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Financing Fertility: Pregnancy and Precarity in Contemporary Japanese Literature

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Kōnosu Yukiko (鴻巣友季子 b. 1963), perhaps best known for her translation of *Wuthering Heights* into Japanese, became pregnant and gave birth to a child at age 39. In her essay collection *Haramu kotoba* (孕む言葉 Pregnant words, 2008), she ruminates about how terms used during pregnancy, birth, and child raising have taken on meanings remarkably different from those used in daily life. In the essay “Hinkai” (頻回 Frequent), she ponders how the title word—used to talk about everything from uterine contractions during labor to the number of times a woman breastfeeds a child—and others like it get used euphemistically for pregnant and new mothers. One such term is *jibara* (自腹), a double-entendre literally meaning “self-pay,” but also (and for pregnant women, perhaps more distressing), “belly fat.” Talking about money is considered gauche in Japan and discussing it in the context of pregnancy is considered even more unseemly. Consequently, as she observes, obstetricians have developed euphemisms for the financial side of their practice, even while they seem to have no compunction about talking frankly about women’s bodies:

I had the size of the baby measured, but my doctor told me that I had *jibara*. I was told that since pregnancy checkups are not covered by the Japanese National health insurance for prenatal exams, you have to pay for them yourself. [The doctor] told me “I measured the length of the fetus, but you have belly fat.” That belly was my own flesh—an expecting mother’s body is just fat. Pregnant women are easily offended, so if a doctor carelessly says, “You’ve gained weight,” or “You’ve got a belly,” it’s a big problem... The term “self-financing” may also be a phrase invented to avoid shocking the public.¹

Kōnosu’s exploration of *jibara* addresses the experience of pregnancy in the Japanese medical system where women are subtly shamed into



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controlling their appetites while reminding them that they are paying for this privilege. Thus, *jibara*'s true meaning is more insidious in that it presupposes a lack of female autonomous choice and agency.

Kōnosu's essay raises an important but often overlooked issue—namely, the cost associated with being (or trying to be) pregnant and giving birth in Japan. Normally, the fees for standard labor and delivery are reimbursed by the city or town where a woman lives, with “standard” defined as “natural” (non-medication-assisted) childbirth in a hospital. Under the Japanese National Health Insurance scheme, however, since pregnancy is not classified as a disease or disability, the costs of routine prenatal visits and tests—including ultrasounds, and blood and urine tests—are not covered and must be paid out of pocket, although some local governments offer subsidies for them.² While these not-insignificant costs, and the prospective financial burden that they represent, tend to be ignored or minimized in policy discussions about why Japanese families are hesitant to have children, they often make an appearance in contemporary literary accounts of pregnancy and childbirth in Japan. Were women to want something outside of the scope of the “standard” trajectory of care, then they have to pay out of pocket. Thus, the neoliberal policies of Japan's health insurance scheme significantly contribute or even may be the cause of women's financial and emotional burdens since they must provide their own care under the “natural” pregnancy and childbirth discourse in a hetero-patriarchal and capitalistic society.

In this article, therefore, I explore the role of money within these stories, focusing upon the financial implications and consequences that ensue when a woman wants to do something that falls outside of what the State or the medical profession deem to be “natural,” ranging from the pursuit of a pain-free delivery to seeking treatment for infertility. In the pages that follow, I will explore how this theme is addressed in Kawakami Mieko's memoir *Kimi wa akachan* (きみは赤ちゃん You are a baby, 2017) and novel *Natsu monogatari*³ (2019, translated as *Breasts and Eggs*, 2020), the short stories “Wisteria to sannin no onnatachi” (2017, translated as “Wisteria,” 2022) by Kawakami, and “Koin tosu” (Coin toss, 2014) by Amakasu Ririko (甘粕りり子 b. 1964), and Saki Hinako's (佐木ひなこ) manga *Hinako no 39 sai kara hajimeru funin chiryō nikki* (Hinako's diary of starting infertility treatments at 39, 2016). In all of these works, both fictional and nonfictional, the authors openly discuss the costs of achieving their reproductive goals, suggesting that bodily autonomy and parenthood (particularly where women are concerned) is at once a luxury, access to

which depends upon money or the lack thereof, and also an experience subject to the whims of fate—a game of chance where the winners tend to be those who can pay the biggest ante.

Cash and Carry: Kawakami Mieko

Kawakami Mieko (川上未映子 b. 1976) was born in Osaka and raised by a single mother. She began her professional life as a bar hostess and then moved to Tokyo to try to become a singer. She began blogging to promote her struggling singing career, a side gig whose success (at one point, her blog was receiving 200,000 hits a day) encouraged her to shift her attention to writing, using the ideas generated by her blog for her first novel, *Watakushi ritsuin, ha-a, mata wa sekai* (わたくし率イン、歯一、または世界 My ego ration, my teeth and the world, 2007).⁴ Her choice of careers was vindicated when she won the Akutagawa Prize in 2008 for her novella *Chichi to ran* (乳と卵 Breasts and eggs, 2007). Kawakami is fascinated by language and often uses the Osaka dialect in her writing; this makes her work conversational, allowing readers to identify with the problems and situations of her characters (although she acknowledges that it also makes her work more difficult to translate).⁵ The publishing industry has capitalized on her popularity, enlisting her as a judge of prize competitions designed to draw in new authors writing in a variety of different styles.⁶

Kawakami's English translations of *Breasts and Eggs* (2020), which despite its title include both the original novel and her 2019 *Natsu monogatari* (Summer story). Her novel *Hevun* (2009, translated as *Heaven*, 2021), was accompanied by several long interviews and reviews in the English language press ranging from the *Guardian* and the *New Yorker* to mainstream women's magazines. With these translations, Kawakami has broken into the English language mainstream. In all these interviews, emphasis has been placed on Kawakami's identification as a feminist, her taking Murakami Haruki to task for his flaccid female characters, and her relentless, unsentimental, and honest treatment of the female body. As Katie Kitamura notes in her review of *Breasts and Eggs*, "Kawakami writes with unsettling precision about the female body, its discomforts, its appetites, its smells and secretions. And she is especially good in capturing its longings, those in this novel being at once obsessive and inchoate, and in one way or another about transformation."⁷

Recently, Kawakami has claimed that she wants to be understood as a "human writer," following the trajectory of numerous Japanese women writers who have desired to move away from the "women's literature"

straitjacket. Despite these protestations, however, her empathy for women struggling with their bodies and their bodily desires while living on the edge financially is at the heart of much of her writing. In particular, Kawakami often addresses the pain and expense of getting pregnant and giving birth, both as an explicit topic and as a subtheme in stories which, while not ostensibly about these topics, feature narrators whose lives are colored and shaped by them. In contrast to women in literature who emphatically choose not to have a child, many of Kawakami's female characters ache to do so. At the same time, these women are often financially precarious and struggling to support themselves—a situation that casts prospective parenthood as a challenge rather than simply a choice.

In Kawakami's 2017 account of her pregnancy and birth, *Kimi wa akachan* (You are a baby), the author turns the critical gaze normally reserved for the bodily concerns of her fictional characters upon herself. Based on a popular blog that appeared in 2012, Kawakami's observations about pregnancy and childbirth have the same frankness and lack of sentimentality that characterize her fiction, puncturing the balloon of more traditional memoirs of pregnancy that dot the publishing landscape featuring maternal devotion, strict weight maintenance, and experiencing pain during childbirth which is necessary for bonding with the baby.⁸ Even the groundbreaking manga series *Go-shussan!* (ご出産 Birth!, 1998–2010), where manga writers detail their varied experiences with pregnancy and birth, does not encompass the range of emotions that Kawakami addresses.

In *Kimi wa akachan*, Kawakami explains that, since she did not start trying to get pregnant until she was thirty-five, when she did not succeed immediately, she worried that she might be infertile. Initially, she quit her birth control and hoped that fertilization would ensue but after several months with no results, she turned to ovulation apps on her phone and began to create her own ovulation charts. As soon as the optimal days arrived, she and her husband would “have as much sex as humanly possible” (*dekiru dake ōku seikō suru*) given their busy schedules.⁹ After several months of worrying, she discovered that she was pregnant on September 10 at 8:21 pm. Overjoyed, she and her husband Abe-san went to the doctor and saw the little group of cells, looking like a “black sesame seed.”¹⁰ At the same time, when she stopped to consider the reality of what is going to happen to her body in the next ten months, she realized “my pregnancy life is more terrible and unknown than I ever could have imagined.”¹¹

Foremost among Kawakami's anxieties was the anticipation of giving birth. Early in her pregnancy, Kawakami decided that she wanted to have an epidural, even though this would limit her choice of hospitals. In Japan, using drugs to hasten labor or temper the pain of childbirth is not considered "standard" care, i. e., the kind of labor and delivery whose costs are covered by the mother's local government, and which can take place in public hospitals, private hospitals, or even maternity clinics staffed by midwives. If someone wishes to have pain relief during delivery, however, then the birth only happens in a private hospital.

Once Kawakami settled on a care facility (referred to simply as "Hospital M."), she was required to adhere to the detailed rules it imposed and the prices it charged so that she would be guaranteed the pain-free delivery she wanted. A number of these rules were positive, particularly those dealing with diet and risk reduction. Many Japanese doctors insist that their patients gain no more than ten kilograms (twenty-two pounds) during pregnancy, with midwife practices often imposing an upper limit of eight kilograms—a hallmark of Japanese prenatal care in the late twentieth and twenty-first centuries, along with an emphasis upon unmedicated births.¹² Hospital M., however, allowed Kawakami to eat as she wished throughout her entire pregnancy, a fact appreciated by the author, who occasionally reports in her memoir how much weight she has gained and how she is eating. In turn, Hospital M. offered access to prenatal testing (PNT) for birth defects. As the anthropologist Tsipy Ivry explains, Japanese women often are reluctant to have such tests, believing that they can control the baby's environment through diet and good behavior so that there is no need for amniocentesis or other diagnostic tools.¹³ Initially, Kawakami is similarly resistant to the hospital's offer, but after a period of waffling, she agrees to have them. Ultimately the results are inconclusive, leaving her to wait until her child is born to know whether it will face any medical challenges. Nonetheless, the hospital's openness to and encouragement of prenatal testing is not only a sign of its interest in making childbirth as predictable and knowable as possible but also of how chance and uncertainty are regular features of the "standard" birth experience.

Hospital M. also had requirements that Kawakami found puzzling and dismaying. One of these was pregnancy aerobics. Unlike most medical practices, where physical activity during pregnancy was frowned upon, the doctors at Hospital M. encouraged it. Kawakami, a reluctant exerciser at best, dodged pregnancy aerobics after trying them once, even going so far

as to schedule her appointments to avoid the doctor who was their biggest advocate. Even more dismaying, however, is Hospital M.'s prohibition of sex during pregnancy. While attitudes on this topic vary in contemporary Japan, most medical professionals and institutions are far less doctrinaire than those at Kawakami's hospital. Many suggest that in order to maintain a healthy environment for the baby, couples should instead refrain from having "impure sex", i.e., sex during the third trimester which is thought to risk polluting the amnion.¹⁴ A number of pregnancy guides also permit sexual relations between couples, but warn against "violent" sexual relations, with "the husband ...asked to refrain from 'violently' moving his penis inside his wife's body during coitus and to refrain from 'deep penetration' (*fukai insāto*)."¹⁵

While Kawakami was a captive of the rules at Hospital M., she also was a financial hostage. Her hospital charged far more for the urine tests and scans done at each visit than a hospital that did not offer epidurals, charges that she had to pay in order to guarantee the availability of pain relief during birth, an expensive treatment in and of itself. Kawakami's experience is a common one in Japan's restrictive medical market, where providers of labor and delivery services can require their patients to receive prenatal care from the same facility and charge whatever they want for tests and required appointments.

The financial and emotional costs of this system are spelled out in a chapter with the blunt title "Kakarisugiru okane to itami ni tsuite" (掛かりすぎるお金と痛みについて Too much money and pain) where Kawakami frankly discusses her financial circumstances and the ramifications of her decision to have a pain-free birth. Neither Kawakami nor her husband, both of whom are writers, have a stable income. Until she became pregnant, the couple had shared expenses using a "three-wallet" system (his, hers, and ours). Once the bills for Kawakami's prenatal tests and doctor's visits start arriving, however, the flaws in this system become apparent. As she explains, a "normal" delivery would cost "about ¥600,000 from start to finish, including health checks and all the other charges."¹⁶ This total bill, moreover, would be reduced by a ¥420,000 subsidy from the government, leaving Kawakami (and, one assumes, her husband) responsible for paying only ¥180,000 to the doctor and the hospital. In short, being pregnant and giving birth the "normal" way is not that expensive as Kawakami explains: "[since] the cost of the medical checkups is almost entirely offset by the subsidy coupon, it seems that unless something irregular happens, there's no need to spend a large amount of [your own] money."¹⁷

However, deviating from the “normal,” as Kawakami chose to do, and the situation is entirely different. Kawakami explains:

On the other hand, with pain-free birth you must pay ¥500,000 to the hospital yourself, over and above the ¥420,000 provided by the State. In addition, there is an average payment of around ¥10,000 for each medical checkup, adding up to ¥200,000 for those alone (I paid a little less than ¥200,000 when I left the hospital after giving birth). The total cost is about ¥1,400,000 more or less, more than twice as much as the average [for a “normal” pregnancy].¹⁸

The clear message of these figures—that a pain-free (or at least managed) labor and delivery is a privilege for some rather than a choice for all, with women like her forced to choose suffering or financial precarity—makes Kawakami indignant. She reflects on how much she and many other women hate pain, a fact that makes them willing to take on future hardships in order to avoid it. This dilemma, moreover, is a profoundly one-sided and sexist one; as she remarks, “over the past few months I have endured many kinds of pain and hardship. And I can’t help but think that it’s really easy to be a man ... they just ejaculate, and then several months later there’s a baby.”¹⁹

Kawakami’s emphasis upon pain as a central and shared feature of pregnancy, yet one whose contours and details are unique for each individual woman, distinguishes her memoir from most mainstream examples of birth literature. Like a number of the contributors to the manga anthology *Go-shussan!* a decade earlier, Kawakami does not hesitate to describe her own attitudes towards and experiences of pain and bodily suffering.²⁰ Here, however, her goal is not merely affective but also effective: by bringing the issue of pain to the fore, Kawakami forces her readers to consider why childbirth, of all the medical procedures performed in Japan, is the only one routinely performed without anesthetic. As she notes:

I think it’s pretty funny that other people think it’s better to experience pain, even if they don’t say so out loud. I understand the “belief in pain” (whether in the form of exercise or hardship) is inexplicably deep-rooted in Japan, but I never have seen this “belief in pain” applied to surgical procedures other than childbirth. If you want to push your belief in pain on others, I hope you can demonstrate the applicability of this belief to something other than childbirth. At any rate, with all the things that go into childbirth, I wish there were more options than natural childbirth available. Of course, you are responsible for your choices after you make them; still, you need more than one option to actually make a

choice, and I think [having those options] could relieve a lot of stress. If women could choose between a natural birth and a pain-free birth at the same price, I think more pregnant women would choose to have a pain-free birth. I would like to see that number increase, but it's expensive. How do we make it cheaper?²¹

The connection between pain and money is driven home to Kawakami when, during her seventh month of pregnancy, she attends the parenting class mandated by her maternity hospital. The presentation fails to capture her attention, so she amuses herself by looking at the other participants in the class. Noting that there were twenty attendees that day, she calculates that the clinic will take in ¥28,000,000 in fees from that seminar alone:

So, assuming fifteen births per month (after all, Hospital M. is always overbooked) that's about 180 births per year ... 180 times ¥1,400,000 and I was again thinking of some unintelligible calculations where the zeroes were uncountable.²²

As she becomes fixated on the huge sum of money that these women (including herself) will pay in order to avoid pain during birth, the doctor claps his hands to focus everyone's attention on a bizarre slide show. He puts up a series of images illustrating the levels of pain that various injuries cause: the mildest was a sprain, progressing to burns and then broken wrists, before culminating with amputation. Then the doctor turns to the assembled women, asking where they supposed the pain of childbirth would fall on the chart. "A second later, the doctor stretched his arms out as far as they could go, far, far up, and with his pen he moved the line on the graph way up." As the women sit in shocked silence, he says: "Everyone ... It's OK. Because, because... there are epidurals!"²³

As the pregnant women ponder this fact, Kawakami questions why, if "pain is bad," she and other women cannot simply be spared from it without having to pay dearly to do so. In particular, Kawakami asks why only a procedure particular to women is treated this way. Her question echoes that asked by generations of women who have had their pain ignored or belittled by the medical profession, either in the context of labor and delivery or that of reproductive biology more generally (for example, endometriosis), leading to unneeded and often chronic suffering. By insisting on pain being treated as a condition amenable to medical care, rather than a natural inevitability, Kawakami is trying to get the medical and insurance system to offer women the choice to manage it as they see fit. Kawakami's choice of a pain-free birth, in other words, is not a luxurious "extra" but an unwarranted tradeoff—a verdict that is a part of

the author's broader literary interest in women, their bodies, and their unfair treatment within contemporary Japanese society.

Mo Money, Mo Problems

The English translation of the novel *Natsu monogatari* comprises Kawakami's original novella, *Chichi to ran*, as well as another short story written, as she explain, because "there was room to build on its philosophy of feminism and [because] I better understood the changes women's bodies go through."²⁴ The newly-expanded work tells the story of two sisters, Natsuko and Makiko, as well as Makiko's daughter Midoriko frankly addressing bodily milestones in a woman's life.²⁵ Both the novella and its sequel emphasize the particular burdens that having children places upon women, particularly financial ones. Indeed, concerns about money (and its absence) are a constant feature of the protagonists' female existence, shaping everything from hygienic practices (the cheap and chunky sanitary napkins that Midoriko must use for her period) to bodily self-fashioning (the high cost of the breast modification surgery to which Makiko aspires) to reproduction (the costs associated with getting pregnant and bringing a child into the world). For each woman, money is the precondition for bodily autonomy, and precarity is preventing them from deciding how their bodies should look and what they can do with them.

While the first section of the novel deals with how the three women struggle to accept their bodies—a struggle largely defined by money or the lack thereof—the second focuses on Natsuko's desire to have a child on her own. Eight years after the events chronicled in Kawakami's original novella, Natsuko has published her long-anticipated book and found steady work writing magazine serials, giving her greater financial security and allowing her to send money back to her sister and niece in Osaka. Despite her improved circumstances, however, she is lonely and unattached; the only steady presence in her life is her editor, Sengawa, who occasionally invites her out drinking and encourages her to write more. Dissatisfied with this state of affairs, Natsuko begins to conceive of conception as a path towards a meaningful and connected life. After seeing a television story about donor-assisted insemination, her nascent idea becomes a more developed plan, one encouraged by her friendship with Rika, a fellow writer who is raising her daughter Kura on her own after a messy divorce.

Despite her own convictions and Rika's supportive presence, however, Natsuko soon realizes that her path to procreation will be a difficult one.

Somewhat surprisingly, money proves to be less of a concern, at least initially. As she remarks, “I have 7,250,000 yen in my bank account”—an amount that, while modest in the grand scheme of things, far exceeds anything that she or her family possessed while she was growing up, and thus will allow her to provide a better life for her own child than the one she endured.²⁶ A far greater challenge is presented by Natsuko’s status not just as an unmarried woman, but as an unattached one. Without a sexual partner, she must rely upon artificial insemination using donated sperm. Donor sperm insemination (DI) has existed in Japan since 1949, when the first baby conceived via this method was born. In recent years, however, donations to hospital-run sperm banks have fallen worldwide (due in part to more countries allowing children to learn the name of their donors), leading to a growing grey market largely operating in cyberspace.²⁷ The resulting shortages, moreover, do not affect all potential recipients equally. When Natsuko tries to engage the services of an institutional provider of sperm donations, Sperm Bank Japan, her repeated requests are met with silence since most medical institutes and hospitals in Japan have made their services available only to married heterosexual couples. She then turns her attention overseas, to a Danish company called Velkommen or Welcome. Here again, her efforts are in vain. While Velkommen is willing to work with single clients, Natsuko’s limited English makes the process far too difficult; moreover, she is leery of paying ¥200,000 for a single vial of sperm, the efficacy and origins of which are not fully known.

Natsuko knows from the television report that an alternative exists, in the form of third-party online sperm donation sites. Initially she is less than enthusiastic about this option; given the choice of obtaining sperm from “reputable hospitals or random guys off the internet,” she would prefer the former.²⁸ Natsuko’s hesitation is warranted: as a recent study has noted, a 2020 internet search of the term “sperm donation” generated hits for over one hundred blogs and websites of questionable quality, many of them promising to provide sperm to the buyer in “a hotel lobby or at a location convenient for the recipient.”²⁹ Natsuko’s choices, however, are far more restricted than she would like. Therefore, she reluctantly sets her qualms aside and agrees to meet Onda, a Japanese potential sperm donor at a café in Shibuya. From the beginning, Onda sets the terms of their encounter, refusing to provide a description of himself and instead telling her that he will seek her out. When they do meet, Natsuko is taken aback by his oddly repugnant blandness, immediately fixating on the large wart affixed to his eyelid. Onda warns Natsuko that he will take no financial responsibility

for any pregnancy that results from his services before promoting them in clinical detail. He presents Natsuko with a printout of the lab report on his sperm, written in Japanese and English, highlighting statistics such as the density per milliliter as well as the “very important” sperm motility figures:

My most recent score was 88%. The time before that is 89%. Before that, it was 97.5%. See that there? Do you realize what these numbers mean? . . . This is basically a report card on my sperm. Let’s move on now and check out the totals. An average one would be around 80, maybe even a little over 100. Now take a look at mine—the number all the way at the bottom. You see that? 392. One time I got a score over 400.³⁰

After sitting silently through Onda’s self-satisfied report on the potency of his sperm, Natsuko finally asks him a question: how many women has he impregnated? Onda evades her question, instead tossing out more statistics about the age of his previous clients (“That information isn’t public, but I can tell you that the oldest woman was 45 at the time, [and] the youngest was 30”) before sharing his longtime obsession with his own sperm, which he enjoyed examining under a microscope after masturbation.³¹

Natsuko’s initial unease upon meeting Onda only increases as he begins to discuss potential modes of insemination and fertilization with his super-sperm. Although she had made it clear that she planned to use a syringe to fertilize herself, he doggedly insists that doing so will not produce the “optimal results” offered by an old-fashioned “*skin to skin*” approach:

During female climax, the vagina and the uterus swell, sucking up the semen. There’s a change in alkalinity, too. I don’t know if you know this, but semen can’t handle alkalinity. I’m sure mine will be fine, but for the best odds, you’ll want to follow the path of least resistance. I’ve received a lot of positive feedback when it comes to my penis, by the way— its size, shape, everything. To be honest, I think that we should try it out, to get the full experience. That way you can see it for yourself—the amount of semen, and how if you try to hold it in your hand it just spills over. If you look closely, you can probably see the sperm moving, too.³²

There are, Onda enthuses, plenty of options available: they could copulate while fully dressed, or while naked from the waist down, or perhaps while wearing a special crotchless outfit designed especially for such occasions.³³ “Whatever the case,” he insists, “there is no substitute for what nature intended That way, [my sperm] will be the warmest and

the freshest.”³⁴ As she stares at him, dumbstruck, he proceeds to grab at himself under the table, mumbling about his ability, before “prodding his jaw downward, under the table, giggling at his crotch.”³⁵ Overwhelmed and revolted by this encounter, Natsuko bolts from the table and runs to the nearest brightly lit store. After confirming that he has given up and left, she wearily drags herself onto a city bus “cutting through the belly of the night. Lights spilled over us, like blood and organs.”³⁶

Kawakami’s violent metaphor graphically emphasizes the abjection felt by her protagonist in the wake of her traumatic encounter, one that represents in absurd and shorthand form the challenges faced by women trying to control their sexual and reproductive destinies: unequal access to information and resources, sexist assumptions about female bodies and desires, the manipulative employment of clinical language and data, toxic and even predatory masculinity (represented in parodic form by Onda’s self-presentation as a rut-worthy “stud”), and the particular vulnerability to all of these challenges produced by financial precarity. As we later learn, Natsuko (like her literary creator Kawakami) also is intent upon breaking the pain-childbirth nexus. Here, however, the focus is on the sexual act, rather than labor: intercourse is a severely painful act, making it difficult for Natsuko to form and sustain romantic relationships. While artificial insemination (AI) offers a solution to Natsuko’s dilemma, the costs associated with it as well as the limited access to it for single women like her force her into a situation that threatens her dignity and safety. Ultimately, it is by bending but not breaking social and sexual convention that Natsuko is able to attain her goals: she finds a man (Aizawa) willing to form a committed but non-sexual partnership with “ground rules, like a game plan for the future.”³⁷ Now presenting an acceptable and “traditional” image as an attached woman, while still relying upon herself financially, Natsuko successfully begins artificial insemination treatments, ultimately getting pregnant eight months and five tries later and giving birth to a daughter.³⁸

Short Changed: Kawakami and Amakasu

As we have seen, in Kawakami’s own autobiographical work as well as her best-known novel, money plays a critical role in how, and even whether, women are able to control their own bodies and the experiences tied to them. Both Kawakami and her protagonist Natsuko ultimately manage to have children on their own terms—Kawakami without needing artificial reproductive technologies (ART), and Natsuko without needing to have sex. In both cases, however, this success does not come without

significant emotional and especially financial costs. These costs are equally high for another group of women addressed in Kawakami's fiction: those who want a child but are unable to do so for a variety of medical reasons. Once a woman is diagnosed with infertility, her options prove to be both limited and expensive, and her choice—either pay what it takes or abandon her hopes of having a child—puts her in a different, but equally desperate, bind as other women whose reproductive choices do not fit within the bounds of “natural” pregnancy and childbirth.

Kawakami's short story “Wisuteria to sannin no onnatachi” (2017, translated as “Wisteria,” 2022) features a narrator who married her husband when she was twenty-nine years old, and he was thirty-three. After three years they bought a house, and she started trying to get pregnant. After repeated failures to do so, she begins researching her options. “For two months, I buried myself in books about fertility treatments in the library and scoured the internet. I felt a wave of anxiety that my body had perhaps lost the ability to conceive.”³⁹ Yet while her husband knows that she needs to act soon and, more importantly, that she needs his cooperation, he is dismissive. “Looking up, he furrowed his eyebrows and made a disgusted expression. That expression. It felt as if I were being stabbed with something sharp between my lungs every time.”⁴⁰ When she starts to raise the subject with him, his cell phone rings and he leaves the room, effectively shutting off conversation between them. Later that night, as they lie in the darkness of their bedroom, he makes his feelings about the matter clear:

“They say children are a blessing—not something you force. And there's no end to fertility treatments once you start. People spend ten million yen and still get nowhere. Plus, it's not like we desperately wanted one, right?”

My husband's voice assaulted me in the darkness, coming at me like the index finger of a relentless auditor that scrutinizes product defects . . . From that day on, we never talked about children again, and my husband stopped initiating sex.⁴¹

The narrator is not only shocked and saddened by her husband's callous refusal to think about having children, but also stung by the implication that their predicament is her fault—something that his rejection of testing and treatment makes it impossible for her to refute, and that casts a sad pall over the rest of the story (which ends with the narrator's fantastical transformation into a wisteria vine).

At the same time, the husband's brisk dismissal of fertility treatments as something not only unnatural and unreliable, but also expensive, is both echoed and contested in another work of contemporary Japanese fiction, Amakasu Ririko's story, "Koin tosu," which chronicles the increasingly desperate attempts of a woman to have a child, and the ambivalent attitudes of her family towards her quest.⁴² Its protagonist, Sakuma Shigemi, is the wife of Katsunari, a fifth-generation kimono store owner. Although she has a rich and busy life, her widowed mother-in-law offers constant reminders, both subtle and explicit, that she needs to provide an heir for the family. Shigemi is not opposed to the idea, and her relationship with Katsunari is one based on love rather than family machinations or a sense of obligation. Nevertheless, she has remained childless since their marriage, despite two years of concerted effort to become pregnant following her thirtieth birthday. After being told by her gynecologist that she is "splendidly infertile" (*rippa na funin*), she shares the news with her husband and his mother. While initially her mother-in-law scolds and blames her, complaining that "you have no problem humiliating your husband," testing soon reveals that the problem lies with him.⁴³

In light of this revelation, the couple visits a number of doctors who advise them to begin artificial insemination. Time after time, the process yields no results. Katsunari, frustrated at being treated like a "rooster in a poultry farm," cheats on his wife with a coworker, but upon being found out rededicates himself to the frustrating process of creating a viable embryo.⁴⁴ Given the repeated failure of AI, the couple decides to resort to a more radical option, in-vitro fertilization (IVF or *taigai jusei* 体外受精). When they describe the procedure to Katsunari's mother, she is shocked to learn that each attempt comes with a steep price tag of up to ¥1,000,000. At that price, she demands, will Shigemi at least be guaranteed to get pregnant? Their answer is less than satisfactory; the couple was warned by the clinic director that the procedure is as likely to fail as to succeed. It is, as Shigemi ruefully realizes, the equivalent of a coin toss—one that they can try only once due to their limited resources.⁴⁵ In the end, Shigemi is left with tears rather than a child; the coin came up tails, rather than heads.

Playing the Odds

As in the other works examined, Amakasu's story highlights the imbrication of reproductive choices within late capitalist economics in contemporary Japan: for those unable to get pregnant or have children in traditional "natural" ways, parenthood becomes a mediated and deeply

monetized process of “pay to play” in which both partners are implicated. When they discover that simple sexual intercourse will not be enough to impregnate Shigemi, Katsunari is forced to perform the role of a stud animal, and pay for the privilege; when that fails, they find themselves engaging in a high-stakes technological gamble, with the costs of failure both materially and emotionally momentous. As this couple’s fictional experience demonstrates, however, the role of chance, and the way in which it exacerbates the financial barriers to pregnancy, are particularly pronounced where assisted reproductive technologies are concerned.

This metaphor of pregnancy-as-gambling, and the barriers faced by those who resort to un-“natural” reproductive methods, are at the heart of *Hinako no 39 sai kara hajimeru funin chiryō nikki* an autobiographical manga written by the self-employed illustrator Saki Hinako. The manga format allows Saki to engage in a different type of storytelling common in the essay-manga genre—a genre meant both to teach and also to entertain, and to present serious personal events and challenges in an accessible and often lighthearted way. Unlike the protagonists of “Wisteria” and “Koin tosu,” Saki’s manga avatar successfully completes infertility treatments and is able to have a child. Yet despite the author’s characterization of her story as a “comic journey,” she does not shy away from depicting the stress and pain (both physical and emotional) that her desire to have a child place on her and her husband, nor minimize the financial burdens imposed by their decision to pursue a variety of clinical interventions in order to attain that goal.⁴⁶

The manga’s protagonist, Hinako, is a freelance illustrator who married later in life (aged thirty-eight) to Kazuo (“Kazu-kun”), a man nine years her junior. When the story opens a year after their marriage, Hinako is intent upon having a child. Things do not go as smoothly as she and her husband anticipated, however, and she undergoes four years of infertility treatments before she is able to get pregnant. After a number of false starts, Hinako learns that she has a cyst in her ovary. Although her doctor assures her that once she has it removed, she should be able to get pregnant, doing so fails to have the desired effect. Her husband then agrees to have his sperm tested, and upon learning that he has oligospermia (low sperm count), they begin rounds of artificial insemination during which her husband’s sperm is injected into her vagina. The couple is delighted when this procedure finally results in a pregnancy, only to have their hopes dashed when the incipient fetus dies at eight weeks and has to be removed surgically. After nine further failed attempts, they decide to try *in vitro*

fertilization. Hinako's eggs are clinically extracted and fertilized outside the womb, and the resulting embryos are placed in her uterus. Although the first group of embryos fails to develop after implantation, the procedure is successful on the second attempt nine months later, and she and her husband welcome a new son, Mizuki.

As in the work of writers such as Itō Hiromi, Hinako's story is one meant to educate as well as entertain its intended female readers.⁴⁷ Throughout, Saki employs technical medical terms to describe her and her husband's bodies, bodily processes, and treatment regimes, graphically reproduces medical images, and provides detailed information about infertility treatments. In addition to images of Hinako going to the doctor, the manga contains pictures of her uterus and fallopian tubes as well as descriptions of what happens during both artificial insemination and *in vitro* fertilization. Navigating infertility or any other health condition requires a great deal of information, information that Hinako (and thus the manga's readers) draws both from the internet (ranging from clinic websites to blogs about various people's own experiences to comments and stories posted on pregnancy message boards) and from a friend, Rika, who also struggled with getting pregnant and who advises Hinako about her options.

Those options, as Saki makes clear, are constrained both by time and by money. Like an increasing number of her contemporaries, Hinako's decision to marry was a rather late one—considerably later, in fact, than the already high average matrimonial age (29.4 years) for Japanese women.⁴⁸ Notably, Hinako seems to be under no pressure from her own or her husband's parents to start a family, perhaps due to the fact that her younger brother already is married with two children of his own. Nevertheless, she makes clear both her own desire to have a child, and her concern that her advanced age (a full seven years older than the average first-time mother in Japan) soon will make doing so difficult, if not impossible.⁴⁹ In turn, although Hinako and her husband enjoy a comfortable standard of living when the manga opens (supported by her freelance illustrator's income and his company salary), his decision midway through their pregnancy journey to become self-employed makes their financial situation considerably more precarious. To pay for her early attempts to get pregnant, Hinako thus is forced to take a part-time job, and to work even more hours when those efforts prove ineffective.

This situation is dramatized in a panel with the caption “Three months after we started working for ourselves, I am working two days a week at a

part-time job and continuing unabated with my infertility treatments without hesitation.”⁵⁰ In it, winged ¥10,000 notes are depicted flying out of the frame, as Fukuzawa Yukichi waves goodbye to her.⁵¹ This tableau is repeated when Hinako and Kazu-kun attend an information session on IVF; upon reading an itemized list of the procedure’s fees—¥310,000—and learning that supplemental costs for storage of the embryos add up to another ¥23,000, Hinako is depicted on her knees surrounded by flying banknotes, her face hidden, as a vaporous figure labeled “*tamashii no sakebi*” (たましいの叫び “cry from the heart”) calls out “money, come back.”⁵² Even though there are subsidies to help defray the costs, Hinako balks at the expense, and she and Kazu-kun decide to continue AI treatments. After spending another ¥135,000 to no effect, however, their clinic administrator again recommends that they “step up” to IVF—advice that Hinako compares to the hard sell of a luxury car dealer pushing a Mercedes Benz. “There is such a thing as living within your means,” she silently replies, adding, “I can only afford a compact car.”⁵³ Even when Hinako finally agrees to proceed with IVF, money remains visually and conceptually central to her thinking, with panels counterposing images of eggs, sperm, and blastocysts with ones of flying money, and piles of money, Hinako running to and fro hurling banknotes in the air, and (most memorably) borne aloft by a bunch of balloons festooned with yen signs.⁵⁴

Over the course of her infertility journey, Hinako is reminded again and again that getting pregnant is a numbers game. These numbers, however, are not simply financial ones. Early in the process, a white-haired doctor explains that “when a woman doesn’t get pregnant, it’s the man’s fault 40% of the time and the woman’s fault 40% of the time. The other 20% is anyone’s guess.”⁵⁵ Initially she is comforted by these figures, and by his assurances that her problem is just one of timing. As Hinako learns, however, knowing whose fault it is does not make the process any easier. When she attends an IVF information session, the clinic director explains that one’s chance of getting pregnant with the procedure only decreases with age; women undergoing IVF treatment have a success rate over 40% through their mid-thirties, while those forty and older become pregnant only half as often.

As this fact begins to sink in, Hinako imagines herself being crushed by a large “19%” falling from the sky, accompanied by the caption “LOW” (*hikui*).⁵⁶ At a certain point, she realizes, fertility treatment is basically a game of chance—one where the buy-in (represented a few frames later by the familiar image of flying money) is high and the odds are long. As with

gambling, moreover, trying to get pregnant easily can become an addiction, tempting one to try again and again, to put one's money down just one more time, in the hopes that *this* roll of the dice will fall in one's way. The more that one spends, the more that one plays the game, the harder it is to stop—even (and especially) when the odds grow ever longer.

Ultimately, the gamble pays off for Hinako, as the second round of IVF treatments results in a viable pregnancy and the birth of her son. When she flips the coin one final time with her final frozen embryo, however, it comes up tails, apparently reinforcing the message that, in the end, the house always wins. Yet elsewhere in the manga, Saki also implies that something more is at stake. On a trip to the Mount Fuji area, the couple visited a temple with a special “womb cave” which, it is said, helps those who traverse it to start a family. After undergoing IVF for the second time, they return to the cave, pay the ¥150 entry fee, and successfully emerge after traveling through the darkness hand in hand—an episode that suggests, if only playfully, that money and good luck are necessary, but not sufficient, conditions for becoming a parent.

Costly Choices

In many cases, literary treatments of Japanese women's desire for bodily autonomy have emphasized their rejection of social expectations surrounding marriage, childbirth, and family obligations. Yet women who want to have a child are equally concerned with maintaining control of their bodies and how they are treated. In Matsuo Yumi's 1994 novella “Barūn taun no satsujin” (translated as “Murder in Balloon Town,” 2002), set in Tokyo of the near future, one small section of the city is set aside for women who want to experience “natural pregnancy” instead of the artificial uterus method that has become standard in the book's imagined world.⁵⁷ For the female protagonists of the works discussed here, the idea of a government providing space and resources for a woman to make her own reproductive choices (albeit ones they would eschew) would seem especially fantastic. To be sure, the steady decline in Japan's total fertility rate (TFR) over the past two decades to a historic low of 1.36 in 2019 has prompted numerous interventions by the Japanese government and business leaders.⁵⁸ Yet while many of these interventions initially focused on children who are already born (such as increases in childcare subsidies), they have had little effect. In part, this is because the income limits placed on them make many working couples ineligible to receive the subsidies (a fact mentioned by Saki in her manga).⁵⁹ As a result, as many as 80% of

couples between the ages of thirty to thirty-four do not want to have children because doing so is deemed too expensive.⁶⁰

More importantly, as the stories discussed here make clear, wanting to have a child in a way that falls outside of the naturalized “way things should be” promoted by medical, political, and business orthodoxy—i.e., getting married, getting pregnant, having a baby in a hospital without pain medication, and raising that child with one’s (male) partner—continues to be treated as disruptive, with those making such choices forced to endure substantial financial as well as emotional costs. In these circumstances, having a child requires either profound material sacrifice or profound material privilege. From Kawakami’s desire to have a pain-free delivery to Hinako’s push to have a child, such women’s choices are limited by their personal finances (evoking the *jibara* discussed by Kōnosu), undermining both their desire to become parents and the government’s stated goals of supporting childbirth and family formation. As Hinako’s experience demonstrates, the use of ART also falls far outside the established parameters of “natural” pregnancy, and as such requires serious expenditure on the part of the woman and/or her partner.

Despite this fact, Japan has been an enthusiastic consumer of artificial reproductive technologies (ART) since the first case of in-vitro fertilization (IVF) occurred in 1983, now accounting for the second-highest number of such procedures in the world. More recently, moreover, the Japanese government has finally begun to see the importance of infertility treatments. Due in large part to higher ages of first marriage as well as first pregnancies, more couples have been turning to ART to conceive, with more than 40% of IVF cycles used by women over the age of forty.⁶¹ Since 2007, the Japanese government has tried to ensure that the National Health Insurance scheme would cover the procedure.⁶² In 2021, the income limits were dropped, reimbursements per cycle were increased from ¥150,000 to ¥300,000, and the number of cycles covered increased from six per woman to six per woman for each intended pregnancy. In 2022, moreover, the government announced plans to cover the costs of ART under the Japanese National Health Insurance scheme.⁶³ As long as such interventions and subsidies remain available only to heterosexual married couples under the age of forty-three, however, only couples like Hinako and Kazu-kun will be able to benefit from them; single-sex couples or single women like Natsuko, seeking to become pregnant through artificial insemination, need not apply. Here again, the lesson is clear: when having children becomes a game of chance with a high ante, where

only a select few are able to sit at the table, it is the house that wins—and women who pay the biggest price.

NOTES

¹ Kōnosu Yukiko, *Haramu kotoba* (Tokyo: Magazine House, 2008), 16–17.

² These limits are less stringent in the case of private insurance. Anthropologist Tsipy Ivry has noted that the government’s refusal to pay for prenatal testing often leads disadvantaged women (including teenage mothers and illegal overstayers) to forgo prenatal visits altogether, instead simply showing up at the hospital to give birth. Tsipy Ivry, *Embodying Culture: Pregnancy in Japan and Israel* (New Brunswick, N. J.: Rutgers University Press, 2010), 165–166.

³ The English translation of *Breasts and Eggs* includes both Kawakami’s original novella plus the second novella, *Natsu monogatari*. In Japanese these were published separately.

⁴ Joshua Hunt, “Breasts and Eggs’ Made Her a Feminist Icon. She Has Other Ambitions.” *New York Times Magazine*, 12 February 2023, <https://www.nytimes.com/2023/02/07/magazine/mieko-kawakami.html> (Accessed March 10, 2023); Amelia Newcomb, “Mieko Kawakami: From Blogger to Global Novelist,” *Christian Science Monitor* (online edition), 15 December 2008. <https://www.csmonitor.com/World/Asia-Pacific/2008/1215/p13s05-woap.html>. Accessed April 17, 2024.

⁵ “Special Program: Author and Poet Kawakami Mieko in Conversation with Author Roland Kelts,” <https://asiasociety.org/japan/special-program-author-and-poet-mieko-kawakami-breasts-and-eggs-conversation-author-roland>. Accessed 18 April 2023.

⁶ Hunt, “Breasts and Eggs.”

⁷ Katie Kitamura, “Female Parts,” *New York Times Book Review*, April 26, 2020, 11.

⁸ The expression “*onaka wo itamete ko wa kawaii*” [お腹を痛めて子はかわいい] or “the child that made one’s belly hurt is loveable” is often used in childbirth classes to rationalize natural childbirth. For more on this topic, see Amanda C. Seaman, *Writing Pregnancy in Low-Fertility Japan* (Honolulu: University of Hawai’i Press, 2016), 110.

⁹ Kawakami Mieko, *Kimi wa akachan* (Tokyo: Bunsho bunko, 2017), 14.

- ¹⁰ Kawakami, *Kimi wa akachan*, 16.
- ¹¹ Ibid., 18.
- ¹² For more see Seaman, *Writing Pregnancy*, 82.
- ¹³ Ivry, *Embodied Culture*, 172.
- ¹⁴ Ibid., 103.
- ¹⁵ Ibid., 131–132.
- ¹⁶ Kawakami, *Kimi wa akachan*, 77.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ Ibid., 124.
- ²⁰ Seaman, *Writing Pregnancy*, 132–142.
- ²¹ Kawakami, *Kimi wa akachan*, 28.
- ²² Ibid., 120.
- ²³ Ibid., 122.
- ²⁴ Hunt, “Breasts and Eggs.”
- ²⁵ Kawakami Mieko, *Breasts and Eggs*, trans. Sam Bett and David Boyd (New York: Europa Editions, 2021).
- ²⁶ Kawakami, *Breasts and Eggs*, 236.
- ²⁷ Kumiko Nakata, Hiroshi Okada, and Toshiyuki Iwahata, “Status of Online Sperm Donation and Sperm Bank in Japan,” *Reproductive Medical Biology* 20.4 (October 2021): 554–556. DOI: 10.1003/rmb2.12395.
- ²⁸ Kawakami, *Breasts and Eggs*, 186.
- ²⁹ Nakata et.al., “Status of Online Sperm.”
- ³⁰ Kawakami, *Breasts and Eggs*, 333–334.
- ³¹ Ibid., 334.
- ³² Ibid., 336.
- ³³ Online private sperm providers do in fact offer this service in order to increase the odds of fertilization; see Ibid., 455.
- ³⁴ Kawakami, *Breasts and Eggs*, 337.
- ³⁵ Ibid., 339.
- ³⁶ Ibid., 338.
- ³⁷ Ibid., 422.
- ³⁸ Ibid., 423.

- ³⁹ Kawakami Mieko, “Wisteria,” trans. Hitomi Yoshio in *Astra: The International Magazine of Literature* 1 (2022): 41.
- ⁴⁰ Ibid.
- ⁴¹ Ibid., 42.
- ⁴² Amakasu Ririko, “Koin tosu,” in *Umu, umanai, umenai* (Tokyo: Kodansha, 2014), 114.
- ⁴³ Ibid.
- ⁴⁴ Ibid., 118.
- ⁴⁵ Ibid., 128–129.
- ⁴⁶ Saki Hinako, *Hinako no 39 sai kara hajimeru funin chiryoō nikki* (Tokyo: Saizusha, 2016), 4.
- ⁴⁷ On this, see Seaman, *Writing Pregnancy*, 113–119.
- ⁴⁸ Japanese Ministry of Health, Labour, and Welfare, “Handbook of Health and Welfare Statistics 2021,” table 1–39, <https://www.mhlw.go.jp/english/database/db-hh/1-2.html>. Accessed April 14, 2023.
- ⁴⁹ Although most of Japanese births in 2020 (65.3%) were to mothers over the age of 30, only 6% of those mothers were 40 or older. See Japanese Ministry of Health, Labour, and Welfare, “Handbook of Health and Welfare Statistics 2021,” table 1–17, <https://www.mhlw.go.jp/english/database/db-hh/1-2.html>. Accessed April 14, 2023.
- ⁵⁰ Saki, *Hinako no 39 sai*, 36.
- ⁵¹ Fukuzawa Yukichi (1835–1901) was a philosopher, author, and educator, and the founder of Keio University. His portrait has appeared on the Japanese ¥10,000 note since 1984.
- ⁵² Saki, *Hinako no 39 sai*, 67.
- ⁵³ Ibid., 104.
- ⁵⁴ Ibid., 109.
- ⁵⁵ Ibid., 17.
- ⁵⁶ Ibid., 67.
- ⁵⁷ Matsuo Yumi, *Baruun taun no satsujin* (Tokyo: Hayakawa, 1994); translated by Amanda C. Seaman as “Murder in Balloon Town,” *The Review of Contemporary Fiction* 22.2 (2002): 91–110. For more on this story see Amanda C. Seaman, *Bodies of Evidence: Women, Society and Detective Fiction in 1990s Japan* (Honolulu: University of Hawai‘i Press, 2004), 124–128.
- ⁵⁸ For more, see Seaman, *Writing Pregnancy*, 13.

- ⁵⁹ Yukiko Katagiri, Seung Chik Jwa, Akira Kuwahara, Takeshi Iwasa, Masannori Ono, Keiichi Kato, Hiroshi Kishi, Yoshimitsu Kuwabara, Miyuki Harada, Toshio Hamatani, Yutaka Osuga, “Assisted Reproductive Technology in Japan: A Summary Report for 2019 by the Ethics Committee of the Japan Society of Obstetrics and Gynecology,” *Reproductive Medicine and Biology* 21.1 (January–February 2021), <https://onlinelibrary.wiley.com/doi/full/10.1002/rmb2.12434>. Accessed March 30, 2023.
- ⁶⁰ Kazue Harada, *Sexuality, Maternity, and (Re)Productive Futures: Women’s Speculative Fiction in Contemporary Japan* (Leiden/Boston: Brill, 2022), 165.
- ⁶¹ Katagiri et al., “Assisted Reproductive Technology.”
- ⁶² Other Asian countries such as China are taking a similar approach. See Alexandra Stephenson and Zixu Wang, “Eager to Subsidize I.V.F. to Ease a Crisis,” *The New York Times*, January 23, 2023.
- ⁶³ Lily Nonomiya, Marika Katanuma, and Yuko Takeo, “Japan, in Need of More Babies, Is Helping Pay for Costly IVF,” *The Japan Times*, 1 April 2022, <https://www.japantimes.co.jp/news/2022/04/01/national/japan-ivf-support/>. Accessed April 11, 2023.

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