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Reconsider contemporary capitalism through reproductive tourism

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In facing the dilemmas brought by contemporary capitalism, it is necessary to rethink it in different social culture frameworks. The problematic consciousness of this research originated from my questioning of the universality and appropriateness of the discourses from some advanced European countries and the USA when I was conducting field research related to biotechnology issues, so this research attempts to use reproductive tourism as an example and to propose two main questions: (1) How the related discourses of reproductive tourism which oriented from European countries and USA are not enough to explain the current situations around the world? (2) How are the global link and the relations of domination of capitalism emerge from the current situations of reproductive tourism? For answering, this research depicts the global overview image of the capitalism logic and market-oriented economy concept by text analysis, and reset the status quo of reproductive tourism in different cultures by reflecting on the use of terms. And then, comb possible diversity beyond the capitalized discourses and conduct the critique. In addition, the case of Taiwan is also discussed as a reference to the theorization of capitalism by relevant practitioners and researchers in the future. This research believes that, based on the multiple differences of the background in different places, more empirical researches are still needed to supply the discussion of the internal contradiction of existing discourse. As an analytical framework, reproductive tourism can promote the reflection on the influence and mutual shaping of different economic models and capitalist logic.

Keywords: capitalism, commercialization, diversity, reproductive tourism, strong discourse.

Introduction

People themselves become commercialized objects in the market, and then can be cut, separated, sold and produced in the capitalist trend, so there's a body market for trading hair, cells, urine, organs, bones, blood. Its diverse trading channels illustrate the shape of capitalist expansion, whether it is government-led donations, sales, profit-making organi-

zations or private donations, and the existence of its legitimacy, cannot erase the traces of capitalism, on the contrary, it has become the reification process of human beings. And the commoditization trend of health care makes that the medical service is not only limited to the necessary medical measures but also include the paid choice of medical commodities. The difference in access to medical care will further turn the problem of capital to class difference. And these problems are further into all regions due to globalization and form new problems with more complex structures and more difficult to deal with.

Li believes that [1], globalization mainly originates from business and finance, and all its phenomena need to be considered in connection with capitalism. Otherwise, it cannot be grasped the root cause of globalization, which requires mapping the contradictions and negatives. The problematic consciousness of this research originated from the experiences that, when I was conducting fieldworks in Taiwan, China, Thailand, and Europe, it is perceived from practical work that the perspectives of the strong discourses of reproductive tourism are too similar or same, and thus I was confused about their appropriateness. Therefore, the purpose of this study is to put the related discussions of reproductive tourism in different social frameworks to clarify the universality and applicability of the existing discourses and point out that there is possible diversity beyond the capitalized discourses under the thought of capitalism as the main economic logic.

Two questions are proposed in this research. Firstly, how the related discourses of reproductive tourism which oriented from European countries and the USA are not enough to explain the current situations around the world? Secondly, how are the global link and the relations of domination of capitalism emerge from the current situations of reproductive tourism? For answering these two questions, this research will systematic analyse the context and current situation of the emerging phenomenon of reproductive tourism through textual analysis by using reproductive issues as a medium, trackback the discourses which comes from the upper level of the industrial chain such as some European countries and USA, also a powerful argument in this field, and take Taiwan, where the author is located, as an example, to discuss how these arguments are not applicable to other regions and the underlying capitalist thinking. The critique is also conducted in this research. In other words, this research attempts to put forward a new interpretation of the existing phenomena and discourses for the purpose of theorizing in the future. The reason for using reproduction as a research route is that, compared to other body markets, reproduction is directly related to issues, such as genetics, genes, etc., that may affect human nature and life meaning, and there are many intervention ways. For contemporary human life, it is urgent to propose strategies to cope with the current situation.

General images: The meaning of the moving path of reproductive tourism

Both biotechnology and information technology are the manifestations of the new stage of capitalist production mode. They are based on the logic of capital accumulation, and there are huge structures, mechanisms and processes behind their commodities [2]. As the serious medical commercialization and both the speed of information exchange and the global mobility of people are keep increasing, the rapid rise of medical tourism with the dual nature that medical care as the main goal and tourism as a supplement is caused.

Because of reproductive tourism is matching the ideological trend, which focuses on multiple ways of fertility practice in contemporary society, it has already become one of the fastest growing kinds of medical tourism. It is also called “fertility tourism” [3] or “cross-border reproductive care” (CBRC) [4], which means the moving action from native place to another country or region to seek reproductive services and treatment [5].

In order to get a general understanding of the context of this discussion, readers can first refer to *current status and analysis of reproductive tourism in the context of globalization* published by me in *Taiwan Journal of Public Health* in 2017. In this paper, I provide a global overview image of the current reproductive tourism and gametes transfer phenomenon, which enables the reader to quickly grasp the reasons and the paths of people’s movement between different regions due to reproductive factors. Because of the in-depth exploration needs to take into account the cultural differences of different regions and the influence of existing social structure systems, which is beyond the scope of this article. So, this section is intended to include some of the main points of that article to facilitate the examination of possible regional or national differences in the global image of reproductive tourism and the current situation in Taiwan, in order to continue the discussion on the existing discourses in the next section.

Asia began to develop medical tourism after a financial crisis in 1997, and the world’s largest reproductive tourism markets currently include the Czech Republic, Denmark, Finland, Greece, Belgium, Switzerland, Thailand, India, Malaysia, Brazil, Cyprus, etc. In the context of globalization, free economic market and medical outsourcing, etc., the high cost of assisted reproductive technology, legal norms, lengthy and cumbersome procedures and its system in many countries make reproductive tourism emerge as the times require. Reproductive tourism is seen as a way to develop financial resources in many areas [6], but the drive of capitalism minimizes the original altruistic care work without the nature of the original service orientation [7]. In general, common factors that people seeking reproductive tourism are as follows [8]:

- (1) Waste too much time for the waiting list of surgery and gametes in their native country: Eastern European countries such as Ukraine, Lithuania and Belarus are open to gamete donation, their services are also with more time efficiency than those countries which have serious and complicated regulations and difficulty in receiving surgery and domestic gamete sources as Italy and France. Therefore, many demanders are attracted to move to the countries of Eastern Europe and Cyprus to obtain gametes and shorten the waiting time. Currently, the main source of an ovum in Europe is Spain and the Czech Republic, while Denmark is the country with the most systematic sperm exports [9]. Free trade and not rigorous border controls within the EU have contributed indirectly to this phenomenon [8].
- (2) Search for sex screening of fetuses or the surgery which is prohibited or lack of expertise and equipment in home country: Although sex screening is illegal in most countries, there is still a contradictory space for technique. Therefore, those people who want to screen the sex of their children will go to the countries such as Cyprus, South Africa and Thailand for receiving the technique that their native countries do not allow.

- (3) The treatment fee in the home country is too expensive: The global price range for reproductive medical services varies considerably, and the cost of seeking services in Latvia, Hungary, the Czech Republic, Malaysia, India, China and Thailand is significantly lower than in other European countries and USA. The Czech Republic attracted many British, German and Russian people by its low cost of surgery [6]; And the United States has a demand for medical outsourcing because of the exorbitant cost of medical services, the moving track of people in need is mostly towards Europe, which costs only a third of the fee in home country, or Asia, a place they can seek for the same service with a tenth of the price.
- (4) Personal factors: Many people will consider issues such as privacy right and gamete sources when seeking reproductive tourism.
- (5) People whose identity are not in conformity with the provisions of the laws of the home country on assisted reproductive technology: Such as unmarried people or queer.

Namely, there may be several characteristics in the development of reproductive tourism of the countries I mentioned above. Firstly, the regulations are relatively less rigorous, or have not yet evaluated their opportunities, risks and further manage it; Secondly, the industry of reproductive tourism is driven by the government, or the government provides highly freedom with industry and tend to accept the establishment of transboundary reproductive institutions and overseas funds; Thirdly, combine with other industries through originally high-level reproductive technology, or create cost-effect program by analyzing the source of customers through the introduction of technology and professionals. Fourthly, geographical relations have become the basis for assessing the direction of development. With the closeness or diversity of language and culture, special services are carried out in the reproductive tourism industry. Mostly, this industry is rising from the metropolis. Except for the leading of government, both the private cross-border reproductive institutions and grey markets bring the invisible and hidden problems. Just as the production of technology products may be separated into many steps and carried out in different countries, reproduction is also an industrial chain that can be divided: Obtain the reproductive materials in one country, accept the surgery in another and possess the care procedure in the third one. All these possible forms are described that government have to play the role for supervision, track and resource balance in addition to making the decision of policy.

However, reproductive tourism means not only free and pluralistic medical options but also the intricate relationship between it and the regional and class differences, if we look at the moving track. The positions of different roles as people who conduct reproductive tourism, medical institutions, donor/seller of gametes, government, etc., in the industrial chain, is related to the impacts of different forms and levels of capitalism in different societies. As opposed to European countries, in terms of the concept of social welfare and civil rights, Asian countries often see reproductive tourism as an opportunity to drive regional economies, and a means to extend financial resources, emphasizing market development and privatization of health care. Many health care providers are forced to work with tourism and profit-oriented companies, leading to economic gains rather than providing quality health care in a market trend that the government intends to cultivate as an emerging industry [10].

Hanson believes [11] that when the market economy enters an area that had previously been considered the responsibility of the government, the national health and medical service system contributed to the formation of the market, and pregnancy will gradually become a way of creating life. The commercialization of pregnancy is related to the trend of our economy from material culture to consumer culture. The formation and rise of reproductive tourism not only respond to the trend of pluralistic forms of marriage and fertility in contemporary society but also reflect the «body» concept after entering the market economy. The supply side is seen more like an «object» than a life element in the industrial chain. However, under the influence of capitalism and the increase in people's mobility, people who are in the countries which do not adopt or just started to adopt the free market economy may also move to regions or countries where the free market economy system has prevailed for a long time. A pursuit of the possibility of maximizing the value of their own as capital in different systems and cultural contexts. For example, Ukrainian women travel between Denmark and elsewhere to donate eggs for the higher nutritional fee than in their own countries.

Taiwan now is facing the challenges of resources assignment, system integration and contradiction of the policy of opening during the process of economic pursuing. The internal opinion is showing a serious diversity on the issue to develop the medical industry as a business. On the contrary, these obstructions and conflicts have become a line of protection for maintaining medical quality in the current situation in Taiwan. The Taiwan government and medical units vigorously promote medical commodities and open medical institutions at all levels to strive for tourists from different regions according to their own resources, so as to increase the income of travel, accommodation and medical industries. The medical visa is also provided. There are about 78 medical institutions provide international medical projects currently, most of them are support the special medical treatments, which the reproductive treatment is included; 18 of them have passed JCI, which has the highest credibility recognized by the global medical community. Depend on the excellent medical level, cultural closeness, safe environment, competitive and effective cost, Taiwanese industry of reproductive tourism is favored by couples who are come from nearly places such as Hong Kong, Japan, Singapore and Philippines. Among them, China is the main place of customer source. Due to the special historical and political relationship between Taiwan and China, the changes of Taiwanese parties and their political strategies may affect the number of Chinese customer in different levels and aspects. However, Taiwan and China each have relevant regulations, so there is no direct correlation in the reproductive tourism industry. In spite of that, the commonly cross-border institution and financial flow are still promoting the corporation programs and ways between Taiwanese medical institutions and the medical mediums of China and Hong Kong. At present, in Taiwan, the pregnancy rate, which is resulted from assisted reproductive technology is higher than 37.7%, the live birth rate is higher than 27.7%, both are ranked among the top in the world [12].

Based on the widespread health insurance, Taiwanese no need to pay lots fee if they want to pursue reproductive surgery, the main reason of that person looking for reproductive tourism is their identity is not allowed to accept these surgeries as well as the local gamete bank is lacking due to strict law. Therefore, people who are in need will go to near countries for a chance. The references, technological guides, and the experiences which transferred from message to knowledge until practical work are all showing the medical

knowledge of reproduction are not only lead to the self-transcendence but also the connection and distinction between community and others. For example, the social movement of gender equality in Taiwan is well-known by the world, a new form of family and assisted reproductive technology is noticed by women and lesbian in this trend, nowadays they are the one of the main group which pursues the reproductive tourism actively. One of their foundations also published a book with a practical approach in 2010 to guide people how to deal with the problems of assisted reproductive technology or reproductive tourism, such as mental issue, preparation, law and social dilemma. They also share the related information to lesbian by seminar, lecture and website. In this process, they receive, utilize, and transfer these knowledge become practical works, reshape the medical knowledge of reproduction and find its new form which is suit the local application. About the existing examples, neither the public nor the government judge or criticize those people who had pursued reproductive tourism. Cases above are demonstrating the ambiguity zone between law and reality, and the interrelationship between medicine and social culture.

Additional, the development of regulations often fails to catch up with the changes in the market, further raises many ethical issues. I often see advertisements from reproductive institutions in Europe and USA recruit egg donors from Taiwan and ethnic Chinese on the Facebook pages, they provide more than triple as much nutritional fee as it has donated in Taiwan, and there is no restriction on past donation records-which clearly points to the problem of this phenomenon, that is, it does not conform to the norm of the existing upper limit of donation in Taiwan, but because the places of medical measures and treatments are overseas, Taiwan cannot effectively monitor its risks or limit its growth. However, if a single woman goes to another country to undergo IVF surgery or select the sex of the baby, which is not allowed in Taiwan, the government cannot manage it effectively because of the difference of national laws and regulations. These situations do not just exist in Taiwan, Taiwan is only a piece of the whole image.

The temporary “development” and “opportunities” brought about by globalization and capitalist markets can be at the cost of future enormous losses and heavy dependence on transnational capital, and the expense of fundamental national interests in exchange for temporary development, and it will seriously undermine the national economic development and lose the possibility of national development [1]. Such a linkage has made it difficult for a single country to exercise its authority to regulate its economy and rely on global common management and regulation [13].

In general speaking, reproductive tourism as a contemporary product, capitalist logic drives the development of reproductive tourism. Such phenomena are beyond the limits of the internal laws and regulations of various regions, under the influence of capitalism and free market economy, a country which loses the capacity of supervision in this phenomenon has further made it a matter of global risk control and trouble of local system. With reproductive issues connecting not only on the relationship between science and technology and society, but also on the discussions of beliefs, cultures, gender, family and the nature of life, and also related to the legal and boundary orientation of different countries, directly challenging the existing bioethics value, standard and social composition [8]. Even though many international organizations attempt to draw up global response strategies according to human values and international norms, these strategies still have practical problems in the interlocking industrial chains. Therefore, there is a need for cross-area dialogue to define the nature of existing paradigms and theories in various

fields, and the systematic analysis of various levels and sides of different regional practices and theories are carried out to obtain new coping strategies and find new methods to deal with the phenomenon under the capitalist logic.

Turning of terms: Logic and position difference

In this section, I will continue to comb and list the terms used to describe the phenomenon of “Taking cross-border actions for searching the services of reproductive medicine”, which are more commonly seen in the texts. By exploring how the USA and European people use these terms in academic circles, we can compare it to the current situation of Taiwan and analyze the implications behind it, so as to facilitate the investigation of the future researchers. I have chosen the term “reproductive tourism” as my standpoint in the previous sections among the various terms used to describe the phenomenon. This indicates to a large extent that my attitude on this issue is closer to see it as an economic analysis framework, rather than the concept of “health care» as defined by most European countries and USA. Then I will continue this usage in the following sections.

The turning of exciting terms is showing a status of gradually change. But the contradiction can be roughly divided into several parts: This phenomenon is regarded as a part of social welfare and rights, or a specific service purchased according to the will and financial ability; Emphasis on social consensus, or personal choice; Focus on the aspect of suffering, or enjoyment; Whether it contains the overall possible status, or only focuses on some facts; Whether the description of a particular object is neutral, or connect to a negative projection. This phenomenon of “taking cross-border actions for searching the services of reproductive medicine”, most commonly known as “reproductive tourism” or “cross-border reproductive care”(CBRC), “procreative tourism” [14] is the original term used to describe the phenomenon, and then, it’s called “reproductive tourism” or “fertility tourism” in many scholars’ articles [3; 15; 16], but with more and more discussions arose, criticism of the word, tourism, has followed [17]. Inhorn believes [18] that tourism refers to a person who is in a state of relaxation, enjoyment, and choice, and the various physiological and emotional challenges that the subject may encounter in seeking reproductive medical services across the border, such as the uncertainties in the process of movement, the convergence of follow-up diagnosis and treatment, and the ethical risks, have not been taken into account. The word, “transnational reproduction”, is also used [19; 20], but the transnational nature of the case does not apply to countries such as the United States or Australia that may be moving from city to countryside in search of cheaper in-country treatment.

Inhorn and Patrizio [21] believes that the multiple difficulties and the situation of been forced of “Taking cross-border actions for searching the services of reproductive medicine” should be taken seriously and expressed in more precise and patient-centered terms. To this, Matorras [22] believes that the term”reproductive tourism” ignores the problems that may arise from “Taking cross-border actions for searching the services of reproductive medicine”, and has an offensive, unfriendly connotation against those who need it, and he thinks it is more appropriate to call it “reproductive exile”. Because “exile” often means that people are forced to leave their country because of political reasons, and people who seek reproductive medicine services across borders are often the subjects who fail to conceive smoothly in their home country or are rejected by reproductive laws, for

example, people who are no marriage or who want to choose the sex of their baby and go to countries where preimplantation genetic diagnosis (PGD) can be legally performed.

Pennings [4] believes that the term proposed by Matorras is very interesting, but overemphasized the state of being forced to wander abroad in search of treatment. He believes that countries have different legal systems and that not everyone is in the same state of distress and embarrassment. So he suggested changing the word “reproductive tourism” to “cross-border reproductive care” (CBRC). Because in addition to avoiding the negative, passive implications of reproductive tourism or procreative tourism, it is more neutral, objective and without any value judgment to describe the phenomenon, and it is more likely to be associated with other types of medical activities. Recently, many European and American scholars and institutions, such as European Society of Human Reproduction and Embryology, have begun to use the term CBRC widely as the main term to describe this phenomenon, in addition to describing the actions of users/patients/customers, other actors such as reproductive assistors, institutions and governments are also included [23]. They believe that this turning have demonstrated a people-centred concern and begun to focus on the human rights and legal issues behind the phenomenon, including reflection on national health systems and cross-border issues of medical law and governance, and try to intervene the different aspects from the trend of globalization, and put forward the regional and global governance strategies at different levels.

However, in contrast to the concept of social welfare in USA and European countries which used as a development foundation for pursuing of sustainable medical policies and cross-border medical care, countries in Asia have combined medical services with their own tourism resources [10], through an all-inclusive service model as a medium to attract tourists and patients to enrich the financial resources, because of the ambiguity of the definition, the two terms are still appearing in the text in turns. Some scholars believe that now Asia has the ability to provide good reproductive care, so based on a people-oriented position, this phenomenon should be called CBRC. I believe that the biggest difference between the two views is our judgement basis whether they are looking at individuals who are seeking international medical services, or on the situation of global mobility.

Inhorn & Gurtin [24] and Blyth, Thorn & Wischmann [25] also believe that because of “care» is not a common experience for all participants, CBRC cannot be able to describe it in its entirety, and a more precise term remains to be discussed. Compared with the terms presented in terms of individual rights and interests, Ikemoto [26], Culley & Hudson [19], Martin [16], Pfeffer [27], Whittaker [28], Speier [29], Bergmann [30], etc., still tend to use the word, tourism, as the analytical framework of the overall economic situation in the context of extreme commercialization. There are many different roles in reproductive tourism, and each of them has their own situation [23], but most of the context in which CBRC is used in the literature is still in the position of user/patient/customer. While it also focuses on women’s reproductive labour and reproductive rights, it still ignoring other roles that are also involved in the industry chain, such as gametes donors/sellers, who may not be well cared for after the event. However, the unequal information between the user/patient/customer and broker which deliberately caused by the profit-driven by the broker can also pose a risk of varying sizes. By this, “transnational circumvention and reproductive projects” [29], “infertility journeys” [30], and other new words, such as “new sex trade” [28], are proposed in such a state to try to reconceptualize the phenomenon [24], but there has not been a good consensus to this day. Taiwan

has widely drawn on the experience of different countries, and many academic researchers who have invested in this field have defined their position to the term “cross-border reproductive care”, but in the practical field, many organizations still call it “reproductive tourism”, which shows the difference and the cognitive gap between the two.

I try to put these terms back into the texts so that they can be linked to their actual context for analysis and induction. In the texts, “cross-border”, “transnational” and “abroad” are often used to refer to actions that span different spheres of political power and its governance. Generally speaking, a distinction can be made between movement within a country and movement across borders. However, in the era of globalization, the concept of “national boundary” and sovereignty has been deconstructed and reshaped, and trade on borders has not been reduced since ancient times. Therefore, there are different interpretations of the multiple meanings and levels of “boundary”. Anyway, it mainly refers to moving to another country and taking treatment under a different legal system from the home country in the texts. Compare with “care”, the term “treatment” is with more metaphors that consider individuals are diseased. Assisted reproductive technologies (ARTs) seekers were often seen as “infertile” in Taiwan in the past, for example, one of Taiwan’s law “*Artificial Reproduction Act*” explicitly states that the legal purpose of ARTs in Taiwan is to solve the infertility problem [31]. Based on the structure of contemporary society and the changing of gender culture, people’s needs of assisted reproductive technology and the reproductive tourism are not only for solving diseases but also for seeking the technical assistance to meet their different needs or desires actively. The use of “fertility” and “infertility” in texts are also the same, more emphasis on physiological factors [23].

In this phenomenon, “care” or “healthcare” is a term advocated by the European and American academic circles, Western countries have different directions for economic reform. Britain, the United States, Canada adopt neoliberal reform path; Some European countries like Germany, France, Italy adopt labor force reduction reform path and subsidize and develop the welfare policies by the state; Northern Europe adopts Scandinavia reform path, pay attention to social investment strategies and gender equality [32]. Different political philosophies and decisions have influenced the institutional development of various countries, and further shaped the different positions and viewpoints of countries on reproductive tourism. Even the social welfare system in Europe and the USA has been subjected to many shocks and challenges in contemporary society, but the concept of medical care as the foundation of public finances has not disappeared. The economic dependence of contemporary Asia on international medical services to the West can be traced back to 1997. After the financial turmoil, Asian countries began to extend financial resources actively and rectify policies in order to maintain political stability and return to the highly competitive global economic markets. All countries actively attract foreign industries to enter their country for investment. Under the background of globalization and the growing influence of multinational organizations, the balance between economic development and public welfare has become a difficult part for the government to implement. There is obviously a difference between Europe, USA and Asia. Also, the difference in reproductive options caused by financial resources in this phenomenon [8; 11], is demonstrating that this process is not a medical resource available to everyone. For users/patients/customers, reproductive tourism has become a kind of user paid transaction and no longer have the original simple meaning of “care”.

There is no clear definition of tourism, travel and journey. "Tourism" is often seen as a more relaxed situation, with "travel" emphasizing the process of moving from one place to another, while "journey" is more inclined to spiritual ascend and challenge. According to the definition of World Tourism Organization (WTO), tourism is a subset of travel, and health and medical care is one of the categories of tourism, which includes programs from hospitals, clinics, nursing homes or, more generally, health and social institutions, to accept the spa therapy, treatment based on medical counseling, and cosmetic surgery that includes the use of medical facilities and services. However, their duration must be less than one year then they can be classified as tourism, and participants will be defined as a visitor. Those who, due to medical reasons, remain in the place of treatment for more than a year shall be considered residents of their original nationality and in ordinary circumstances, and such cases should be further identified by the local immigration unit [33].

To sum up, when judged by the length of time, the process of seeking reproductive medicine services across borders often does not exceed weeks to months and should be considered as a scope of travel; And its development in Asia and other backward countries, because of the different ways and ideas of implementation, it is more appropriate to call it "reproductive tourism" which with the nature of economy rather than the "cross-border reproductive care", with the meaning of national welfare. Apart from this, the other terms are still difficult to cover all phenomena. However, those seeking cross-border reproductive medicine services tend to be intensely purpose-oriented, and the global population moves for different purposes in a very diverse way. Therefore, I believe that the practice of seeking reproductive medical services across the border should not be easily classified as "tourism". But, reproductive tourism, in the context of capitalism and the market economy, should be a better name before a more appropriate word appeared.

Back to the historical context, based on the management of social order, the strengthening of the nation and military, the expansion of overseas political and economic forces and other needs, reproduction has always been the focus of the country's policy of population health governance, its decision-making is affected by economic and political structure. In the case of Taiwan, Guo and Zhang [34] believe that Taiwan's medical development is difficult to make the historical boundary with the dichotomy of "Germany-Japan system" and "USA system" because it not only contains the medical heritage of the Japanese occupation period, the influences of China, USA aid, and more participation from international organizations such as the World Health Organization (WHO). When Western medicine became the mainstream, Western medical discourse also becomes the main reference and a tool for communicating in a professional area. Since Taiwan's medical development was deeply based on the colonial history and the experience of multi-party aid, Western knowledge has long been an object for reference and sampling, but contemporary medicine is also like other forms of culture that full of unbalance and unequal frequency and depth [35]. In addition to exploring the influences of translation and application of medical terms on cultural, economic and medical context, we also need to reflect reversedly how these contexts can improve the changing of quality and content on existing terms and medical situations. Through exploring the turning and meaning of medical terms, this section aims to point out the structural gap which the strong discourse lead to different places.

Conclusion

We can found that, in addition to the expansion of capitalism, the rapid development of science and information, the rising of contemporary gender equality awareness, the basic driving force of the fast development of reproductive tourism industry are also derived from the gap of economic levels and regulations in different countries, as well as the huge benefits that the industry has gained between reproductive assistors and consumers. Based on the multiple existing facts of exploitation and the unfulfilled global consensus, I think the disputes should be considered as examples for ethical evaluation and discussion, aims to possess a whole checking and criticism to the issues caused from different aspects and levels. In another part, we have to reflect our position and knowledge production, to analyze the multiple forms or models of capitalism, and to discuss the problems through putting it into the different social and cultural structures.

In many public health studies, the term “global health” has been used by many scholars to replace the term “international health”, because of the impact of globalization. The term “international health”, includes a wider range of actors, emphasizing the interdependence of global health [36]. Roemer and Roemer [37] also believe that the improvement of global health depends on the provision of public health, not on expanding private health services. Item 4 of Article 2, of the “*Global Code of Ethics for Tourism*” [38], published by the World Tourism Organization, states: “Tourism for the religion, health, education and cultural or linguistic exchange is a very useful form of tourism that should be encouraged”.

But in fact, under the background of capitalism, the spread of transnational private medical industry is no longer based on the maximization of social benefits. The healthy tourism pattern often deepens the gap of inequality. It is also difficult for the government to adjust the gap created by capitalist logic and free economic markets and to implement distributive justice [39]. According to the operating model of the free economic market, while the trend of outsourcing or relocation of the medical industry may be profitable for both the backward and advanced countries, but it is still difficult to distribute these benefits equally among all people [40]. Although Asian economies have shown strong growth and diversification over the past two decades, we still depend to some extent on Western economic systems to maintain our own economic stability and quickly faced problems such as environmental sustainability and fundamental human rights [41].

Based on reproductive issues, this research preliminarily combed the medical and social aspects affected by capitalism in the context of a free market economy. By looking back at the global overview of the path of reproductive tourism, we can see that the formation of different paths is driven by differences in economy and capital, and then the different roles in an unequal industrial chain gradually emerge. Its path is basically the same as that of countries which are under the domination of capitalism, so it can also be a starting point for the similar analysis and comparative analysis of capitalism in the future. Although the terms people used to locate this phenomenon are showing the diversity and there is no consensus, but the USA and some European countries with strong economic capacity and occupied an upstream position of the industrial chain regard it as “health care” is demonstrate an “identity”. Under such a framework of global linkages, it is clear that this term cannot include all the situations of all regions and countries. Multinational corporations have weakened the power of the state, and their cooperation with govern-

ments has resulted in various forms of commercial activity, and due to their cross-border use of human or physical capital in a cheaper way, the changes in multiple aspects have been made towards irreversibility—one of the hallmarks of the globalization process [1].

The literature mentioned in this paper all have its own focus and core positions, such as the feminist approach to the issue of women's reproductive labour and reproductive autonomy, or, from a political and economic point of view to proposing a framework for exploring global reproductive flows. However, none of these works has yet to fully incorporate all possible scenarios, showing the diversity in the development of reproductive tourism in different places. The European Society of Human Reproduction and Embryology has a significant impact on the knowledge, practice and promotion of reproductive medicine in Europe, but the true situation of reproductive tourism in the backward countries and Asia has not been correctly and fully understood. In the case of seeking their own best interests, the advanced countries have great differences of viewpoint on the reproductive tourism industry chain with the backward countries and have lost their vigilance on the issues of medical outsourcing dependence and national identity norms. This seemingly mutually beneficial and symbiotic industrial chain, in fact, has an irreversible impact on both sides. Unlike other economic industries, reproductive tourism involves complex power networks, which make it more difficult to resolve the ethical and public health disputes.

However, Taiwan continues its own reference to advanced countries in terms of institutions, regulations, and so on, and has followed the terms of “health care”, but in practice, many people still call it “reproductive tourism”, which shows the gap between academic and practical aspects, and the lack of careful assessment of the possible development and strategy of varieties of capitalism in Asia. Good medical standards and a strict system cannot be used to deny the basic logic of Taiwan's development of this industry and has long been an economic consideration rather than the basis of universal care. I believe that it is necessary and urgent to conduct empirical research in various places to promote the dialogue between existing theories and practices. In the face of the current situation of global reproductive tourism, different countries and areas can refer to the nature, spirit and method of developing medical and reproductive tourism of European countries, but have to transfer and modify it to meet the local culture [23]. Because the welfare system and economic development model is showing diversity in different countries, it is necessary to clarify the situation and corresponding problems firstly for possess local knowledge production and transfer, and to aware that the governance risks in different countries or areas which caused by globalization are not included in the assessment equally.

At the end of this research, here I am trying to answer the two main questions. The sections above have already depicted the internal contradictions of a reproductive discourse of some advanced countries and presented the aspects and reasons why it is not enough to describe the current situations in different places. In addition to forming different resource bases and reproductive tourism construction models, the different backgrounds such as culture, regulation, economy, technology, religion, geopolitics, etc, also involve the mutual shaping between welfare development, economic model, ideology and medical system. By regarding reproductive tourism as an analytical framework, the global chain and domination relationship caused by capitalism emerge from the qualitative change of knowledge production methods, the construction of political and economic systems, the individual practice actions and the difference of roles in industrial chain.

Reproductive tourism inevitably becomes a global industry, the change of the mode of knowledge production and the research of the transferring of terms can be the way to understand the global present situation of capitalism and to analyze the economic and social development inequality and the differences in the construction of knowledge system. Meanwhile, it can also remind us to re-focus on the different outcomes which caused by different values and ethical standards, and reveal the cultural centrism tendency and its academic and cultural consequences in the current social situation from the point of view of different economic model countries, or backward countries, Taiwan or Asian cultures [42]. Other than this, it has become a reference for people to evaluate different economic models and reflect on the logic of capitalism.

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Переосмысление современного капитализма через практики репродуктивного туризма

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Мотивом к написанию данной статьи послужили полевые исследования автора, связанные с изучением биотехнологических проблем. В ходе исследования возникли сомнения в возможности и целесообразности использования в качестве универсальной модели капитализма, сформированного в европейских странах и США. Автор считает, что дилеммы, порожденные современным капитализмом, вызывают необходимость его переосмысления в контексте различных культур. Для аргументации своей позиции он рассматривает пример репродуктивного туризма. Статья отвечает на два исследовательских вопроса: 1. Почему для понимания и объяснения практик репродуктивного туризма недостаточно использовать дискурсы, ориентированные на европейские страны и США? 2. Как из репродуктивного туризма рождаются глобальные связи и отношения господства? На основе анализа литературы по современному капитализму, используемых в ней ключевых понятий, а также на основе анализа литературы по репродуктивному туризму автор показывает специфику данного феномена в разных культурах. На примере кейса Тайваня демонстрируется, как репродуктивный туризм, помещенный в определенный культурный контекст, воспроизводит отношения господства, и что представляют собой эти отношения. В статье делается вывод о необходимости расширения спектра эмпирических исследований репродуктивного туризма в разных культурных контекстах для обсуждения внутренних противоречий капиталистического дискурса Европы и США и описания различных моделей современного капитализма.

Ключевые слова: капитализм, коммерциализация, разнообразие, репродуктивный туризм, сильная дискуссия.

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