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The Sociological Eye 2015

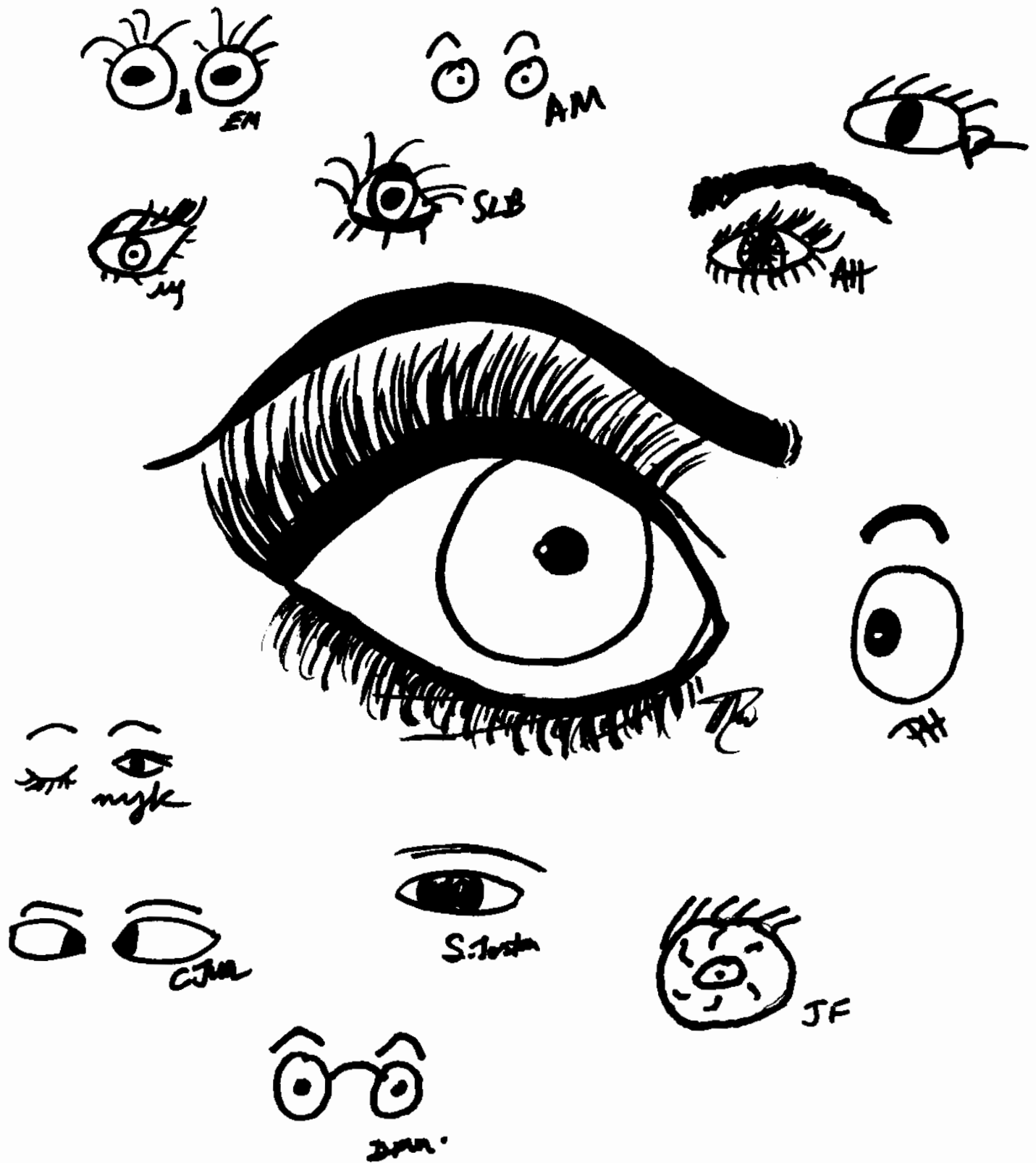
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THE SOCIOLOGICAL EYE

2015

THE SOCIOLOGICAL EYE

Spring 2015

Journal of the Sociology Department

Loyola Marymount University

The Sociological Eye is a student edited journal. Sociology majors and minors, as well as other LMU, students, are encouraged to send in short essays (about 2500 words) to expose their own scholarly work on topics of sociological interest. The journal is an excellent medium to contribute your research endeavors to students, alumni, and faculty. Please contact either of the editors, Dr. Kim, or Dr. Sager for more information.

Co-Editors

Elizabeth Ashton Harris
Eharri16@lion.lmu.edu

Monica Zamora
MVirgenZamora@gmail.com

Faculty Advisors

Dr. Nadia Kim
Nadia.Kim@lion.lmu.edu
310-338-2810

Dr. Rebecca Sager
RSager@lion.lmu.edu
310-338-2811

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Each year in the Sociology Department we are excited to publish original work from our students. In sociology we focus on a wide array of topics, from race and class to politics and the environment. These papers grapple with a number of issues in the field of sociology: transgendered America, migrant farm workers, and technological change that professional sociologists are researching and debating today. This year the students' work largely focuses on three main areas: gender, globalization, and technology. The first paper examines an issue that many people, not just sociologists, are concerned with: the rise of an anti-vaccination movement in the United States (Bechtler). In the next paper, the author examines the often overlooked plight of migrant farm workers (Rawl). The third paper focuses on the emerging and changing role of social networking in South Korea (Min-Jung). In the fourth paper, the author looks at the costs and consequences of transnational surrogacy (Chobanian). In the fifth contribution, the author moves to a more creative piece to help us better understand American rape culture (Harris). Finally, in the last piece the author explores transgenderism through the lens of Goffman and Foucault (Zamora).

Nadia Kim & Rebecca Sager

Sociological Eye Faculty Advisors

Joshua Bechtler-Levin is a senior at Loyola Marymount University located in Los Angeles, CA. This spring, he will graduate with a B.A. in Sociology. His keen ability to understand and analyze both macro- and micro-level societal issues pairs well with his concentration in business marketing. This alternative, sociological approach to the typical business career path, gives him a more well-rounded perspective on consumer behavior. He is currently working on developing his senior thesis, which will focus on the negative social impacts of rapid technology growth and widespread social media use. The culminating presentation, which includes original research, will highlight the cognitive, physical, and social effects of normalized excessive screen time. Having traveled extensively through Europe, Asia, and Central America, Joshua draws inspiration for his research and writing from observing a wide variety of people in their urban and rural habitats. When not traveling, he can be found surfing in Leucadia, CA, and eating the “Ron Burgundy” burrito (post-surf) at his favorite lunch spot, *Haggo’s Organic Taco*. With his love of travel, action sports, and healthy living, Joshua looks forward to focusing his sociological lens on building global brands.



The Vaccination Conversation

Introduction

“Health” is a difficult word to define. What is even more challenging is determining if someone has “good” or “bad” health. Defining health is important because our definition of the word affects our view on health related issues in our country. Our views are made up of morals, and these morals should, though they don’t always, play an important role in how we make medical and health related decisions. Merriam-Webster’s Dictionary defines health as, “The condition of being sound in body, mind, or spirit; especially: freedom from physical disease or pain” (<http://www.merriam-webster.com/dictionary/health>). While this definition is a good attempt at defining the word, we run into issues with what being “sound” entails. That is why morals play a key role in how we view health. Do we look out for the best interest of the individual or the collective, or both? When it comes to vaccinations, these are questions we must ask ourselves.

In my paper, I will explore who is opting out of vaccinations and their reactions, the media's role in how vaccination information is spread, and the anti-vaccination movement. In the world of health, vaccinations are one of the greatest accomplishments of the 20th century, but according to Shetty and a variety of other reports, we are undoing this success. Shetty, along with several other scholars that I will address in my literature review, argue that the issue of vaccination must be brought back to the forefront of the health and political discussion.

An Ethical Concern

We can already see signs that declining vaccination rates are affecting our population. Just this year, California has experienced 61 cases of measles, which is four times the level of cases last year (California Department of Public Health). Vaccinations serve to protect individuals from a variety of different diseases. Not only is the individual protected, but so is the collective – meaning if everyone is vaccinated, diseases will have a more difficult time penetrating the individual and spreading to other individuals (Washburn, lecture, 11/12/14). The moral health concern with vaccinations, however, is that there is a growing trend of people not vaccinating their children (Poland 2440). Some people are worried that immunization shots will have adverse side effects on their children, and lead to cognitive disabilities (Hiltzik, Los Angeles Times, 9/3/14). Parents' decision to opt out of immunizations for their children is a problem because it puts their child at risk of contracting a deadly disease. Diseases that scientists have found sound remedies and vaccinations for are re-entering the population (Centers for Disease Control and Prevention, 2011).

So, who should be responsible for making the decision on vaccinating a child? Do we value the individual (the child receiving the vaccination) or the collective (the population as a whole)?

Immunizations are not always successful and negative side effects do occur, but should these adverse effects to an individual be valued at a higher moral level than the well-being of the population as a collective?

Vaccinations were developed to severely minimize preventable childhood diseases, and with certain individuals deciding to not vaccinate their children, these diseases are making a deadly comeback. Navigating “the best”

moral approach to vaccinations is a serious health issue for individuals on a micro level, and for policy makers on a macro level to negotiate.

The History of Vaccines

Edward Jenner was born on May 17, 1749, in Berkeley, Gloucestershire. (Riedel 119).

With a strong interest in science and nature, Jenner found himself in an apprenticeship with a surgeon at a young age. From here, he became involved with cowpox and trying to find cures for the disease. His initial work with cowpox then led him to find a cure for smallpox. When smallpox became a serious problem in 1774, Jenner was determined to protect his family. “Jenner used material from udders of cattle that he knew had cowpox and transferred the material with a small lancet to the arms of his wife and two boys” (Riedel 25). The three of them, having been vaccinated, then remained free of smallpox. While physicians in the dairy counties of 18th century England were also experimenting with smallpox treatments, Jenner’s work has received the most recognition for being at the forefront of the vaccination movement (Riedel 25). As a result, “Jenner’s work represented the first scientific attempt to control an infectious disease by deliberate use of vaccination” (Riedel 23). His work is widely regarded as the foundation of immunology (Riedel 21), and his relentless promotion and devotion to research on vaccination has guided the way medicine is practiced today.

Literature Review

In order to better understand the vaccination debate, it is important to paint a clear picture. In my literature review, I will break down various vaccination perspectives of researchers and parents.

There is clear evidence that vaccination rates are dropping, and scholars are trying to understand why this is happening. Some research points to misinformation, as Hiltzik, Kata, and Downs suggest. Other research, like that of Wilson, finds the lack of vaccinations stemming from trust.

Because the entire process can be confusing for parents, Leask then analyzes vaccinations from a parental perspective. Lastly, Blume and Durback provide interesting commentary on citizenship and vaccination, taking an alternative stance on the debate.

Research suggests that people are opting out of vaccinations based on personal beliefs that are grounded in little to no scientific evidence. For example, Shetty describes, “Around the world, vaccination rates are dropping, and the unthinkable is happening: children are dying from childhood diseases like measles and pertussis” (970). Another researcher, Hiltzik, sums up this point very clearly when he discusses the problem with personal beliefs. He says:

It's based on nothing. Parents may claim it because of something they've heard, or something they've read, or something they've been told by an indulgent pediatrician whose license should be scrutinized with great care by medical regulators. But it's not based on science, which tells us that, except under certain very specific conditions, vaccines are safe. (Those with medical reasons to forgo vaccinations can also obtain exemptions, but these are rare and often temporary) (Hiltzik, “Rich, Educated, and Stupid”).

It would be a different story if those parents not vaccinating their children were poor and uneducated, but alarmingly, as Hiltzik points out, these are decisions being made primarily by wealthy, educated individuals with access to health care and health knowledge.

Next, scholars argue that the media plays a large role in how information is disseminated. The media is one of the most powerful systems we have for providing information to the public. In a study done by Downs, she discovered that when learning about vaccinations, “Many parents reported seeking additional information, often saying that they would use the Internet rather than ask their doctor. Most said that they would use a general search engine, rather than consult a medical or official website” (Downs 1604). Media coverage, however, as scholars claim, is not always accurate.

A variety of journal articles point out that people are being misinformed about vaccinations.

Specifically, Kata describes the large role that the Internet has in disseminating anti-vaccination information, and how much of this is misinformation. She states, “Anti-vaccination protestors make postmodern arguments that reject biomedical and scientific ‘facts’ in favour of their own interpretations. Pro-vaccination advocates

who focus on correcting misinformation reduce the controversy to merely an ‘educational’ problem” (Kata 1709). While a lack of education may be part of the issue, influential individuals who speak publicly of vaccination in misinformed ways perpetuate the problem.

In Michael Hiltzik’s article on Katie Couric’s involvement with the anti-vaccination movement, we see how high profile individuals can easily influence people. When Katie Couric devoted a large part of her talk on *The Daily Show* to “some highly emotional and scientifically dubious claims by critics of Gardasil, a leading vaccine for human papillomavirus, or HPV” (Hiltzik, “Katie Couric Puts”) she instantly re-opened the vaccine controversy. While daytime talk shows like *The Daily Show* are supposed to deal with controversial issues, “injecting doubt and emotionalism in to important medical discussions and removing science from the arena is playing with fire” (Hiltzik, “Katie Couric Puts”). Receiving a large amount of heat from the scientific community on her “anti-vaccine and anti-science” segment, Katie Couric reappeared a week later to acknowledge the importance of safety that comes with vaccinations (Hiltzik, “Katie Couric Backs Off”). Because celebrities and other high-profile individuals have such a wide audience that listens to them, it is crucial that they are aware of the messages they send to the public via the media.

Research has shown that there are two sides to the vaccination debate: Those who vaccinate because that is what society expects and demands, and those who choose not to vaccinate for fear of developmental disorders in their children. Wilson describes how a large part of the debate lies in trust. He notes that, “The level of trust, or distrust, in vaccine-related information affects parents’ decisions to vaccinate their child or not...” (Wilson 231). Parents who are worried about their children potentially developing certain disorders, abnormalities, or other negative side effects are choosing to not vaccinate their children (Wilson 232). Those on the other side of the debate, however, say that this poses a threat to public health.

Researchers suggest that those parents who do not vaccinate their children are dodging an immediate risk (that the immunization shot could harm the child), and justifying their decision based on the fact that other parents will vaccinate their children. Those who have studied the issue argue that failing to vaccinate children puts

everyone at risk for contracting diseases that we have worked so hard to control and minimize amongst our population. Serpell and Green call the belief that everyone else is vaccinating their kids so you don't have to, 'free-riding,' arguing, "if parents feel that others vaccinating reduces the risk of their child being infected, then they may feel that they need not vaccinate their own child as long as local vaccine coverage is good" (4043). Downs further explains in her research, that even parents who are in favor of vaccination start to question their decision based on the ongoing debate.

The experiences that parents have, in regard to the vaccination decision-making process, vary, so making a clear decision can be confusing. In a study done by Leask, she sampled mothers both for and against vaccination to discover how they took their stance on the debate. Her study explored how mothers of infants react to mixed media messages, on both sides of the argument, about vaccine safety. Those mothers in support of vaccination viewed "vaccine preventable diseases as threatening and frightening" (Leask 3). Essentially, they saw vaccinations as something normal that everyone went through. One mother even said, "it's just something you do' and spoke of vaccinating her own children almost to maintain a family tradition" (Leask 4). Supporters of vaccination see vaccinations as a normal part of life, which is then reinforced by health care providers. On the other hand, those with some reservations on vaccinations said that, "a prominent concern was the effect on the vulnerable baby's immunity" (Leask 4). When given reading materials on the anti-vaccination movement in a controlled study, many mothers instantly reacted with surprise and anger about not having been warned about the risks and dangers associated with vaccination. Individuals who construct an anti-vaccination message do so by creating "a simple risk-benefit equation, sometimes drawing on analogies to make their point" (Leask 4). In addition, they placed a large amount of trust in the person conveying the message to them, and their own personal experience and opinions.

Lastly, many mothers touched on the anticipation of regret that they would potentially experience if their child acquired a vaccine-preventable disease. "The mothers spoke of 'never being able to forgive themselves' and their 'guilt' if their child was unvaccinated and got the disease" (Leask 4). By using a diversity of media

covering competing vaccine safety messages, Leask was able to see how parents reacted to both pro- and anti-vaccination arguments.

Approaching the issues from a different angle are Blume and Durback. In an article by Blume, he critiques how people are calling the anti-vaccination movement a 'social movement'. He believes that referring to pro- and anti-vaccination as a 'movement', and lumping together this type of behavior with social movements, may actually have unintended effects. It seems that people are drawing conclusions on a false sense of knowledge; so, associating ill-informed parents with a 'movement' could be very destructive to the health of the population. A central point to the vaccination argument, which Blume makes in his research, is the idea of citizenship. He says, "For those who promoted vaccination the procedure was part of the duty of good citizenship, for it protected the entire population from disease" (Blume 629).

When everyone is vaccinated, then we greatly increase our chances of not contracting those diseases. The approach of everyone acting in this manner, that is to vaccinate, is a very utilitarian approach as well. When we all vaccinate, we are acting for the greatest good for the greatest number of people. Acting in the collective is therefore beneficial if we are looking out for the general well-being of all citizens.

In contrast to Blume's point, Durback suggests that those who are choosing not to vaccinate take a more individualistic approach to citizenship. Almgren, in her analysis of social justice, says, "In the classical libertarian perspective, civil society is comprised of a network of natural and voluntary association among autonomous and equal individuals that in various ways serve human needs (Boaz, 1997)" (Almgren 4). Almgren also says that in the dominant libertarian vision, "collective wellbeing is best achieved through the exercise of individual free will and self-responsibility..." (Almgren 5). This type of libertarian perspective is not as conducive for the prosperity of the population as a whole, but more so, aids the individual. As mentioned in her book *Class, Gender, and the Conscientious Objector to Vaccination*, Durback discusses how citizenship involves protecting the bodies of our neighbors. Specifically, she says, "It is not decent, in a free country, even to talk of legalising bodily assault and possible murder on the bodies of fellow-citizens'

children” (Durbach 64). Because vaccinations are not always successful, some may argue that giving an immunization shot is like gambling with someone’s life, or engaging in pre-meditated murder. The vaccination may not kill you, but it could, and that potential is very disconcerting to people who value individualistic morals over the collective.

The Anti-Vaccination Movement

Infectious diseases have existed throughout history. These types of diseases, while devastating and deadly, have also contributed to shaping and controlling the size of our population. Our ability to prevent mortality and morbidity through vaccination is one of the biggest health successes in our history (Poland 2440). “On a global level, it is one of the few cost-effective medical measures that result in universal benefit” (Poland 2440).

Despite these facts, researchers are pointing to a growing anti-vaccination movement. Poland suggests that we have become a culture that is intolerant of risk, and insists that someone take blame for any type of action (either negative or positive) (2441). We also live in a world where information is easily accessible via the Internet. These trends cause many anti-vaccine groups to “demonstrate an anti-authority stance (with implications for state or federal mandates for vaccines)” (Poland 2441). As a result, many Americans start to view the government with mistrust, questioning vaccine safety.

Poland says that we must all first acknowledge that vaccines can and do cause harm.

Specifically, he says, “vaccines are immunobiologics, and all immunobiologics have been associated with adverse effects...” (Poland 2441). Additionally, the success of a vaccine will not become apparent until it is given to a large portion of a population, and this is frightening to those opposed to vaccination. The Center for Disease Control and Prevention created a booklet containing the most widely held objections for anti-vaccine advocates. These objections include:

The idea that the disease had already begun to disappear prior to the use of vaccines; concerns that the majority of people who get a vaccine-preventable disease were previously immunized, that there are ‘hot’ lots of vaccines particularly associated with a greater frequency and/or severity of adverse events

and deaths than other lots; that vaccines cause illnesses and deaths; that vaccine-preventable diseases have been eliminated already; that multiple vaccines ‘overload’ the immune system; that vaccines are not ‘natural’ with a preference for disease-induced immunity, and finally any variety of political/economic conspiracy theories regarding manufacturer profits, minority issues, and even genocide issues. (Poland 2442)

These are the most common anti-vaccine arguments, and with the widespread use of the Internet, anti-vaccine proponents are able to easily share and spread these arguments online with other people. Anti-vaccine groups are not only taking advantage of the Internet, but they are publicly exaggerating specific, and rare, negative vaccine reactions (Poland 2442). Poland attributes this type of behavior to “inadequate scientific knowledge bases within the media” (2442).

Societal and individual decision-making is often a result of what we hear in the media. So, when the media overemphasizes the negative effects of vaccines and neglects to report on the positive effects that vaccines have on the majority of the population, the information society receives is negatively skewed. Poland calls this a “pyramid effect” (2442). In this model, the base of the pyramid represents widespread public health – In this case, the use of vaccines to prevent common diseases from affecting the majority of the population (Poland 2443). The top of the pyramid, however, represents the minority who experience acute harm or risk from vaccination.

The majority of individuals, situated at the bottom of the pyramid, experience the positive effects of vaccination without really being aware of its benefits. Few are actually harmed by the vaccination, but those who are (situated at the top of the pyramid), perceive vaccination as substantially and intensely harmful (Poland 2443). The people at the top of the pyramid are more likely to express their feverous opinions to the media, so voices become unbalanced. In most cases, the people at the top of the pyramid are “the only individuals who voice their opinions, thus causing a societal sense that the vaccine leads to more harm than good” (Poland 2443).

While Poland's research provides "commentary for those interested in wider debates about the role of the Internet (Nettleton 2004, Ziebland 2004) and the media in healthcare decision-making (Hargreaves et al. 2003)," Johnston's (2004) provides a more detailed analysis of contemporary anti-vaccination groups. According to Johnston's, "vaccine activism is not about ideology but about thoughtful parenting" (Johnston 275). In a review by Blume on Johnston's argument, Blume says that the anti-vaccination movement is being falsely labeled as a 'social movement'. Blume concludes that "the utility of this categorization is debatable, and furthermore, that in practical terms it may result in the attention of the public health profession being diverted away from the serious concerns felt by a wider population of parents" (Blume 638). Anti-vaccine activists, however, use the momentum they gain from using the term 'social movement', to reframe the risk associated with vaccination. By leveraging both Radical and Reformist groups anti-vaccine supporters can construct risk and unknowns. As a result, researchers can confirm "the value of social scientific attempts to distinguish between risk, uncertainty, ignorance and indeterminacy (Wynne 1992)" (Hobson- West 210).

Conclusion

Having examined those who opt out of vaccinations and their reactions, the media's role in how vaccination information is disseminated and the anti-vaccination movement as a social movement, it is evident that the vaccination debate remains a complex issue. In review, vaccination rates are dropping, and scholars are trying to understand why this is happening. As Hiltzik, Kata, and Downs suggested, parents are receiving false information from various media outlets. Leask was able to perform a controlled study on how parents develop their opinions on vaccination by giving parents a variety of pro- and anti-vaccination mixed media "tests". Other researchers, like Wilson, pointed to decreased vaccinations stemming from a lack of trust in health care providers. Lastly, Blume and Durbach provided an alternative approach to the vaccination debate, highlighting libertarian and citizenship ideals. Overall, we are constantly being overwhelmed with information, so we must learn to filter what we hear and make smart, informed decisions accordingly.

As the anti-vaccination movement gains momentum with increased media coverage, we must be careful with how vaccination information is dispersed. The growth of the Internet and the ability for more and more people to have access to information, has led to individuals forming their own strong, informed opinions. Therefore, it should be of no surprise that people are developing their own personal beliefs on vaccination. Scientific research still holds a greater authority than personal beliefs in the eyes of the majority, but it will be interesting to see if individual research, over time, will eventually replace the need for most people to even see their health care providers for health related issues in general.

Ultimately, there is a variety of research and scientific knowledge on either side of the debate, but the debate is also deeply engrained in ethics. Making a decision on vaccination is not just an individual or familial choice, but also a choice that will affect the collective. How policy makers decide to enforce vaccination laws will determine if vaccine-preventable childhood diseases will persist in our society in the future. Taking matters into our own hands with a serious health issue like vaccination is dangerous, so hopefully health care providers, political leaders, and vaccine activists can help reaffirm the importance of vaccination, and do so for the wellbeing of society as a collective. In the end, we all share the same planet, so killing off our own species due to preventable diseases would be both detrimental and regressive.

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Abigail Rawl, born and raised in Lexington, South Carolina, is a junior Sociology major at Loyola Marymount University. She is a member of Alpha Kappa Delta, the sociology honor society. She loves the way in which sociology is easily relatable to everyone and includes a vast range of topics. She is specifically interested in discussions of race, gender, community, and immigration. Growing up on a family owned agriculture farm back in South Carolina, Abigail has witnessed firsthand the lives of many migrant farmworkers and their immigrant experience in the United States. This is where she gained the inspiration and drive to research and write on the unique health conditions of migrant farmworkers. Passionate for both film and social change, she spends much of her time watching documentaries on social issues. When Abigail is not busy in class or studying, she likes to go to concerts and choreograph dances with her sister. She would like to thank Professor Rachel Washburn for opening her eyes to the health problems migrant farmworkers face and encouraging her to submit her research to The Sociological Eye. Abigail plans to further continue her research on the subject matter while also applying her gained insight to ensure better health outcomes and a happier life for these migrant farmworkers.



Migrant Farmworker Health in the United States

Introduction

Around 72% of the farmworker population in the United States today were foreign born (NCFH 2002). The majority of these migrant farmworkers in the United States tend to be of Hispanic origin (NCFH 2002). Many of these individuals move to the U.S. in hopes of finding work. This paper focuses on the unique health problems migrant farmworkers face. These problems consist of pesticide exposure, housing conditions, acculturative stress, musculoskeletal problems, mental instability, skin disorders, and much more. The literature discussed will touch briefly on the above categories, as well as the availability of health care to these individuals.

The health of migrant farmworkers is a commonly overlooked problem that deserves attention. Improved regulation and more research on these individual's circumstances in the future would provide for a better understanding of why these individuals' face a great deal of health problems in comparison to other

populations, and how these health problems can be reduced. After a discussion of the current literature on the subject, the National Center for Farmworker Health will be discussed in depth with regards to its history, mission, and tactics for achieving goals. Research on migrant farmworkers demonstrates that migrant farmworkers are an at-risk population for a multitude of health concerns, and there is a great need for better quality and access to care for these individuals.

Pesticides

Migrant farmworkers are frequently exposed to pesticides while on the job. Pesticide exposure is known to cause a variety of health problems, including but not limited to: cancer, birth defects, mood disturbances, cognitive dysfunction, neuromuscular problems, skin sensitization, respiratory disease, and abnormalities in liver and kidney functioning (Burkett et al 2006). Much of the research that has been conducted concerning pesticides focuses on pesticide training and knowledge, rather than the health problems themselves. Studies have shown that migrant farmworkers are not receiving the pesticide safety training that is necessary. For example, a study conducted by Burkett et al 2006 showed that the majority of migrant workers do not receive adequate training, but among those who did receive training, protective measures were not increased. Studies have shown that sources of pesticide safety information come most frequently from pesticide dealers and crew leaders. Employers were rarely responsible for any of the knowledge the workers had (Arcury et al 2001; Burkett et al 2006).

Arcury et al 2001 found that about 90% of the migrant workers were from Mexico, and the majority return to Mexico once a year from North Carolina where the study was conducted. Most of these individuals farmed while back in Mexico, and 73.8% of these individuals used pesticides in Mexico. Amongst this percentage, about two-thirds had not received pesticide training in Mexico. This study points out the possibility that migrant farmworkers health may be a product of their experiences and beliefs from farming back in Mexico. Employers may often assume that the migrant workers are aware of pesticide harm and protective measures, and may not inform the workers properly.

In terms of protective gear to block the workers from pesticides, research has shown that gloves are the most commonly used protective gear. Although this is a positive finding, it has been suggested that employers provide the gloves in order to protect the crops rather than the individuals (Arcury et al 2001). The laborers often wear hats and mouth-covering masks, but this is not as commonly used. The eyes are rarely protected and much of the skin is exposed. The main reason given by farmworkers about why protective equipment is not worn is because it is not provided (Burkett et al 2006).

The environmental risks that these migrant farmworkers experience are harmful to all who come in contact with pesticides, and is even more harmful for those who are not trained properly in safety measures. There has been further research on pesticide exposure that focuses on the differences between socioeconomic circumstances. It has been found that beliefs about the risks of pesticides vary according to one's socioeconomic status. Although mostly all migrant farmworkers live in poverty, there is a variance in living situations and other factors that shape the individuals perception of their life and health. Those with limited economic advantages viewed their future health as worse, and felt that safety precautions were not as effective (Vaughan 1995). The stress that one may feel over their control of pesticides, and other health factors, may have an effect on an individual's health outcome.

Housing

Migrant farmworkers are often very limited in terms of their access and choice in housing. Farmworkers tend to live in over-crowded, unsanitary houses that are generally not good for the individual's well-being (NCFH 2002). There have been a great number of studies conducted on the housing situations of migrant farmworkers over the years. For example, a study was conducted based on 183 camps located in North Carolina in 2010, 73.8% of the housing had structural damage, while 46.2% lacked privacy in the bathroom (Arcury et al 2012). Arcury et al (2006) found that farmworker homes and camps in North Carolina are considered overcrowded the majority of the time. Families and individuals working for the same company are forced to share a small living space. The overcrowding of space leads to the spread of illness more easily, as well as a

lack of psychological well-being. These homes were mostly mobile homes, located near agriculture fields. Being located near the fields at all times exposes the individuals to pesticides, which may result in health issues. The employers usually own the homes. Migrant workers usually do not own their homes due to a variety of reasons, some being lack of education, low income, and the inability to speak English well (Arcury et al 2006). Some other major issues in the housing situations of migrant farmworkers are the food supply and quality of water. Sanitary eating area, nutritional foods, and clean water are essentials to maintaining good health for all individuals. In a study conducted by Bischoff et al 2013, 182 farmworker camps in North Carolina were investigated and rated in terms of basic kitchen-related housing regulations recognized by the U.S. Government. Some common findings in the homes were improper refrigerator temperature, cockroach infestation, contaminated water, rodent infestation, improper flooring, leaks and holes, and much more (Bischoff et al 2013). The drinking water of 181 farmworker camps in North Carolina was also tested, and 61 out of 181 of the camps failed the Total Coliform Rule (Bischoff et al 2012).

In a study on food insecurity and health outcomes in a United States and Mexico border farmworker campsite, 82% of households reported food insecurity being present, while 49% reported hunger (Armijos et al 2007). The Food Stamp Program was looked at, and the program tends to not help the migrant individuals due to lack of transportation, ineligibility or beliefs of, and the stamps not meeting the needs of the families or individuals (Armijos et al 2007). Both the food and water quality accessibility are essential in maintaining the health of these farmworkers. The most common illness resulting from lack of food and clean water is gastrointestinal problems, such as diarrhea and vomiting (Bischoff et al 2012, Bischoff et al 2013). Migrant farmworkers tend to face a high level of stress for a variety of reasons, some being low wages, unstable employment, social isolation, and fear of deportation. With inadequate food and water supplies, as well as a clean and safe environment to live and sleep, the stress of these individuals only increases (Armijos et al 2007). A high level of stress is associated with a weakened immune system, making this group of individuals more susceptible to more health problems over all.

Stress

Latino migrant farmworkers tend to have a subordinate position in the United States society due their minority ethnicity and low-income status. In Holmes 2006, 130 farmworkers and 30 clinicians were studied over a 15-month time period. Holmes was studying the health disparities of the migrant workers, and how their position in society works against them and worsens their health. Holmes attributes the poor health of these individuals to structural violence, in which the structure of society and the status hierarchy that is imposed on individuals is directly responsible for bad health. The study revealed that undocumented indigenous Mexicans had the worst health, while also being at the bottom of the social hierarchy in the work setting (Holmes 2006). This idea of structures being responsible for health is a common idea in the literature on migrant farmworkers' health. The Quesada et al 2011 study refers to Holme's idea of "structural violence" as "structural vulnerability." Quesada and colleagues believe that the status and position of individuals in society directly puts them in harm's way. Quesada et al links health and the structure of society as does Holmes, but the term "structural vulnerability" refers to their "chances" of being in harm's way (Quesada et al 2011). Both of these ideas are based around the idea of social structures control over the individual's life, and the way in which these immigrants are at risk of health concerns when working to adjust to the United States society.

Moving from a different culture into the United States can be a rather tough transition, and there are a multitude of reasons this is so. Hovey and Magana 2002 looked into the relationship between acculturative stress and anxiety disorders. They found some specific variables that act as predictors of anxiety that migrant farmworkers experience. Some of these variables are low self-esteem, lack of control and choice over one's life, elevated acculturation stress, low religiosity, and high education. Many of these variables are present because of the change in culture they experience when moving to the United States for work (Hovey and Magana 2002). Another study focusing on acculturation stress found that the amount of time spent in the U.S., the level of English speaking abilities, and the intensity of acculturation stresses one reports are all related to poorer health

outcomes. This study examined the impact that long-term and consistent acculturation stressors can have on an individual (Finch et al 2004).

Other Health Related Issues and Topics

The National Center for Farmworker Health found in 2012 that 78% of farmworkers are male. Due to the stressful lives they live working long hours, struggling to make money, being away from home, and more, many of these men consume an abundance of alcohol (Garcia 2008). A study of mushroom industry workers in Pennsylvania found that situational factors such as living arrangements, social isolation, peer pressure, festive occasions, bad news from home, and long work weeks were all common reasons given for alcohol consumption (Garcia 2008). This act of binge drinking is often used as an outlet of relaxation and an escape from their daily problems. Consuming too much alcohol can have a negative effect on the health of individuals, and the stress these migrant farmworkers experience put them at a high risk of alcohol related health problems (Garcia 2008).

There are many health issues one can face in this industry while being on the job. The immense amount of time in the sun can cause dehydration, sunburn or cancers, eye damage, and more. The repetitive movements while working can cause major musculoskeletal injuries, which was found to be the most common health problem in the study conducted by Avery et al (2009). Chemical exposure is also a commonly reported health problem. Some less frequently reported issues were bee stings and poison ivy. Avery et al (2009) found that when treating these medical conditions, the majority of the laborers resorted to over-the-counter medication and remedies for healing. Very few of the individuals saw a doctor about their health problems.

Migrant workers face numerous health problems, whether due to the job itself, their housing situation, or the stresses of acculturation. Many of these individuals cannot afford health care, cannot access health care services, or are undocumented/illegal and fear seeking help. A study conducted by Luque and Casteneda (2012) evaluated mobile clinics and their ability to supply the care needed to these individuals. This study found that most of the outreach is due to academic institutions and community organizations. These mobile clinics provide

a variety of services, ranging from basic tests like blood pressure and BMI to prenatal care and dental work (Luque and Casteneda 2012).

National Center for Farmworker Health, Inc.

Migrant farmworkers face a variety of health issues, as shown above, that are often out of the individual's control. The environment and tasks these workers endure on a daily basis put them at a high risk for health problems, and due to their migrant status, they often cannot receive the care they need. There are a variety of organizations that focus on the various health issues of migrant farmworkers throughout the United States, but the National Center for Farmworker Health (NCFH) works to help all of the health needs of these individuals at once. The National Center for Farmworker Health is a private, non-profit corporation that was originally established in 1975 in Buda, Texas (NCFH 2002). The organization's early beginnings consisted of providing bilingual workers in health centers, in order to help professionals provide the necessary care to Hispanic farmworkers who did not speak English (NCFH 2002). The organization opened a resource center through the Juarez-Lincoln University library, in order to expand the research and educational tools needed to further reach their goals (NCFH 2002). With the expansion of the organization, the center was able to expand their goals to a larger geographical region and was able to focus the attention of the corporation to providing access and care to farmworkers as well as training and education to providers.

Today, the mission of NCFH is "to improve the health status of farmworker families through the provision of innovative training, technical assistance, and information services to Migrant and Community Health Centers" (NCFH 2002). The organization does not focus on one specific health issue, but rather works with health centers and professionals across the nation to care for all of the health issues this specific population faces. NCFH informs these centers about the needs of the farmworkers, as well as helping to provide the needed services and technology to better the care (NCFH 2002). The center's goal is to rid of all barriers to accessing health care for the farmworkers and their families and to ensure the quality of the care the individuals receive (NCFH 2002). This organization seems to place great emphasis on equality for all with regards to health. The

organization acknowledges the multitude of health issues farmworkers tend to face regularly, and attribute this to the health care system in general, instead of putting the responsibility on the individuals themselves. Though they are not necessarily giving their attention to changing governmental policies directly, they are working around the health care system to provide access and quality care to all migrant farmworkers who may not have health insurance. The NCFH works to achieve this mission through training professionals and educating both professionals and farmworkers across the nation on health issues that target the migrant farmworker population.

The NCFH developed the Leadership Development and Training Center (LDTC) in the year 2000, in order to increase the skills and knowledge of professionals nationwide with regards to migrant health (NCFH 2002). This program offers a wide range of skills and strategies that fit the needs of many organizations (NCFH 2002). The programs are personalized in order to make sure the benefits of each center and organization being trained are met. The LDTC services include leadership and staff development training programs, on and off-site consultation and technical assistance, health education and health promotion program development, and development of low-literacy and culturally appropriate health educational materials (NCFH 2002). Individuals who are trained through this program will learn a variety of skills, such as developing a business plan, finding farmworkers to aid, cultural diversity training, disease specific training, and much more (NCFH 2002). Not only are some of these services offered on-site, services are offered through telephone, e-mail, and postal service as well, making it easy for professionals to receive the training they need (NCFH 2002). These services seem to focus on the delivery and quality of health care, rather than educating individuals on the actual health problems of the farmworkers.

The National Center for Farmworker Health distinguishes the difference between training and education in their mission. Training is specific to the Leadership Development and Training Center mentioned above, and is meant to train the professionals first-hand. Education focuses more broadly on the specific health concerns of the farmworkers. Educating both the professionals on the latest research as well as the farmworkers on preventative measures are key to achieving this goal. NCFH works with health worker groups across the

country to provide the necessary tools to deliver education to the community (NCFH 2002). This education ranges from cancer awareness, HIV/AIDS, oral care, and farmworker safety concerns they may face on the job (NCFH 2002). These are the health concerns that the NCFH is most informed and trained in, but they are able to assist in other areas of health education as well.

The research library the organization established in their early years has expanded greatly and many of its resources are available online through their website. There are over five thousand materials online available for migrant health professionals to access, that include both historical documents as well as current research on a variety of health concerns (NCFH 2002). The NCFH Resource Center provides two monthly publications with current health news and tips. The publication titled Health Tips is a bilingual newspaper that is distributed throughout the United States and is targeted to the migrant farmworker population specifically. The goal of this publication is to educate individuals on health various information and to encourage the individuals to visit a Migrant Health Center (NCFH 2002). The other publication is titled The Migrant Health Newslines and is targeted toward health providers. This publication informs providers about studies in the field and upcoming conferences around the nation (NCFH 2002).

In order to fully achieve their mission, the National Center for Farmworker Health works with various other organizations, researchers, universities, and individuals that are involved in bettering farmworker health across the nation. Many of the organizations that NCFH works with have rather narrow health focuses. For example, the Pesticide Action Network North America works to replace pesticide usage for alternatives that are deemed safer for both the environment and the health of individuals (About PAN n.d.). NCFH works with Pesticide Action Network North America and other pesticide centered organizations to tackle the pesticide exposure health issue. NCFH also works with various housing missions, such as the U.S. Department of Housing and Urban Development, which works to provide sanitary and safe housing to all Americans (NCFH 2002). This mission focuses its attention on low-income individuals of all sorts. NCFH takes this housing mission and focuses specifically on those farmworkers in need of its benefits. These are only two of the many

ways the NCFH works with other corporations, organizations, and regulations to provide an overall better health care system for farmworkers. The list is endless, and can be found on the National Center for Farmworker Health website under the “Links & Resources” tab.

In terms of providing health care centers to these farmworkers, NCFH is thoroughly involved in training and educating individuals and centers nationwide on the various needs of farmworkers, as outlined above. In 1962, President John F. Kennedy passed the Migrant Health Act, which focused on the delivery of health services to migrant farmworkers (NCFH 2002). With this, many Migrant Health Centers across the nation emerged. These centers are meant to provide quality care for patients, whether or not they have the ability to pay for the services (NCFH 2002). The NCFH website offers a map of all of the states and a list of all of the Migrant Health Centers in each state. NCFH is available for assistance for all of these centers if needed. The NCFH allows for individuals across the nation to become aware of these centers and locate and contact them easily.

The NCFH website offers a variety of tools for individuals to learn more about the organization, specific health concerns, training programs, farmworker facts, research on the subject, and much more. There is an option to make the entire website in Spanish for those individuals who may be interested in what NCFH has to offer but cannot read English (NCFH 2002). In terms of outcomes of the organization, there are too many examples of success to list. The organization does not focus in depth on particular goals nearly as often as it helps other organizations, corporations, and health professionals to achieve their desired goals. The National Center for Farmworker Health makes it possible for specific groups focused on migrant farmworker health to make a difference in their various fields of focus. NCFH is a great way for these various professionals and health centers to come together to provide an overall better health care system for these often overlooked individuals.

Conclusion

There seems to be a lack of literature available on the health centers and services available for migrant farmworkers. Much of the research available focuses on specific health issues, as well as the causes for these health issues. Due to this lack of research on health centers, the research provided above on the National Center for Farmworker Health provides insight into the health services that are being provided to these farmworkers. In the literature, there is a prominent focus on stress and its impact on the health outcomes of these laborers. These workers face problems that the average U.S. worker does not face on a regular basis, simply because of the tasks they must endure in order to get the job done. Due to their lower position in society economically, politically, and socially, it is much harder for these individuals to properly deal with the health issues they face. There are a variety of organizations working to help these individuals receive the care they deserve. Many of the health concerns are being dealt with on a micro-scale, such as cancer screenings and oral checkups, but in order to make a long-term change in the overall health of migrant farmworkers and their families, legislation and further regulation may be necessary. In the meantime, it remains essential for more research to be conducted in this field and more services to be provided to these individuals.

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Min-Jung Kim is a senior Sociology major and an Economics and Asian Pacific Studies double minors. She is graduating a year earlier than she had expected and hopes to obtain her Master's and Ph.D in Higher Education on the East Coast soon after. Min-Jung was born in Seoul, South Korea and immigrated to the United States in 1999. As the first generation college student in her family, she is enthusiastic about the unpredictable future and what it has to offer her. In fact, she studied abroad during the Spring 2014 semester in Bonn, Germany, exploring Europe, but quickly fell in love with Germany. All of these experiences at Loyola Marymount University would not have been possible without the perpetual support from her mentors and professors. She would like to thank her mentors for their unlimited advice and encouragement and the professors of the Sociology department for sharing their compassion, knowledge, and love of the discipline.



Are US Social Networking Sites Taking Over South Korea?

Introduction

Contemporary culture is punctuated with myriad social network notifications every second of every day. Social networking sites (SNS) have reached across borders and are popular around the world. With the rise of SNS, scholars must look at the transparent social interactions occurring within these new forms of communication to analyze the changing social fabric of societies. American social networking services, like Facebook, Youtube, Instagram, and Twitter, are not only popular within the United States, but also in other countries all over the world. In fact, Republic of Korea is one of the countries whose citizens are making use of both American and Korean social networking sites. Out of 50.22 million Koreans (World Bank), approximately 84 percent of the Internet users utilize social networking sites in South Korea (Statista 2013) and about 12.4 million people use Facebook alone (Statista 2014). Not all Korean citizens utilize social networking sites, but the US social networking sites are becoming popular in Korea because of their accessibility across the world. In fact, the emergence of American social networking sites has affected domestic businesses in Korea whereby

Cyworld, Korea's first popular SNS, was driven out of the market. However, other South Korean social networking sites surfaced and are competing against the American social networking sites. This paper will focus on why American social networking sites have become popular in South Korea, what are some of its effects, and whether South Koreans are utilizing American social networking sites more than the domestic ones. With this in mind, I hypothesize that while South Koreans are using both American and Korean social networking sites, the use of American sites is not westernizing Korea creating a hybridization of the two countries.

What are Social Networking Sites?

According to Boyd and Ellison (2007), social network sites allow individuals to (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system. "Social media" refers to the way to transmit or share information with a broad audience. On the other hand, "social networking" is an act of engagement where groups of people with common interests, or like minds, associate together on social networking sites and build relationships through community.

Globalization of Social Networking Sites

To better understand the rise of social networking sites in South Korea, we need to look at the history of how social networking sites emerged in our world. Social networking sites were first introduced in 1997 with SixDegrees.com (Boyd and Ellison 2007). Unlike today's social networking sites, people were online to communicate with their already-known networks and did not have extended networks. SixDegrees.com's success did not last and closed down in 2000 because users were not interested in meeting new strangers and many people did not have the access to a computer and the Internet. In 1997-2000, however, more websites were created for profiles and publicly articulated friends (Boyd and Ellison 2007). Examples of these social networking sites included: AsianAvenue, BlackPlanet, MiGente, and LiveJournal. During this time there was also a global growth in the number of social networking sites. Business social networking sites were additionally formed, like Ryze, Tribe, LinkedIn, Friendster, and Match.com. Friendster was utilized in the

Pacific Islands, Orkut was popular in Brazil and India, Mixi was in Japan, LunarStorm was in Sweden, Hyves was in the Netherlands, Grono was in Poland, and Hi5 was common in Latin America, South America, and Europe. Bebo was popular in the UK, New Zealand, Australia, while QQ was in China, and Cyworld was in Korea (Boyd and Ellison 2007).

Perhaps surprisingly, Korea had a successful earlier launch of social networking sites and their popularity amongst its citizens grew faster there than in the United States. Korea's Cyworld was launched in 1999 and became one of the first companies to profit from the sales of virtual goods by introducing homepages and buddies; SNS features were added to the site in 2001 (Boyd and Ellison 2007). Considering Korea's high literacy rate (97.7%) and use of technology as the most wired country in the world (CIA World Factbook), it is actually not that surprising for Korea to have well-developed social networking sites earlier than its global counterparts.. Kyung-Hee Kim and Haejin Yun (2007) analyzed how Cyworld supported both interpersonal relations and self-relation for Korean users. They traced the subtle ways of deeply ingrained cultural beliefs and activities that were integrated into online communication and behaviors on Cyworld—the online context reinforced certain aspects of users' cultural expectations about relationship maintenance (like the concept of reciprocity). Woyke (2006) described Cyworld as “a relaxed hangout that stresses existing friendships” in comparison to MySpace, which was described as “a hip party where users vie for popularity and attention.” Although Cyworld had only about 20 million users as of 2007, which was much smaller than that of Myspace (Kim and Chang 2007), the social impact of Cyworld among South Korean users was considered to be greater than the social impact of MySpace among American users, because Cyworld served nearly 50% of the South Korean population (Kim & Chang 2002) and almost 90% of those aged 24- 29 (SK Communications 2006). Hence, while American social networking services were popular, Korean versions were much more widely used and thus I argue did not cause Korea to be influenced by the Western culture.

The United States's introduction of Myspace emerged in 2003 to compete with sites like Friendster, Xanga, and AsianAvenue (Boyd and Ellison 2007). Myspace was different to the other social networking sites

that had existed before, because the creators regularly added features based on user demands. Hence, Myspace became popular to not only the adults but also to the teenagers who began to join Myspace en masse in 2004. With its rising popularity among different age groups, Myspace had to change its age policy so that the minors could join its services. However, Myspace's popularity did not transfer over to Korea (Kincaid 2009).

Facebook, another popular social networking site, emerged in the United States and later reached users worldwide, including Korea. Facebook was launched in early 2004 where it was exclusive to Harvard students at first; however, by September 2005, Facebook expanded its audience to high school students, corporations, and eventually to everyone. It was easily accessible in closed networks and had an explosive growth in the United States alone (Lee 2010) with 25% of 35-44 years old on Facebook. Facebook's popularity was not only in the United States; 12.4 million South Koreans are Facebook users, and Statista, a statistical portal, estimates that that number will increase to about 14.4 million users in 2018. While these numbers appear very high, one cannot simply look at the growing numbers of Facebook users, because there is a difference between account numbers and active users. Statista's penetration of selected social networks in South Korea as of the 3rd quarter 2013 showed that 84% of South Koreans were part of a social network but only 48% had been active in the past month. For Facebook 75% were users but only 36% had been active in the past month, 56% were part of Twitter but only 22% had used it in the past month, and 38% were part of Google Plus but only 7% had used it in the past month. These numbers illustrate that the quantity of total users of American SNSs is misleading; thus, the growth of users of American SNSs does not necessarily mean a corresponding Westernization because the number of Koreans actively engaging with these sites drops considerably when comparing the active users actually utilizing American SNSs.

The types of SNSs that exist also signal a lack of American SNS dominance in South Korea. To provide background information, not all social networking sites are the same because they vary greatly in their features and user base. Characteristics of how social networking sites vary include: photo-sharing or video-sharing capabilities, built-in blogging, instant messaging technology, mobile tools (specific or limited), and specific

geographic regions or linguistics. While SNSs are often designed to be widely accessible and many attract diverse populations initially, it is not uncommon to find groups using sites to segregate themselves by nationality, age, educational level, or other factors that often segment society. In South Korea, social networking sites are further classified into five types: microblog, personal connection, community, blog, and instant messaging (Mayers 2014). A microblog, like Me2Day and Twitter, is an open type of social networking site where anyone can be followers with simple and personal information shared in a short text and at a very fast information speed. Personal connection social networking sites, like Kakao Story, Snapchat, and Instagram, are a closed or open type where people can either create relationships through invitation or following others. These contain complicated and personal forms of information, including photographs and texts, and at a fast information speed. Community and blogs, like Naver Cafe, Daum Cafe, and Nate Community, Naver Blog, Daum Blog, Egloos, and Youtube, have the same characteristics but at a slower information speed. Instant Messaging, like NateOn, KakaoTalk, Naver Line, and Facebook, are all a conversation of texts and pictures that include the use of emoticons, i.e., pictorials of facial expressions. The breakdown of these different types of SNSs is crucial in explaining why American SNSs are not westernizing Korea, because while Koreans are utilizing American microblog and personal connection SNSs, they are also using more Korean than American instant messaging and community SNSs. Business Insider's Bushey (2014) explains how KakaoTalk, an instant messaging SNS, has been becoming extremely popular and successful in Korea:

KakaoTalk launched March 18, 2010 and gained 57 million registered users by August 2012 while it jumped to 130 million users in January 2014. According to *The Chosun Ilbo*, the app sends and receives 3 billion messages per day. On top of that, Mashable reports that KakaoTalk is expected to earn \$200 million in revenue for 2013. As part of their strategy for the new year, the company plans on expanding to emerging markets like Indonesia, Vietnam and the Philippines.

As the journalist above implies, South Korea has its own social networking sites and many people in Korea use them.

South Korea and the Rise and Fall of Social Networking Sites

Koreans use social networking sites because SNSs “allow individuals to present themselves, articulate their social networks, and establish or maintain connections with others” (Ellison, Steinfield, & Lampe 2007). Hampton and Wellman (2003) also add that communication technologies are used to maintain pre-existing relationships. Specifically, Kim et al (2011) argue that Koreans use SNSs because the internet has become integrated into the fabric of everyday life in Korea. Hence, Koreans use social networking sites for their psychological well-being (Lee 2010). College students in Korea are using social networking sites for social support while the American college students mainly use it for entertainment. This study showed that Koreans were able to express themselves, obtain news, satisfy the desire to “peep,” and escape from daily routines by using social networking sites.

While Cyworld was the forerunner in Korean SNS, it faced decline starting in 2009. Users felt that a mobile platform was needed and there were limitations within Korea’s borders when its users wanted a more global social network. With the emergence of other SNSs like Facebook, Twitter, Instagram, Youtube, Google Plus, Me2day, Kakaotalk, Nate, Daum, Naver, and Tistory, Cyworld no longer seemed appealing to its users. Barnett (2011) acknowledges this phenomenon and stated that newer media that are superior in functionality or content, more cost-efficient or more convenient will displace present social media. Thus, South Korea's old SNS was replaced with newer forms of them including both American and Korean SNSs.

While Koreans use American social networking sites like Facebook and Twitter, these American sites are not westernizing South Korea because Koreans use them to cultivate their own culture. For instance, Korean Facebook fan pages exceed that of American fan pages wherein Korean celebrities like Yuna Kim, World Champion Figure Skater, have more fans on Facebook compared to Western celebrities like Taylor Swift or Emma Watson (Socialbakers). Yuna Kim has 1.8 million local fans and 3.1 million total fans on Facebook, which might show the globalization of other ethnicities learning about Korea and the migration of Koreans to other countries outside of their motherland.

An American SNS, Twitter, became a social platform for politics in America and South Korea. Khan et al. (2014) examined Twitter use by the central government in Korea and the federal government in the USA. They found that Korean ministries were well connected through a dense network, engaged in collective cooperation, and retweeted common content to reinforce their collective agendas regardless of their main administrative functions, whereas US government departments were less collective and more individualistic and retweeted those messages that specifically fit the purpose of each department. In addition, the results for outlinks indicated that US government departments preferred private sources of information, whereas Korean ministries preferred government sources. So while the Korean government seems to be westernized through the use of American SNSs, in reality it is differentiated through the tactics and intentions of the two distinct functioning governments.

Koreans began to use Youtube fairly recently to strengthen their entertainment industry. In fact, Youtube showed how a Korean singer, Psy, broke the Youtube charts with his song and music video, “Gangnam Style” in 2012 (G.F. 2014). Psy incorporates the Korean culture in his music video with the scenes of the men’s spa, outside market, and other Korean pop stars. In addition to the Korean aspect, viewers are also able to see Western culture in the music video. For instance, Psy has a Westernized fashion of a tuxedo and sunglasses and is shown dancing as if he were riding a horse in a horseback riding sport. Hence, more and more music industries of Korea are utilizing Youtube to reach people worldwide, however, Koreans are using them to promote Korean culture and ideology rather than that of the Western societies and are mixing the two cultures together.

As functional platforms, South Korea's websites embed Facebook and Twitter into news content (Lim 2014). Korea is utilizing social networking sites to mobilize people into political activity. For example, they are using Twitter to massively retweet political issues. Choi and Park (2014) note that Koreans are using a mixed method approach and are trying to gain collective activism by utilizing American social networking sites (similar to that of what the United States government has been doing in the 2008 presidential campaign.) The

study of Mansumittrchai et al. (2012) showed why South Koreans adopted Facebook. The researchers found nine characteristics: involvement, usefulness, usage, trust, convenience, openness of information, audience, making contacts, and acceptability. Furthermore, there was a significant difference in adoption by gender and age. Korean males and females differed on their attitudes toward five attributes of adoption: involvement, usefulness, usage, openness of information, and audience. It also showed that different ages of people differed on their attitudes toward these five attributes of the adoption. Their paper indicated that Koreans get involved, perceive usefulness, use, and accept social networks as a part of their life styles.

I conducted a personal interview with two female Koreans, Dasol Jeon and Bokyoung Kim, on December 6th, 2014 and they discussed how American social networking sites are popular in Korea. Jeon, a young adult in her early twenties, stated, “The three top SNSs being utilized in Korea, in my point of view, are Facebook, Twitter, and Instagram. However, Koreans still use KakaoTalk a lot more than those three.” She added onto the discussion of why Koreans use American SNSs: “We have no choice but to use American SNS for people we do not know very well, like celebrities, or for people who are far away from Korea.” This shows that more celebrities are moving towards using American SNSs; as a result, their fans in Korea follow their trends and start utilizing American SNSs for Korean celebrities. It also shows how globalized our world has become where people have friends and family across the globe. Kim, a teenager added her opinion on why she thought American SNSs are popular in Korea: “Besides our country, other countries use it (American SNSs), too, and we can find out about the news and situation of other areas outside of Korea.” Kim’s belief is not uncommon; our world has become globalized and American SNSs just happened to become available in most countries where non-American users are added to the growing populace of American SNS users.

Case Study: The Decline of Twitter in South Korea

A concrete example of the growing irrelevance of American SNSs is the decline of Twitter in South Korea. According to research by Lee (2013), Twitter, is “Too open. Too crowded. Too difficult” for the South Koreans who are spending less time on the site or have quit for other services. While Twitter has never made a

profit, it made more than \$18 billion at the price of \$26 per share values. But Twitter faces a problem in trying to keep overseas users engaged in Asia and generating enough advertising to be profitable. “International users accounted for about three quarters of Twitter's members, but only a quarter of revenue in the first nine months of this year. About 25 per cent of Twitter's 232 million active users are in Asia” (Lee 2013). Led by Japan, Indonesia, South Korea and India, Asia was the fastest growing region for Twitter in summer 2010, according to SemioCast, a Paris-based social media research company. Millions of new users joined Twitter during the time of the March 2011 earthquake and tsunami in Japan and during election campaigns. Lee states “Celebrities, pop stars, politicians and opinion leaders flocked to Twitter, turning an experimental playground for early adopters into a dynamic online forum.” However, Twitter’s growth has stopped in South Korea because new mobile applications from companies such as South Korea's Kakao Corp. have experienced explosive growth, making them potent competitors for American social networking services.

Linking SNS to Cultural Hybridization

Are American social networking services changing South Korea’s culture? Social networking services are examples of cultural hybridization, because (1) Korean SNSs and American SNSs are not exactly the same, and (2) Koreans and Americans do not have conflicts when utilizing or mixing the two different social networking services. Therefore, Korea is not being westernized by the American social networking services but is rather having a mixture of both American and Korean cultures through the different forms of SNS. For instance, while the world was introduced to SNSs with SixDegrees.com, Koreans innovated the idea of SNSs and incorporated it to make Cyworld, Korea’s once-popular SNS. Yet again this time, Korea’s Cyworld failed and reached its end while other social networking services in the United States became more popular by being compatible with mobile phones. Thus, creators of SNS across the world took the different aspects of the demands of the users to make a more global-friendly environment. Another example is how Koreans are utilizing American SNSs for not only American culture but also to enhance and practice their culture through a different country’s social networking service.

Rather than saying that American social networking services are changing Korea's culture, SNSs in general are shaping the cultural flows of most countries in the world today. Using Appadurai's Five Global Cultural Flows (Ethnoscapes, Technoscapes, Financescapes, Mediascapes, and Ideoscapes), we can measure if there are any influences of cultures in social networking services (Limoncelli 2014). Ethnoscape is prevalent in America and Korea. As individuals were on the move, they took their cultures with them to connect with each other. For instance, Korean Americans use KakaoTalk to communicate with their families in Korea (and Koreans use Facebook to contact their families in the United States). Additionally, Appadurai notes that social media and technology are how we connect to each other culturally (technoscape). Furthermore, we now have the electronic capability to produce and transmit information and images globally with the social networking services. Ideoscape is shown in both countries when political images are produced by the governments through social networking services like Twitter and Facebook. With all of these characteristics, social networking services were able to be exchanged and collaborated amongst the global citizens of Korea and the United States.

Referring to Huntington's Clash of Civilizations theory, I believe that the American SNS cannot westernize Korea, because the West is now in decline politically and economically and the non-West (Korea) has been modernizing faster than most countries. In fact, Mahbubani stated that the United States took 47 years to develop economically compared to Korea with only 11 years (2007, p. 28). Huntington argues that "sinic" civilizations (Asian countries) will become successful economically and become politically independent of the West, and I see this as true with Korea in the near future.

Conclusion

American social networking sites (SNSa) are not westernizing South Korea. American social networking sites are prominently used in South Korea because they are popular, accessible, and widely used around the world; however, they do not influence South Korea's politics or social fabric, because Koreans are still intact with preserving their culture and traditions and promote their own interests in the American and Korean SNSs. This is significant because Western civilizations were seen by many as superior to that of Asian

civilizations even a few years ago (Mahbubani 2007). Asian civilizations, including Korea, might be awakening from their sleep and engaging with the Western civilization instead of merely copying and imitating.

As sociologists, as well as social networking sites users and global citizens, we need to study our use of SNSs because they influence society. Further research should use mixed methods research to study the breakdown of which Koreans are using both American and Korean social networking sites, compare Korean SNSs to American SNSs, examine the reasons why they are using them, and people's thoughts on which SNS they prefer. In addition to that, more research is needed on the quantitative data about how American SNSs are affecting Korea's economy-- Are the American SNS driving the Korean SNS industries out of Korea? How much of Korea's revenue are American SNSs taking over?

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Taleen Chobanian is a graduating senior and sociology major at Loyola Marymount University. She is a member of the prestigious national sociology honor's society, Alpha Kappa Delta. Taleen is currently finishing her senior on the occupation of Alcatraz by Native Americans in the 1970s, looking at the occupiers motivations, strategies and tactics. Taleen is looking forward to commencement, and taking the first step in the pursuit of her career goals



Transnational Surrogacy in India and its effect on the Surrogates

Introduction

Surrogacy has risen at a startling rate all across the world. Since the introduction of IVF, different ways of child bearing have developed and discovered. With advanced of medical technology, choices in child bearing, and globalization, a market for transnational surrogacy and surrogate children has prospered. However, there are concerns over the health of the children and women, the social implications, and ethical concerns that come about in societies around the world. The problem of purchasing a woman's body, issues of free choice, and threats to human dignity also arises with this growing trend. This paper will specifically focus on the extent of exploitation these women endure, health risks, and ethical concerns of cross-border surrogacy. My thesis is that the risks may exceed the benefits. My primary research question will be to what extent the transnational surrogacy process exploits these Indian women who carry children for parents in other countries. With the use of several articles, class lecture and interviews with surrogates in India, I will expose how surrogates in India are being violated and I will uncover to what extent violation is realized

Background on the Rise of Surrogacy Worldwide

In response to the demands of people looking to be parents, a transnational industry has risen in recent years. Reproductive functions are now open to public consumption as a good. The practice of transnational surrogacy involves a woman being contracted to carry the genetic fetus of an infertile foreign couple and being paid to deliver the finished product, a baby. Surrogacy involves intended parents, surrogates, doctors and clinics, country laws and facilitators who make the connections between the first three parties. This international industry is a clear product of globalization and capitalism where money is being legally exchanged for babies. The rent a womb industry has reached two billion dollars in India alone. Cost of the entire procedure overseas varies between \$25,000 to \$40,000 compared to \$80,000 to \$100,000 in the U.S. Indian surrogates are paid up to \$3,000 however upper caste woman are paid higher due to them being upper class, having more education and can often provide successful pregnancy history. Surrogates however, rarely receive the full amount stated in their contracts. Surrogates payments depend on the parents fulfilling their obligations and paying the recruiting agents and the intermediaries. Even though surrogates who do receive payment make more money than they would participating in other work in the economy they are in, what they earn is not even close to what surrogates in the West make (Pande 2011). For the same product they produce they are paid exploitative wages.

Due to the lack of regulations in India according to Pande, there is a lack of data collection so there is no real numbers on how many surrogacy centers operate in India. In 2012, around 600 clinics were registered with the government, 400 more clinics were under the radar. . According to Yashodhara Mharte, a fertility consultant at Mumbai's Center for Human Reproduction, "between 100-150 surrogate babies are born each year in India... compared to perhaps 500-600 surrogate babies are born each year throughout the world" (Pande 2011). By 2012 this number increased to approximately 2,000 births by surrogacy in India. In India most major cities have surrogacy services some of these cities are Mumbai, Delhi, Bengaluru, Indore and Kolkata.

So why is transnational surrogacy so popular in India? This is due to various factors the most important being cheap costs, large numbers of well-qualified and English-speaking doctors, well-equipped private clinics, large amounts of potential surrogate women who are usually not drug or alcohol users for religious and cultural reasons and a large overseas population of Indian origin who often combine cheaper treatment with a family visit. Also in India, the commissioner's costs, including the payment to the surrogate woman and expenses for travel and medical procedures, is a lot less compared to surrogacy in the United States. According to Jeffrey Kirby's article "Transnational Gestational Surrogacy: Does It Have to Be Exploitative?" surrogacy commodifies reproduction and creates a set price for babies to be bought and sold.

Background of Surrogacy in India

In the past few decades, medical tourism has been gaining momentum in India. It is a sector that the Confederation of Indian Industry predicts will generate U.S \$2.3 billion annually by 2012 (Brenhouse 2010). According to Amrita Pande's article "Transnational Commercial Surrogacy in India: Gifts for Global Sisters?" India is especially interesting when it comes to transnational surrogacy since it is the first developing country with a blooming industry in business of surrogacy. However, due to the moral and ethical debates surrounding surrogacy, many countries like China, the Czech Republic, Denmark, France, Germany, Italy, Mexico, Saudi Arabia, Spain, Sweden, Switzerland, Taiwan, Turkey and some United States have banned surrogacy in general. Some countries have partial bans and regulations like in Hong Kong, Hungary, Israel, South Africa, Brazil, and the United Kingdom. The Indian surrogacy structure however is very close to the liberal model of surrogacy in California. In California surrogacy is managed by private agencies that screen, match and regulate the deals according to their own set rules (Pande 2011). According to Amrita Pande's article while several countries in Latin America and Asia, including India, Cuba, Jordan, Malaysia, Singapore and Thailand, actively promote medical tourism, India is considered one of the world leaders, second only to Thailand. In India according to Pande (2011), clinics operate without the state interfering but often are supported by the government for "medical tourism". India is considered one of the world leaders of "medical tourism" second to Thailand.

Although surrogacy is often viewed as a secret industry in many countries, surrogates are usually stigmatized in India. (Pande 2011) The reasons for this stigmatization often correlate with sex work. People are not aware of the technology that gets these surrogates pregnant and instead they associate it with sexual intercourse. In the media movies and television shows add to the misconception by equating surrogates with sex workers.

According to Pande (2011) there are several factors working In favor of India as a destination for such travel - cheap costs, large numbers of well-qualified and English-speaking doctors with degrees and training from prestigious medical schools in India and abroad, well-equipped private clinics and a large overseas population of Indian origin who often combine cheaper treatment with a family visit. The majority of medical travellers to India are cardiac patients but an increasing number of patients are coming for joint replacement, plastic surgery and eye treatment. Reproductive tourism, cross-border reproductive care (CBRC), is the latest addition to this ever-growing list of services.

The Business of Surrogacy

According to Pande's (2011) research, in order to attract couples from other countries, clinics market assisted reproduction treatments through both print and electronic media. The primary marketing tools used are exclusive package deals offered to the clients. For instance, one website announces 'See Taj Mahal by the moonlight while your embryo grows in a Petri-dish' and another, cleverly named '<http://karmaofbaby.blogspot.com>', advertises a deal that not only Includes 'IVF and surrogacy with talented UK-trained doctors, clinics with excellent sanitation and modern facilities, and full legal support', but also 'a clean and luxurious bed and breakfast accommodations in a posh location of town, transportation, a mobile phone while in India and sight-seeing tours'.

Governmental Guidelines

Clients are also drawn by the complete absence of regulations in India. Although commercial surrogacy was legalized in India in 2002, there are currently no laws regulating surrogacy in clinics. Fertility clinics, like

the clinic studied here, are free to consider or reject the suggestions made by the Guidelines for Accreditation, Supervision and Regulation of Assisted Reproductive Technology issued by the Indian Council for Medical Research (ICMR) in 2005 (Pande 2011). In November 2010, the ICMR submitted a final set of guidelines for the Assisted Reproductive Technology Act to the Law Ministry. Until a law is passed clinics can continue to work in a legal void. In 2004, the government launched an international advertising campaign and declared that treatment of foreign patients is legally an export and deemed eligible for all fiscal Incentives extended to export earnings. Fariyal Ross-Sheriff's article Transnational Cross-Racial Surrogacy: Issues and Concerns states:

“The ethics and morality of surrogacy are debated internationally, and policies differ from country to country. Australia, China, Denmark, France, Germany, Mexico, Spain, Switzerland, and Turkey have banned surrogacy” (Sheriff 2012, p. 125)

There must be serious ethical reasons causing surrogacy to be banned in those countries. Interestingly however, this practice continues in India and has actually grown throughout the years because of the immense profit that is being made. The U.S allows surrogacy but only not for profit, yet some surrogates use surrogacy as a way to make money.

In 2009, the number of reported surrogate pregnancies totaled at least 400, a fourfold increase from 2007, according to the latest data available from the Indian Society for Assisted Reproduction. These high numbers make India one of the leading destinations for commercial surrogacy, a category that includes Panama, Thailand, Ukraine and other countries where it can be cheaply and easily done. However, that status could be threatened by efforts now under way. As part of a debate over surrogacy regulations, a government agency proposed banning all foreign clients during summer 2014, according to India news reports. Separate rules adopted recently effectively block foreign customers who are gay, single or married for fewer than two years.

Conditions of Surrogacy

One of the biggest selling points of clinics in India is that they run the medical staff can monitor several surrogacy hostels where the surrogates are literally kept under constant surveillance during their pregnancy —

their food, medicines and daily activities. All the surrogates in clinics in India usually live together, in a room lined with iron beds and nothing else. Husbands and family members are allowed to visit but not stay overnight. The women have nothing to do except walk around the hostel and share their troubles, experiences and gossip with the other surrogates while they wait for the next injection. For the mothers-to-be, life is droning during their time spent in hostels. Nurses keep close tabs on the women, who usually live four to six to a room. Their typical day consists of waking up at sunrise, in narrow beds, and eating breakfast soon after. In the afternoon came lunch, milk and snacks then sleep followed by dinner. Usually there are vitamins or injections to take. As they wait for their due dates, the surrogates bond over television and gossip, or take classes in trades like hair cutting and nail-painting.

Profits for Commissioners

According to Jeffrey Kirby's article "Transnational Gestational Surrogacy: Does It Have to Be Exploitative?" a primary goal of commissioners is to secure surrogacy services for less cost than what they would be required to pay in their country of residence. In India, the commissioner's costs, including the payment to the surrogate woman and expenses for travel and medical procedures, is a lot less compared to surrogacy in the United States. The other benefits for commissioners in India are the large amount of potential surrogate women who are usually not drug or alcohol users for religious and cultural reasons (Kirby 2014). According to Kirby (2014), surrogacy commodifies reproduction and creates a set price for babies to be bought and sold. This commodification of reproduction is very profitable for commissioners living in a place like India where this new industry is seemingly an easy profit without much work for the commissioners to do. However this begs the question of how appropriate it is to purchase a child for such a profit. Babies now have a price and are bought and sold like any other product. Commissioners are marketing the baby selling industry and a product or business exchange and are completely avoiding the ethical and exploitive implications of such a practice.

Sacrifices Surrogates make

Not only is surrogacy an ethical issue in regard to the women carrying the child it is also a huge life changing commitment. According to Amrita Banerjee's article "Race and a Transnational Reproductive Caste System: Indian Transnational Surrogacy":

Indian surrogates are required to put their identities as wives, mothers to their own children, and members of their own communities on hold during the course of pregnancy. It is as if the surrogates must learn to "de-structure" the normal clocks of their lives, and "re-structure" their lives around the standardized "maternal clock" of the industry (Banerjee 2013).

This insight into how surrogacy changes women's lives shows the clear violation of these women and the intrusion surrogacy imposes on their personal relationships. These women's wombs are used for profit and not only are they taken advantage of for being women, the sacrifice they make out of their personal lives is enormous. When a woman is pregnant she cannot function as she used to, it takes away from her family life, marriage and social life. Also many times these women are from poor families and already have children. They will become surrogates to make money they would not make anywhere else. They are desperate often illiterate due to a lack of education. Many are not even aware that if the parents decided they do not want the child they will have to get an abortion. They sign paperwork they can't read so in turn they can be lied to about how much they are going to make. These women do not even have a say as to how to have the child, often doctors perform C-sections without the surrogate's health in mind. Many surrogates are left with permanent pain because of the procedures. They are not the ones who are valued in this deal; they are not truly treated like pregnant women with affection and care. They are exploited on almost every level imaginable for a profit. Many women who seek surrogates believe they are women helping other women out but do not take into consideration the economic and social disadvantages these women already face.

According to the lecture from class by Professor Limoncelli, sociologists who study gender and feminist scholars have pointed out that Globalization affects men and women differently (Limoncelli 2014). Also

discussed in class was how social processes and organizations are gendered – i.e., based on assumptions about men and women, about masculinity and femininity. Globalization is not only gendered, but it affects and is affected by issues of gender inequality. In India women are unequal to men when it comes to the freedoms they have to choose modern trends and jobs. Women in India are often placed by societies norms and values to work in traditional roles and are most often not allowed to join the now feminized labor market globalization has created. This is why surrogacy is such a controversial job for women in India. Surrogacy challenges the traditional childbearing role of women into a profitable job. A sacred act between a husband and wife is now viewed as being exposed by surrogacy. Due to a lack of education of the masses as mentioned earlier most Indians do not view surrogacy as a scientific and technological entity but rather associate it with sex and sexual promiscuity. Indian woman are viewed as dirty when they use their reproductive organs for the financial advancement of their family.

In Steve Derne’s article “Globalization and the Reconstruction of Local Gender Arrangements”, Derne argues Indian men reject modern western women’s style and instead stress the “traditional” Indian woman in order to differentiate Indian culture from Western culture. According to Derne Indian men believe women should be associated with home and family, should wear traditional clothing, cook traditional food, obey husbands, participate in religious activities, and should be modest, shy, and know “shame”. With all these expectations set upon Indian women it is hard for the select few in villages who dare to become surrogates to deal with the negative backlash and sanctioning for becoming surrogates. Derne includes a quote from Gandhi that shows the cultural ideas on women in the home:

Have plenty of work in their own homes... They may give peace to a husband when he returns home tired, minister to him, sooth him if angry and do any other work they can staying at home (Derne, Gandhi 1920)

Even though Gandhi encouraged women to produce goods on the home as independent workers, he still believed there was no need for women to go to work outside of their homes for a measly salary. Surrogacy is

clearly challenging ideas such as Gandhi's in our modern ever-evolving society today. However, in India where men still have control and dominance over women's jobs, dress and lifestyle, surrogacy is slow to become accepted in India as a job for women to do.

Interviews with Surrogates and Intended parents

Kevin Voigt and Mallika Kapur for CNN did a report on surrogacy in India in 2013 called "Wombs for Rent: India's Surrogate Mother Boomtown." They visited a hostel in Anand -- a small city known as the "milk capital" of India in the far western state of Gujarat. There they came across 50 surrogate mothers living together, each who will earn around U.S. \$8,000 for carrying a baby. One of the surrogates named Manjula expressed, "It's a lot of money. For people like us who have never seen money, it's a lot of money." This is the second time Manjula, a 30-year-old who has a son and two daughters of her own, has carried a child for income. Before surrogacy, she and her husband used to earn less than \$2 a day working in the fields. Manjula explained, "The first time I came, I made a house. Now I have come for my daughter. I have to educate her, I have to get her married." (Voigt and Kapur 2013) Critics call India's surrogacy clinics baby-making factories. Ranjana Kumari, a women's rights activist and director of the Center for Social Research in New Delhi told CNN, "Commercialization has led to a lot of financial exploitation of these women" (Voigt and Kapur 2013). Although surrogates interviewed by CNN in Anand said they get as much as U.S. \$8,000, Kumari explained often these clinics do not follow through with that promised amount and really only pay up as little as U.S.\$800. Kumari went on to explain how surrogacy in India is not really a profitable business for surrogates as is presented. She also expressed her thoughts by saying if someone really wants to have a child, their friend or relative should offer a womb. Kumari is troubled that instead the wombs of poor women are being used. She compared surrogacy to organ sale. However, as opposed Kumari is to the practice the surrogates in this town reported high satisfaction with the arrangement stating, "I've got a chance now to make my life, and God has been kind" (Voigt and Kapur 2013).

At the Akanksha clinic in Anand, a surrogate who successfully gives birth earns the equivalent of at least \$7,500. Twins bring an extra \$1,500 to \$2,000. That amount of money could change many poor Indian families' lives. Stephanie M. Lee a writer for the San Francisco Chronicle traveled to India and followed Manisha Parmar 29, a surrogate and the family she was carrying the child for the Kowalski's. Jennifer Kowalski's plan went through 20 rounds of intrauterine insemination, using a catheter to place Steve's sperm in her uterus. She underwent two cycles of in vitro fertilization, doctors implanting fertilized eggs in her uterus, but each try ended unsuccessfully. She even tried acupuncture to boost her fertility. The Kowalski's frustration turned to desperation. At a nontraditional clinic in Los Gatos, the doctors recommended a controversial therapy not allowed in the United States. It involved injecting Jennifer with Steve's white blood cells. Her immune system, the doctors advised, would stop seeing his cells as foreign and improve the likelihood of a pregnancy. Five times over six months, the Kowalski's went to a clinic in a Mexican border town for treatments. But the only changes Jennifer experienced were swollen arms and red welts.

The time and money they spent was adding up to almost \$30,000 in time frame of just four years. They considered adopting a child but feared the process would take too long and due to their age, 40, they wanted a child as soon as they could get one and they both preferred to have a baby who shared their genes. The only alternative left was for another woman to carry their child. Jennifer began persistently researching commercial surrogacy, only to find that the financial and legal obstacles were astonishing. In the United States where things were legally sanctioned, the price - as much as \$150,000 - was beyond their means. Then Jennifer discovered another option: a medical center where a surrogate would cost about \$20,000, The Akanksha Infertility Clinic in India. More than a quarter of Akanksha's clients live in India. The rest come from the United States, the United Kingdom, Japan and other countries where commercial surrogacy is illegal or legally complicated. The clinic's success has helped the city of Anand prosper. A city that was once known for dairy production was now known for being a baby industry town. Visiting customers fill hotels, restaurants and souvenir shops where they can even find baby clothes and products.

The head clinician Dr. Patel had been on "The Oprah Winfrey Show" in 2007. A clinic like Dr. Patel's has more business than it can handle. At any time, 100 pairs of aspiring parents are on its waiting list for a surrogate. However the Kowalski's were doubtful in trusting a clinic so far away. The fact that the surrogates were paid a fee that, by Indian standards, was substantial secured the Kowalski's' decision to go ahead with the surrogacy. I feel like we're helping each other," Jennifer said. "I'll be eternally indebted to her for helping us with our family, and in turn, we're helping her. (Lee 2014)

The opportunity was a godsend for the Parmars who belonged to the low-ranking class in the Hindu caste system. The Parmars although elated at the opportunity did not tell most of their family of Manisha's new job. For Manisha to carry a child not her own, to sell the use of her body, was shameful in many of their relatives' eyes. So they decided to tell their family that Manisha was leaving for a while to work in a factory or a home for the elderly. Akanksha is just one of India's 150 known fertility clinics, about 60 percent of which offer commercial surrogacy. Manisha went to the Akanksha clinic where she would wait out her pregnancy with about 80 other surrogates in the clinic's dormitories on the outskirts of Anand. This living arrangement was a requirement of the doctor in charge of the clinic, Dr. Patel because she said that it ensures their surroundings are secure and sanitary (Lee 2014).

Lee wrote about how Manisha was lower working class, married, uneducated, wanting better than the low-paying work she'd always done. Born in Tarapur, a small city on the country's western edge, Manisha was the only child of farmers who died when she was very young and was eventually of her married off by her uncles to a man named Raman. She lived in a humble home with two rooms, a kitchen with no running water and a single mattress. Daily Manisha cleaned her home then went to the fields to tend rice, wheat and millet. She also took care of her husband Raman and their son, Tanvay, 8, and daughter, Urvashi, 3. Unfortunately, monsoons battered the Parmars' roof and partially collapsed a brick wall causing the family to be forced to rent a house nearby. But on Raman's monthly pay of 3,000 rupees, less than \$50, it was hard on the family. Two women who had been surrogates at the Akanksha clinic told Manisha about surrogacy. They explained how

much she could make and how she could help rebuild her house with the money. Jennifer Kowalski, the biological mother of the child explained how she felt like they were helping each other out by going through with the surrogacy. Jennifer went on to explain how she would be eternally indebted to Manisha for helping them with their family.

The women could leave to visit home only once or twice. So Raman traveled to see Manisha every few weekends. Sometimes he brought their children along; sometimes he even left the children in her care when he had to work. Once Manisha was in labor it became clear that she could not have a natural birth. The consequences for surrogates who have C-sections performed on them are concerning. Several women who'd had babies delivered by C-section at Akanksha said it had caused lingering pain that kept them from resuming other work they'd done, such as housekeeping. But according to experts other risks could come down the road if a surrogate became pregnant with her own child and the type of medical care offered at Akanksha was not available for their baby. During their final trimesters, the women move from their dorms into the main clinic in the center of town.

Manisha delivered a healthy baby boy for the Kowalski's. Even though she lied in bed in pain after a C-section Manisha said, "Even if we worked for three years continuously," she said later, "we will never earn this much money" (Lee 2014). But the pregnancy put too much of a strain on Manisha's family. Her husband stated that he did not wish Manisha be a surrogate again. Even though the money promised was given to them in the end, the surrogacy process caused the Parmar family problems within their home and with their community. When Manisha came back home to her town everyone knew how they had made their money and did not approve of the route they took to support their family.

Summary and Conclusion

To what extent does the transnational surrogacy process violate these women who carry children for parents from different countries? According to the articles presented, it is clear that these poor Indian women are being violated on almost every ethical level and being exploited for profit. They are taken away from their

families and their wombs are used for profit at a low cost to commissioners in charge of the deal. Surrogates are expected to leave the lives they lead to become producers of high-value products. Because of religious and cultural beliefs, these women are often clean of drugs and alcohol, and are being exploited for their clean lifestyles. They are not viewed as women, but as machines that must produce for profit. Unfortunately, often it is the women and children who are the victims in a process that is supposed to be a beautiful and natural time in a mother's life. Surrogacy is good for those who are not able to have children, but to what cost?

Through researching this topic I have found the only solutions to aide in the prevention of surrogates in India being violated and exploited, increased education and policy changes must occur. These women are often from poor, uneducated backgrounds; many are illiterate leading to them being exploited much more easily. These women do not understand legal, monetary and medical terminology or logistics so they often put their trust in the hands of doctors and commissioners, believing they have their best interest at heart. However, we often see this is not the case and these women are left with no support or education to fall back on. There also needs to be substantial regulation on the now transnational business of surrogacy where a woman's body and product of a woman's sexual organs is now a commodity. If we are going to commodify people's sexual organs, then it is only humane to put regulations towards it as a practice and distribution of goods. Surrogacy is helping many poor women survive in countries where exploitation runs rampant due to the need for external investments and economic stimulation at any cost. Often these women do not have much of a choice and surrogacy, although sometimes frowned upon in local communities, is a social risk many women like those in Indian villages are willing to take in order to provide their own families with a better life. I do not believe transnational surrogacy will ever be banned in a country like India due to the tourism value this country depends on. The poor people in India need a new form of income and surrogacy provides them with this much-needed revenue. However, it is still important to think of the social implications surrogacy has on a family and a community as a whole. It may be financially beneficial for a family for a while but the social family order and community values they are giving up may be more costly than anticipated.

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Ashton Harris is a graduating senior sociology and psychology major. She has worked as a canvasser for Planned Parenthood and the Southern Poverty Law Center, and currently works as an intake assistant for Heritage Clinic, an organization that provides therapy for mentally ill older-adults with low incomes. She enjoys writing, reading, watching *Parks & Recreation*, knitting, and sarcasm. During her time at LMU, Ashton has built an academic understanding of social justice issues including gender inequality, ethnic oppression, and various forms of social stigma. She plans to pursue a career as a licensed clinical social worker so that she can serve the populations most impacted by both mental illness and social inequality. She is definitely a feminist



On Rape

The legal definition is nonconsensual sexual penetration or performance of a sex act of an unwilling individual's oral, anal, or vaginal cavities, or other body part. That's what the law says. This is what the courts use when determining whether or not one should be accused of such an action, and consequently, if another warrants the term "victim." This definition tells us what exactly constitutes the occurrence of a rape, plainly and simply.

The definition clear, concise, and dry—as all good explanations should be.

The other evening I was privy to a rather fascinating conversation between a few men. They were discussing sports—football I believe—and one of the living, breathing, natural resource consuming members of the conversation referred to a win by a certain team as a rape. Upset by his words, I interrupted the conversation

and said in the most scholarly manner, “dude, you can’t fucking say that a sports team raped another sports team. That’s not how rape works.” To which he responded, “But that’s what they did. They raped them.”

I will make sure not to include my bias against this young gentleman by telling you that he smirked condescendingly at me from his proverbial high horse nicknamed WASP. I dare not discredit my information dissemination ethics code by including the minor detail that earlier in the evening he expressed his unbridled opinion that world leaders should exclusively be proud owners of a Y chromosome. I shan’t tell you such things because they do not contain any relevance to the point I am trying to make. See, people make this senseless comparison all the time—of instances of domination to rape.

“That test raped me.”

“I just raped that other player [in this video game].”

“We raped the other school’s team.”

Indeed, these comments are accurate but only in the idea that rape is not about sex but about power and control. Still— it is important to note that losing a football game is nothing like getting raped.

The aforementioned definition illustrates an interaction between two human actors: the unwilling victim and the rapist. It captures a moment in time, that being the execution of volitional power and control over another person. What that definition does not include is the result of the crime, only the action. In a crime of stolen property, the result is lost belongings. In a crime of murder, the result is a loss of life. In a crime of violence, the

result is injury. So despite the fact that we have a very clear definition of what rape is, we have such a problem with it. Rape as a general topic has become a subject of controversy, with people taking polarizing sides of an argument that really isn't even an argument to begin with. But, for clarity's sake, I can offer some guidance that will hopefully exfoliate this idea that has been buried by layers of misinformation, human statistical interpretation error, and stupidity. This idea of rape. This idea of who/what/when/where/why/how rape. This idea of the extension of the action—of rape.

So maybe it's the loss of a football game. If that football game is a sense of human dignity and worth. If that football game is a sense of jurisdiction of one's own body. If that football game is the idea that the body in which one lives is inherently unsafe because others may exercise control over it at will.

What happens is that kissing becomes scary. What used to be the fantasy of a little girl who took up running around her neighborhood so that she could impress her crush during the President's Physical Fitness Test, leaves a bad taste in her mouth. She knows what happens when the kissing starts, and it has nothing to do with what she wants. So she avoids it completely.

Or maybe she grows quick to take off her pants. And she doesn't know if it's because she likes to or not. But sometimes she finds herself floating on the ceiling, watching two people intertwined, one earnestly trying to please despite paralytic ecstasy, the other with eyes closed, lifeless, traveling through space and time to a place of panic, and horror, and numb.

Regardless, her body is not her own. Or least that's how she feels. It is her dignity's dowry and must be kept accordingly decent. Still that body is chronically failing her. It is too small or too big. It is overexposed or

matronly. She is either lazy and neglectful or vain and narcissistic. It is emotionally volatile or a stone cold bitch.

Or if this body is a man's, it must not have happened. Because that can't happen! Or he is gay. Or he is lying. Or he is a pussy. Or he should've protected himself, even if he was a kid. Or he is being ridiculous because all men love sex all the time. And he must exert his masculinity ferociously. He might want to cry, but is certainly not allowed to. Because boys don't cry. He learned that playing football.

Experiences may vary, but trauma is invariably a bio-psycho-social terrorist. Revisiting the event and dissecting what happened, when and why, and who asked for what, is like going over the plays and trying to win a football game that ended three days ago. Except if one team had no offense and no defense and didn't want to play the game in the first place.

When we use rape to describe losing a video game or failing a test, we are implying that rape is a situation in which someone has the opportunity to not get raped. For a test, there are avenues to take that guarantee a passing grade. Yes it is true that women can wear date-rape-proof nail polish, not walk outside late at night, and be wary of men who buy them drinks. But these are all actions women take to prevent something that someone else decides to do to them. With a test, or a football game, or a video game, one elects to engage in activity, likely recreational and not a largely universal activity, and then works toward a goal using precaution and preparation.

It is unacceptable that a goal can be to not get raped.

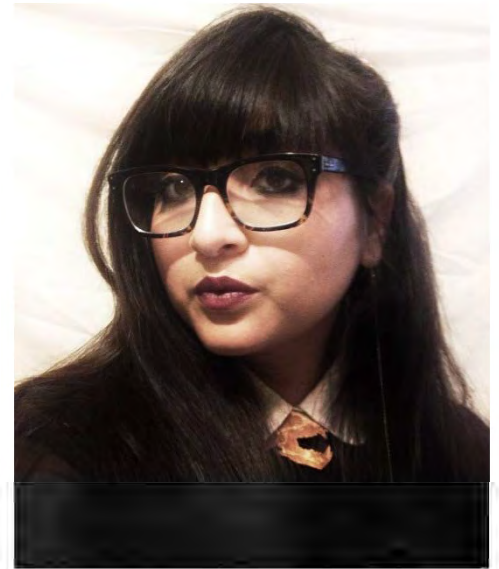
I hope that when I leave my house tomorrow a bird doesn't shit on my head. I can wear a hat or use an umbrella, but birds are going to shit. Are you going to tell me that it is my fault if a bird shits on my head?

All birds have to shit, but no person has to rape. That's the thing. It is all very simple. If people stop raping, nobody will get raped.

So the argument that women should learn from their mistakes or stop asking for it or stop 'crying rape' or do anything else to take responsibility for being violated is a dumb one. Of course every human should do what they can to be safe, but that is a different topic. The way to end rape is if people stop raping.

MONICA ZAMORA

Monica Itzel Virgen Zamora is a senior Sociology major and Spanish minor at LMU. She currently serves as an editor for the *Sociological Eye*, works as Dr. Anna Muraco's research assistant, volunteers at Ability First East Los Angeles Center, and manages a private medical clinic. Monica lives for unraveling the mysteries of gender and sexuality in sociology, but dies for the thrill of horror and gore; if she is not reading up on hegemonic masculinity, she is reading up on the latest Stephen King novel. She also enjoys live music, creative writing, and working creatively with animal bones and remains. She hopes to one day be free of student debt and become a professor of sociology, instilling in students her passion for social justice, just as her professors did to her. Monica is currently working on an independent study on understanding masculinity within heavy metal subculture which she will be presenting at the Pacific Sociological Association next year.



Trans-America

In this paper I will discuss modern society's treatment and understanding of transgenderism utilizing key concepts from Michel Foucault's chapter "The Body of the Condemned" from his 1995 work *Discipline and Punish* and Erving Goffman's chapter, "Performances" from his 1959 work *Presentation of the Self in Everyday Life*. Transgenderism generally encompasses three different identity categories: Transvestite, Transgender, and Transsexual. A person who is a transvestite is a person who chooses to dress in the garments traditionally associated with the opposite gender, but this person does not actually associate with the opposite gender. A transgender person is someone who dresses as the opposite gender, takes hormones that enhance bodily characteristics associated with the opposite sex, and identifies as this gender. A transsexual person is a transgender person who has undergone surgery in order to become both physically and legally the opposite sex they were assigned at birth. A trans-woman is a person who was assigned male at birth, but has transitioned (or is still in the transitioning process) into a female. A trans-man is a person who was assigned female at birth, but has transitioned into a male. This paper is strictly a discourse on transgender/transsexual persons.

Foucault and Goffman each discuss the power and privilege one maintains via presentation of the self to society as well as establishing oneself and one's role in that society. In doing so, they unintentionally present a better understanding of transgender persons in a traditionally heterosexually-dominated society. These bodies and these performances that we as individuals put on everyday contain much more intrinsic value than what we lend them. This blind spot is especially true of majority persons who were born and identify as a single gender and thus are socially privileged. Goffman and Foucault are excellent theorists who help us see "trans-America." Goffman, focusing on the individual identity, presents an understanding of the self as relative to her physical presentation as directed to an audience. Meanwhile, Foucault takes on a more abstract understanding of this individual identity as a means of demonstrating power and privilege or the lack thereof. Taking both of these ideologies on the power of identity and representation, we can better understand how the trans-movement functions in U.S. society today.

Rather than understanding identity as biologically confined, Goffman discusses the greater importance of the everyday "performances" people play to establish themselves in society. Applied to gender – and specifically, transvestism and transsexuality – he illuminates that one can formally transition from one gender to the other by way of performance. Goffman quotes Park's idea of a person and her persona as a "mask" which can become so involved that this role effectually becomes more reality, a "second nature" by which we not only "know each other," but also "know ourselves" (Park, 1950, as cited in Goffman, 1959, p. 19). To exemplify this, let us consider a transgender man who "masks" his feminine characteristics through the use of masculine clothing and hair style, and perhaps speaking at a lower vocal registry than is natural to him. If he can succeed in playing this masculine role, thereby convincing society that he is truly a man inside and out, thus "knowing" him as a man, and accept him. He can then begin to explore truly getting to know himself as a man and in doing so, become a man regardless of genitalia. Goffman asserts as much by establishing that the act we put on can

actually become the "truer self, the self we would like to be" (19), thus furthering the need and desire for this biological woman to put herself forth visually as a man.

Additionally, Goffman emphasizes that in order for a social identity to be "successful" the person must not only put on this role, but truly become it with repeated performance over the course of time. A woman who becomes a trans-man must struggle not only with personal identity crisis, but also public identity crisis, because he can only be accepted for the man he is if the audience (society) around him recognizes and accepts his performance, hoping to "induce the audience to judge him... in a particular way" (21). Thus, this trans-man must emphasize and even exaggerate his masculine performance for public acceptance, which has likely links to his self-reassurance.

Goffman notes that out of this desire to have the performance completely believed and accepted, one can fall into a trap of merely portraying "abstract stereotyped expectations" of the given roles rather than performing them with true sincerity of self (27). Given that the mainstream only allows a small subset of established social roles with relatively strict rules, it is difficult not to fall into stereotyped performances. This is especially true in the case of trans-persons because of the societal establishment of sex and gender as strictly binary. For example, if we reduce masculinity to being physically fit, capable of growing facial hair, and open displays of aggression, we may find a tendency in trans-men to be (or want to be) the most physically fit, the most facially hairy, and highly aggressive, thereby completely committed to the role and minimizing possibility of his audience questioning his masculinity (e.g. "Alex could never be a woman; look at his bulging muscles and beard!"). While this system of categorization is not ideal, it does allow a simple way of deciphering the "fronts" individuals put on and how, generally, to respond to a given front.

However, after playing out this role and receiving the desired validation, the performance may wane a bit in its eccentricity and give way for the performer to display the more true self. Goffman explains this stage of desiring acceptance as a sort of Ping-Pong between "cynicism" of convincing the audience and "sincerity" of representing the self (18). There are, of course, the cynical presentation that thrive off of "deluding their

audiences” for the “gleeful spiritual aggression from the fact that he can toy at will with something his audience must take seriously”—which we can consider of the transvestite community that seeks only to wear the identity, but not actually accept it. However there are also those who delude their audiences “for what he considers to be their own good, or for the good of the community,” which in the case of trans-persons would be for the good of the non-trans community, instilling knowledge of transgenderism and then for the good of the trans-person herself, gaining self and social acceptance (Goffman 26).

More importantly, it gives the audience an opportunity to, as aforementioned, decipher and respond to these changes through refinement of what Goffman call the “Front” (22). The Front is what we could consider those fixed characteristics of a person which:

“We most intimately identify with the performer himself... [and] may include: insignia of office or rank; clothing, sex, age, and racial characteristics; size and looks; posture; speech patterns; facial expressions; bodily gestures; and the like” (Goffman 24)

For example, a male comes into work every day for many years, presenting himself as a man. Clients and other staff receive his persona as such. One day this seemingly male worker comes to his office as what she considers her true womanly self, leaving her audience unsure of the appropriate response to such a change in performance. Should one respond to this change or merely accept it as best as possible? What is the correct pronoun to refer to her as? She makes a beautiful woman, but what about her obviously manly hands and fingernails? What if she insists upon sitting with her legs open as she did when she presented herself as a man? Should one negatively sanction that? More perplexing and distressing yet, can you negatively sanction her for using the women’s restrooms?

The combination of suddenly disrupting the well-established performance with a new and completely alien performance and the extreme likelihood that none of her co-workers would lack previous experiences matters here. It can leave the audience panicked and uncertain how to fulfill the desired response. They must

now quickly come to terms with her new front and await that it may become naturalized over time through repetition and refinement of her performance.

However, this performance-based ideology of self and presentation, while true, is a bit overly simplified, in my view. There is more at play with the body than presentation to these small audiences. One must also consider the larger picture of what these gender performances—be they transitioning, transitioned, or fixed—have the power of not only conveying, but also of accomplishing either for individuals goals or the goals of the greater society. This is where Michel Foucault’s body politic ideology comes into play, accepting the knowledge and privilege one can gain from physiological attributes, but adding on the assertion of the “political economy” of the body (Foucault 25).

Similarly to Goffman, Foucault establishes that a body is only a tool of politics inasmuch as it is "productive" and "subjected" by way of its "calculated, organized, technically thought out" mode of presentation (Foucault 26). However, Foucault furthers this by pointing out the often unacknowledged fact that there is a direct involvement between the body and “the political field” due to the “power relations [that]... invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (25). Furthermore, Foucault establishes that there is then a “micro-physics of power” born from this which establishes that the body is not just a “property” or merely a relation of privilege, but also a “strategy” whose “domination” is subject to “dispositions, manoeuvres, tactics, techniques, functionings,” deeply rooted in society and its relations (26-27).

To simplify complicated terminology and ideologies, let us return to the example of the trans-woman in the workplace. Every day there is a performance of the binary gender roles by each individual and in this way the individual, utilizing the body, establishes which category he or she belongs to. A person who is born and identifies as the same sex and gender is accustomed to the privileges of the dominant culture and thus lacks insight into the calculated and complex nature of gender role performance in day-to-day existence. By coming into work that morning as a woman, she not only disrupted her identity and social graces, but also presented a

direct challenge to societal formation of who or what a woman is, and thus, also challenges the extent and meaning of the femininity or masculinity of her coworkers.

Furthermore, as I have already lightly touched upon, she disrupts the societal sanctions, both negative and positive, of how one should be when a man or woman. Every time she walks into a women's restroom, she is making a political statement and challenging gender norms. Even as we occasionally hear in the news, there are many trans-persons who struggle to go to the bathroom because they either do not feel comfortable going into either gendered room or because they experience negative sanctioning regardless of which gendered room they choose, resulting in emotional upset on both the part of the trans-person and the part of the society members who have a steadfast hold on traditional ideals of gender and do not welcome such changes. Similarly, trans-persons risk perpetuating the binary norms that trapped them in the first place by performing these roles to their fullest idealized extent in order to gain acceptance. If there was no calculation or thought put into gender and its bodily presentation (politic), then there would really be no difficulty in transitioning sex or gender. However, with politics comes power which, generally speaking, goes to the dominant group and, as such, the binary ideal of gender and sex is retained and maintained as the status quo.

On the other hand, by taking control of such situations by utilizing body politics to the fullest extent, trans-persons may understand their bodies further capability as "objects of knowledge," serving "as weapons, relays, communication routes and supports" (Foucault 28). Thus, one can either be subjugated to society's negative sanctioning due to the willing refusal of partaking in traditional ideals of sex and gender and simply choosing never to use public restrooms... or one could seize this moment as an opportunity to educate others on how society is politically gendered, thus, how trans-persons function, their needs, and how these needs can really be seen as a need for all, given that gendered restrooms have very little reason for being segregated, outside of sexist ideas of the genders and wanting to perpetuate binary ideology. This "power-knowledge [relationship]" established by Foucault brings hope to the possibility of manipulating the body politic and moving towards the cause of properly understanding trans-persons (27). As such, the more trans-persons come

out into the open, the more knowledgeable society will become of this great social change, thus changing power structures. This would give trans-persons more power in society and over their bodies, leading to both personal and public acceptance and productivity of performance in society.

In a way, Foucault is most understanding of the plight of trans persons in establishing that there is not only a body politic, but also a "noncorporeal soul" (28) that actually "is the prison of the body" (30). The body is merely instrumentation, and it is at the complete service of the soul, or knowledge. The body can only be given political power through knowledge which is generated by the soul. Trans-persons are knowledgeable souls merely manipulating the body to reflect this knowledge in order to have it acknowledged and gain power. The body is just that, a body; an instrument. What makes it valuable is the means of utilizing such body, which in this case is the soul. As Foucault beautifully states, "a soul inhabits [the body] and brings him to existence" (30); it is in this soul in which knowledge is produced and from it the body politic created and manipulated. Born a woman, a trans-man must configure how to manipulate his feminine body into a masculine one, gaining knowledge of himself as a man and generally speaking what it means to be a man.

Living in a society that still holds steadfastly onto traditional, albeit misinformed, ideas of gender and the sexes, both of these writings give a good slap in the face to, awakening society from this disillusionment and forcing people to really think about how much effort we put into maintaining these outdated and inaccurate ideas. Goffman points out the full extent to which we coerce others into thinking of us in particular ways so that we, too, may think of ourselves in this way and mean it. Foucault demonstrates the limitations our bodies present, but also the possibilities of manipulating those limitations into means of understanding and informing. The reality of U.S. society today, is that there is a growing number of people who are transitioning or have already transitioned. These people should not be considered dysfunctional within themselves, but rather, dysfunctional only within the realm of strict societal expectations that, if we are really honest, even non-trans persons often fail to meet. Goffman and Foucault's concepts not only help us non-trans

people understand those who are trans, but also help us understand ourselves better as those who blindly partake in this intricate and very much orchestrated performance of sex and gender.

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