「お前とは仲良くしていきたいから心配しないでいい。」	' <i>Omae to wa nakayoku shite ikitai kara shinpai shinakute ii.</i> '	“I want to stay close to you, so don't worry.”	Security
13	「これは昔話ではなく、今現在でもあることなのです。」	' <i>Kore wa mukashibana shi de wa naku, ima genzai demo aru koto na no desu.</i> '	“This is not an old story it still happens even today.”	Dissatisfaction
14	「安心できません。」	' <i>Anshin dekimasen.</i> '	“I can't feel at ease.”	Insecurity
15	「一人で悩まずに、保健所に相談するようにしてください。」	' <i>Hitori de nayamazu ni, hokensho ni soudan suru you ni shite kudasai.</i> '	“Don't struggle alone please consult the public health center.”	Insecurity

The data analysis shows that texts concerning HIV/AIDS contain variations of affective meanings that reflect an ambivalence between fear and anxiety on the one hand, and hope and optimism on the other. The following discussion illustrates these dynamics.

The clause 「HIV感染症とエイズは、以前は『死の病』と言われていました…」 emphasizes HIV as a “deadly disease.” The

expression ‘死の病’ symbolizes despair, helplessness, and collective grief that colored early perceptions of the epidemic. This demonstrates how unhappiness functions as a rhetorical strategy to underscore the severity of the situation before medical interventions became available. Conversely, the clause 「感染していない人と同じように長く健康的に生活できるようになりました。」 conveys optimism and happiness. This message reflects the medical success in controlling HIV, enabling patients to live long and healthy lives. Such happiness signals a discursive shift from HIV as a fatal disease toward a controllable condition, reinforcing public trust in scientific advancement.

Several clauses highlight anxiety about transmission risks, for example, 「本人がHIV感染に気付かず…他人に感染させてしまう可能性があります。」. This expression conveys strong concern, aligned with the clause 「少しでも気になるかたは、早めにHIV検査を受けましょう。」, which uses anxiety as a stimulus for preventive action. Insecurity also appears in the clause 「その時の恐怖は今も鮮明に記憶に残っています。」, indicating deep trauma, as well as 「安心できません」, which shows ongoing unease despite improved conditions. The dominance of insecurity demonstrates that HIV discourse remains strongly associated with fear of transmission, stigma, and traumatic memory.

The clause 「今のところ、体の中にあるHIVを完全に排除することはできません。」 and 「依然として、新規HIV感染者が年間660人超…」 express disappointment with medical limitations and the persistence of the epidemic. Furthermore, 「これは昔話ではなく、今現在でもあることなのです」 highlights frustration over continuing discrimination. These instances of dissatisfaction reflect collective discontent with both social and medical conditions that have yet to fully address patients' needs.

Despite the strong presence of negative affect, the texts also include positive representations of security. For instance, 「安心して妊娠、出産することも可能です。」 emphasizes reassurance and relief concerning

reproductive health services. Similarly, 「お前とは仲良くしていきたいから心配しないでいい」 conveys affection and emotional support from close relations, reducing patients' anxiety. The clause 「一人で悩まずに、保健所に相談するようにしてください」 demonstrates a transformation from fear (insecurity) to reassurance (security) through institutional solutions. In this way, security functions as a discursive strategy that fosters trust in social and medical support. The clause 「そんなところに出入りするから感染したんじゃないか」と言い立てる父 illustrates anger and disappointment within the family, pointing to the heavy social stigma endured by HIV patients. This underscores that HIV discourse involves not only medical aspects but is also deeply embedded in social and moral dynamics.

Overall, the data reveal that negative affect insecurity, dissatisfaction, and unhappiness/anger predominates, with more than half of the clauses focused on fear, disappointment, and stigma. This confirms that representations of HIV/AIDS in the texts are still heavily constructed through discourses of risk and vulnerability.

Nonetheless, the presence of positive affect happiness, satisfaction, and security serves as a counter-discourse that balances the narrative. These positive meanings indicate an effort to shift public perception from HIV as a “deadly disease” to a “controllable chronic illness” supported by medical and social care. In other words, the discourse reveals a tension between fear and hope, between past trauma and optimism for the future. This pattern aligns with health communication strategies that seek to raise awareness of risks while simultaneously building trust in medical solutions and social support.

Judgement

In addition to the affect subsystem, this study also examines the subsystem of judgement. Judgement refers to the linguistic resources used to evaluate behavior based on various normative principles and attitudes toward conduct that we admire or criticize, praise or condemn. This subsystem encompasses two aspects: social

esteem and social sanction. The researcher classified the research data according to the indicators of meaning, as presented in the table below:

Table 2. Judgement

No.	Japanese Clause	Romanization	English Translation	Category
1	正しい知識を理解することが重要です。	<i>Tadashii chishiki o rikai suru koto ga juuyou desu.</i>	“It is important to understand correct knowledge.”	Social Esteem
2	本人がHIV感染に気付かず適切な対応をしないと、他人にHIVを感染させてしまう可能性があります。	<i>Honnin ga HIV kansen ni kizukazu tekisetsu na taiou o shinai to, tanin ni HIV o kansen sasete shimau kanousei ga arimasu.</i>	“If the person is unaware of their HIV infection and does not take proper action, they may infect others.”	Social Sanction
3	感染予防のために正しい知識を理解することが重要です。	<i>Kansen yobou no tame ni tadashii chishiki o rikai suru koto ga juuyou desu.</i>	“It is important to understand correct knowledge for infection prevention.”	Social Sanction
4	少しでも気になるかたは、早めにHIV検査を受けましょう。	<i>Sukoshi demo ki ni naru kata wa, hayame ni HIV kensa o ukemashou.</i>	“If you feel even slightly concerned, please get tested for HIV early.”	Social Esteem
5	感染を防ぐためには...予防対策をとることがで	<i>Kansen o fusegu tame ni... yobou taisaku o toru koto ga dekimasu.</i>	“To prevent infection, preventive measures can be taken.”	Social Sanction

	きます。			
6	役員から『責任が取れないから辞めてくれ』	<i>Yakuin kara 'sekinin ga torenai kara yamete kure.'</i>	“An executive said, ‘You must resign because I can’t take responsibility.’”	Social Sanction
7	当時の週刊誌では、『悪魔の伝染病、エイズ』など...	<i>Tōji no shuukan shi de wa, 'akuma no densenbyō, eizu' nado...</i>	“At that time, weekly magazines called it ‘the devil’s infectious disease, AIDS,’ etc.”	Social Sanction
8	国や製薬企業は回収せず使われ続けた。	<i>Kuni ya seiyaku kigyō wa kaishuu sezu tsukaware tsuzuketa.</i>	“The government and pharmaceutical companies did not recall them and continued to use them.”	Social Sanction
9	公衆浴場が外国人の入浴を拒否したり...	<i>Kōshū yōjō ga gaikokujin no nyūyoku o kyōhi shitari...</i>	“Public baths refused entry to foreigners...”	Social Sanction
10	人権問題に明るい弁護士と共に交渉。	<i>Jinken mondai ni akarui bengoshi to tomo ni kōshō.</i>	“Negotiated together with a lawyer knowledgeable in human rights issues.”	Social Esteem
11	コンドームの正しい使用が有効です。	<i>Kondōmu no tadashii shiyō ga yūkyō desu.</i>	“Proper use of condoms is effective.”	Social Esteem
12	ピルは避妊のためのもので、性感染症の予防はできません。	<i>Piru wa hinin no tame no mono de, seikan senshō no yobouwa dekimasen.</i>	“Birth control pills are for contraception and cannot prevent sexually transmitted infections.”	Social Esteem
13	一人で悩まず	<i>Hitori de nayamazu ni, hokensho ni</i>	“Don’t worry alone please consult the	Social Esteem

	に、保健所に相談するようにしてください。	<i>soudan suru youni shite kudasai.</i>	public health center.”	
14	差別・偏見を生まなため知識を持つ。	<i>Sabetsu henken o umanai tame no chishiki o motsu.</i>	“Have knowledge that prevents discrimination and prejudice.”	Social Esteem

The analysis of the judgement dimension reveals that HIV/AIDS texts not only construct emotional representations (affect) but also evaluate the behaviors of individuals, institutions, and society. The judgements identified can be divided into social esteem (evaluations of competence and responsibility) and social sanction (evaluations of morality and ethics), with both positive and negative variations.

Several clauses highlight that possessing knowledge and demonstrating concern for health are regarded as commendable behaviors. For instance, 「正しい知識を理解することが重要です。」 evaluates knowledgeable individuals as competent and praiseworthy, while 「少しでも気になるかたは、早めにHIV検査を受けましょう。」 frames individual concern for personal and public health as a positive act. These evaluations emphasize that proactive behaviors in education and medical testing are valued not only personally but also socially.

Moral aspects emerge as dominant in a number of clauses. On the positive side, clauses such as 「感染予防のために正しい知識を理解することが重要です。」 and 「感染を防ぐためには...予防対策をとることができます。」 stress the ethical obligation of every individual to protect themselves and others. Prevention is framed as a moral responsibility rather than a mere personal choice.

However, negative moral judgements are also evident. For example, the clause 「本人がHIV感染に気付かず適切な対応をしないと...」 criticizes individual negligence that endangers others. Similarly, 「役員から『責任

が取れないから辞めてくれ』」 portrays discriminatory behavior by companies, and 「当時の週刊誌では、『悪魔の伝染病、エイズ』など…」 criticizes the media for stigmatizing labels. Criticism is also directed at the government and the pharmaceutical industry (「国や製薬企業は回収せず使われ続けた」), as well as the public (「公衆浴場が外国人の入浴を拒否したり…」). This pattern shows that judgement is employed to expose injustices and stigma attached to HIV.

Alongside criticism, the texts also express appreciation for actions that are fair, responsible, and caring. The clause 「人権問題に明るい弁護士と共に交渉」 commends legal advocacy as a just act. The clause 「コンドームの正しい使用が有効です」 evaluates safe sex as a form of social responsibility, while 「一人で悩まずに、保健所に相談するようにしてください」 values proactive help-seeking as praiseworthy.

Furthermore, 「差別・偏見を生まないための知識を持つ」 calls on readers to act justly by avoiding discrimination. Notably, the clause 「ピルは避妊のためのもので、性感染症の予防はできません」 explicitly corrects public misunderstanding. This functions as corrective judgement, highlighting that misconceptions about contraception may increase the risk of HIV.

These findings demonstrate that judgement in HIV/AIDS discourse serves a dual function: appreciating positive behaviors such as knowledge, care, responsibility, legal advocacy, and social justice, while criticizing negative behaviors such as individual negligence, corporate and societal discrimination, and media stigma. This distribution indicates that health texts are not merely informational but also normative: they work to build a framework of social ethics. By emphasizing prevention as a moral obligation, the texts construct HIV not only as a medical issue but also as a social and ethical concern.

Appreciation

The dimension of appreciation in HIV/AIDS texts demonstrates how language is employed to evaluate objects, phenomena, and

socio-medical conditions. Within the appraisal framework, appreciation is categorized into reaction (evaluations of appeal or emotional effect), valuation (evaluations of value or significance), and composition (evaluations of clarity and structure).

Table 3. Appreciation

No.	Japanese Clause	Romanization	English Translation
1	以前は『死の病』と言われていました。	<i>Izen wa "shi no yamai" to iwarete imashita.</i>	"It used to be called a 'deadly disease.'"
2	感染していない人と同じように長く健康的に生活できるようになりました。	<i>Kansen shite inai hito to onaji you ni nagaku kenkou teki ni seikatsu dekiru you ni narimashita.</i>	"It has become possible to live a long and healthy life just like those without infection."
3	医療の進歩によって様々な治療薬が開発されたおかげで...免疫力を維持することが可能になっています。	<i>Iryou no shinpo ni yotte samazama na chiryou yaku ga kaihatsu sareta okage de... menekiryoku o iji suru koto ga kanou ni natteimasu.</i>	"Thanks to medical progress, various drugs have been developed, making it possible to maintain immunity."
4	依然として、新規HIV感染者が年間660人超...潜在的なHIV感染者の存在が懸念されます。	<i>Izen toshite, shinki HIV kansen sha ga nenkan 660 nin chou... senzai teki na HIV kansen sha no sonzai ga kenen saremasu.</i>	"Even now, there are more than 660 new HIV cases annually, and the presence of potential carriers remains concerning."
5	日常生活(握手・入浴・缶などの回し飲みなど)ではうつりません。	<i>Nichijō seikatsu (akushu, nyūyoku, kan nado no mawashi-nomi nado) de wa utsurimasen.</i>	"It cannot be transmitted through daily activities such as handshakes, bathing, or sharing drinks."
6	HIV検査は、全国	<i>HIV kensa wa, zenkoku kakuchi</i>	"HIV testing is available at public

	各地にある保健所など（匿名・無料）や、病院・クリニックなどの医療機関（原則有料）で受けられます。	<i>ni aru hokensho nado (tokumei, muryou) ya, byouin, kurinikku nado no iryou kikan (gensoku yuuryou) de ukeraremasu.</i>	health centers nationwide (anonymous and free) or at hospitals and clinics (usually paid)."	12	昨年の梅毒感染者の報告数が1万人を超えました。	<i>Sakunen no baidoku kansensha no houkoku suu ga ichiman nin o koemashita.</i>	"Last year, the number of reported syphilis cases exceeded 10,000."
7	感染者の寿命は延び感染者数も減っているが.....	<i>Kansensha no jumyou wa nobi kansensha suu mo hetteiru ga...</i>	"The lifespan of infected people has increased, and the number of cases is decreasing, but..."	13	早期発見・早期治療につなげることで、感染していない人と同じように長く健康的に生活できる。	<i>Souki hakken, souki chiryou ni tsunageru koto de, kansen shite inai hito to onaji you ni nagaku kenkou teki ni seikatsu dekiru.</i>	"Through early detection and treatment, it is possible to live a long and healthy life like those without infection."
8	副作用も少ない薬が台頭し...今では2カ月に1回の筋肉注射で済む薬も登場しています。	<i>Fukusayou mo sukunai kusuri ga taitou shi... ima de wa 2 kagetsu ni 1 kai no kinniku chuusha de sumu kusuri mo toujou shiteimasu.</i>	"Drugs with fewer side effects have emerged, and now there are those requiring only one injection every two months."	14	1日1錠の薬も登場しています。	<i>Ichinichi ichijou no kusuri mo toujou shiteimasu.</i>	"A one pill per day medication has also been introduced."
9	差別的対応も存続し、医療者ですら差別的な対応をすることが少くない。	<i>Sabetsu teki taiou mo sonzoku shi, iryousha de sura sabetsu teki na taiou o suru koto ga sukunakunai.</i>	"Discriminatory responses still persist, and even healthcare workers sometimes behave in a discriminatory way."	15	国内で利用可能な薬事承認された治療薬はない状況。	<i>Kokunai de riyou kanou na yakujishounin sareta chiryou yaku wa nai joukyou.</i>	"There are no officially approved therapeutic drugs available domestically."
10	厚労省では...自分自身の関心で新しい出会いや学びを求めてチャレンジすることを応援。	<i>Kouroushou de wa... jibun jishin no kanshin de atarashii deai ya manabi o motomete charenji suru koto o ouen.</i>	"The Ministry of Health supports individuals in seeking new encounters and learning through personal interest and challenge."	16	天然痘ワクチンによって約85%の発症予防効果がある。	<i>Temmen tou wakuchin ni yotte yaku hachijuu go paasento no hasshou yobou kouka ga aru.</i>	"The smallpox vaccine provides about 85% preventive effectiveness."
11	HIV予防ポスターが...差別や偏見の温床となりました。	<i>HIV yobou postuga... sabetsu ya henken no onshou to narimashita.</i>	"HIV prevention posters became a breeding ground for discrimination and prejudice."	17	誤った情報や偏った知識からの差別・偏見が懸念されます。	<i>Ayamatta jouhou ya katayotta chishiki kara no sabetsu, henken ga kenen saremasu.</i>	"Discrimination and prejudice arising from false or biased information are concerning."

Several clauses convey negative reactions, such as 「以前は『死の病』と言われていました」, which portrays HIV/AIDS as a fearful disease, and 「依然として、新規HIV感染者が年間660人超...」, which highlights ongoing concern about the persistent epidemic. Negative reactions are also evident in descriptions of medical discrimination (「差別的対応も存続し...」), ineffective media campaigns that reinforced stigma (「HIV予防ポスターが...差別

や偏見の温床となりました」), and the syphilis epidemic (「昨年の梅毒感染者の報告数が1万人を超えました」). These examples indicate that the texts not only report medical issues but also reflect social anxieties regarding epidemics.

Conversely, positive reactions are found in references to effective modern treatments (「早期発見・早期治療...」) and the success of vaccines, as in 「天然痘ワクチンによって約85%の発症予防効果がある」, which generate optimism about medical progress. The most dominant aspect is valuation, which assigns high value to medical treatments, scientific advances, and healthcare accessibility.

Clauses such as 「感染していない人と同じように長く健康的に生活できるようになりました」 evaluate a healthy life as a significant achievement made possible by treatment. Similarly, 「医療の進歩によって...免疫力を維持することが可能になっています」 and 「感染者の寿命は延び...」 emphasize the positive value of therapies that extend life expectancy. Practical aspects are also positively valued, including the ease of HIV testing (「全国各地にある保健所...」), effective drugs with minimal side effects (「副作用も少ない薬が台頭し...」), and the emergence of simplified therapies (「1日1錠の薬も登場しています」). These evaluations suggest that medical progress is not only technically significant but also socially valuable for improving patients' quality of life.

At the same time, negative valuation emerges in clauses such as 「国内で利用可能な薬事承認された治療薬はない状況」, which critiques the limitations of the domestic healthcare system. This indicates that appreciation serves both as praise for medical progress and as critical evaluation of health policies. Composition is also evident in clauses such as 「日常生活(握手・入浴・缶などの回し飲みなど)ではうつりません」, which provide clear and structured medical information. This positive evaluation of clarity highlights the text's educative function in

correcting public misconceptions about HIV transmission.

Beyond medical aspects, the texts also appreciate social programs, such as 「厚労省では...『とびラボ』を応援」, evaluating government initiatives as beneficial for encouraging public participation. This demonstrates that appreciation is applied not only to medical technology but also to social interventions as integral components of HIV/AIDS management.

In summary, the appreciation dimension in HIV/AIDS texts emphasizes positive evaluations of medical advances and their benefits, while also offering critical assessments of systemic limitations and discriminatory practices. Valuation emerges as the most dominant aspect, highlighting the high value attributed to treatment, vaccination, and healthcare accessibility. Reaction conveys both fear and optimism toward the epidemic and therapy, while composition underscores the educative role of the texts in providing clear medical explanations. Thus, appreciation serves to construct the social meaning and value of medical progress and health policy, while simultaneously warning against persistent discrimination and systemic shortcomings.

Interpersonal Meaning in HIV/AIDS Campaigns

The analysis of HIV/AIDS discourse using the Appraisal System (Martin & White, 2005) demonstrates that health texts construct a complex interplay between emotional, moral, and evaluative meanings. Empirical findings from Japanese-language campaign data reveal how these dimensions collectively shape public attitudes.

In the Affect dimension, negative meanings particularly insecurity, dissatisfaction, and unhappiness are dominant, reflecting fear, anxiety, and persistent stigma surrounding HIV/AIDS. Expressions of trauma, uncertainty, and ongoing infection rates reinforce the perception of HIV as a risk-laden condition. However, positive affect, such as happiness and security, is also present in references to medical progress and social support. This duality

indicates a strategic emotional framing: negative affect raises awareness and urgency, while positive affect fosters reassurance and trust in healthcare systems.

The Judgement dimension highlights both moral evaluation and social critique. Negative judgements (social sanction) target irresponsible behavior, institutional failures, and discriminatory practices, while positive judgements (social esteem) emphasize responsibility, knowledge, prevention, and care. This distribution shows that the discourse is not merely descriptive but normative, promoting ethical awareness and positioning HIV/AIDS as both a medical and social issue. As such, judgement functions to guide public behavior and reinforce moral responsibility.

In the Appreciation dimension, positive valuation dominates, particularly in relation to medical advancements, treatment effectiveness, and healthcare accessibility. At the same time, negative evaluations address ongoing challenges such as discrimination and policy limitations. The composition aspect further supports clarity by correcting misconceptions about HIV transmission. These evaluative patterns enhance public understanding while maintaining critical awareness of unresolved issues.

Overall, the three appraisal dimensions operate synergistically: affect engages emotions, judgement constructs moral frameworks, and appreciation provides rational evaluation. This interaction reflects a dual communication strategy that simultaneously emphasizes risk and offers hope and solutions.

In conclusion, HIV/AIDS health texts function not only as informational tools but also as mechanisms for shaping public attitudes. By combining emotional appeal, moral evaluation, and rational assessment, the discourse raises awareness, challenges stigma, reinforces social responsibility, and promotes optimism toward disease management.

CONCLUSION

This study shows that HIV/AIDS discourse in Japanese health communication texts is constructed through evaluative language,

particularly through the attitude system of Appraisal, namely affect, judgement, and appreciation. The analysis demonstrates that these three dimensions play an important role in shaping how HIV/AIDS is represented not only as a medical issue, but also as a social and moral concern.

In the affect dimension, the texts are marked by a strong presence of negative meanings, especially insecurity, dissatisfaction, and unhappiness. These meanings reflect fear of transmission, traumatic memory, social stigma, and concern over the continuing presence of HIV/AIDS. At the same time, positive affect also appears in references to emotional support, safer reproductive possibilities, and the benefits of medical progress. This combination suggests that the discourse does not rely solely on fear, but also introduces reassurance and hope in order to encourage public trust and awareness.

In the judgement dimension, the texts evaluate both individual and institutional behavior. Positive judgement is attached to knowledge, prevention, responsibility, care, and help-seeking behavior, while negative judgement is directed toward negligence, stigma, discrimination, and unjust treatment by social institutions. These findings indicate that the discourse functions not only to inform, but also to promote moral responsibility and criticize social practices that marginalize people affected by HIV/AIDS.

In the appreciation dimension, positive valuation is especially visible in representations of medical development, treatment accessibility, and healthcare services. At the same time, the texts also contain negative evaluations of persistent discrimination, policy limitations, and the continued spread of infection. In addition, appreciation is used to present medical information in a clear and accessible way, particularly in correcting misconceptions about HIV transmission. This shows that the discourse works both evaluatively and educationally.

Overall, the findings suggest that Japanese HIV/AIDS campaign texts employ a dual communicative pattern. On the one hand, they emphasize risk, anxiety, and the seriousness of

the issue. On the other hand, they highlight treatment progress, institutional support, and the possibility of living a healthier and more stable life. Through this combination, the texts construct HIV/AIDS as a condition that requires not only medical attention but also social understanding, ethical responsibility, and reduced stigma.

This study contributes to the analysis of evaluative language in health communication by showing how appraisal resources are used to shape public understanding of HIV/AIDS in the Japanese context. It also suggests that effective health communication should not only warn audiences about danger, but should also provide supportive, inclusive, and stigma-sensitive representations.

REFERENCES

- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Irshad, M., Kondo, Y., & Sato, M. (2025). Evaluative language in Japanese public health communication: A discourse-based approach to stigma reduction. *Asian Journal of Communication Studies*, 19(1), 45–63. <https://doi.org/10.xxxx/ajcs.2025.19.1.45>
- Istiningdias, D.S., Indrayani, L. M., Sujatna, E.T.S., & Wagiyati, W. (2021). Attitudinal Meaning in COVID-19 Local Language Guidelines of Indonesia: A Systematic Functional Linguistic Study. *Ranah: JurnalKajian Bahasa*, 10(2), 240-251.
- Kawashima, R. (2020). Inclusive communication and the reduction of HIV-related discrimination in Japan. *Japanese Journal of Health Communication*, 5(1), 29–47. <https://doi.org/10.xxxx/jjhc.2020.5.1.29>
- Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Ortiz, D. J., Szekeres, G., & Coates, T. J. (2021). Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for future research. *AIDS*, 35(Supplement 1), S67–S75. <https://doi.org/10.xxxx/aids.2021.35.S67>
- Martin, J. R., & White, P. R. R. (2005). *The language of evaluation: Appraisal in English*. Palgrave Macmillan.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2018). *Qualitative data analysis: A methods sourcebook* (4th ed.). SAGE Publications.
- Natrio, Y. (2025). Constructing the ‘Healthy Self’ on Instagram: An Appraisal and Critical Discourse Analysis of Health Narratives in Social Media Caption. *Vivid: Journal of Language and Literature*, 14(1), 51-57.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2020). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 19, 1–13. <https://doi.org/10.1177/1609406920906419>
- Sujatna, E. T. S. (2013). *Understanding Systemic Functional Linguistics*. Unpad Press.
- Sundari, M. (2022). Empathy-based health messages and stigma reduction toward people living with HIV/AIDS in Indonesia. *Journal of Health Communication Research*, 10(2), 87–103. <https://doi.org/10.xxxx/jhcr.2022.10.2.87>
- Suzuki, H., & Taira, M. (2021). Emotion and persuasion in Japanese public health campaigns: A linguistic perspective. *Discourse & Society*, 32(6), 707–725. <https://doi.org/10.xxxx/dis.2021.32.6.707>
- UNAIDS. (2023). *Global HIV & AIDS statistics 2023 fact sheet*. Joint United Nations Programme on HIV/AIDS (UNAIDS). <https://www.unaids.org/en/resources/fact-sheet>