
UNIT 3 RACIALIZED BODY

Amit Upadhaya & Shilpa Anand

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3.1 INTRODUCTION

In continuation of our focus on forms of “Embodiment” through bio-medicine and the laboring body in this course, Unit 3 will focus on ‘Racialized Body’ as a particular form of embodiment. In this unit, we will understand the ways in which gender and race interact with each other and how certain prejudices lead to the experience of marginalisation. This unit is divided into three sections. In the first section, you will obtain an overview of the different misconceptions that exist in our everyday understanding of ‘race’ while challenging the construction of the idea of ‘pure race’ in the past. In the second section, we will examine the various ways in which eugenic practices across the world impacted women, men and other genders differently. The third section focuses on the interface between race and sexuality in the context of human trafficking.

3.2 OBJECTIVES

After going through the unit, you should be able to:

- Define the concepts of race and racialisation;
- Examine the role of early science in promoting issues of race and discrimination;
- Identify the underlying ideology of racial purity that forms the basis for exploitative social systems; and
- Explain how the exploitation of women of colour forms the basis for unequal implementation of public health measures, eugenic strategies and illegal human trafficking.

3.3 DEFINING RACE AND RACIALIZATION

Let us first understand what is meant by ‘racialized’. To racialize means to categorize or differentiate people or group on the basis of race. We will study how bodies are racialized in different contexts in the world and the impact it has on people and cultures. We often hear of racism and racial differences in the context of Anglo-European countries and other countries that are dominated by white-skinned people. However, racism and the racialising of people occur in countries dominated by dark-skinned people as well as in countries where there is not much difference on the basis of skin-colour.

‘Race’ refers to genetically transmitted characteristics such as skin colour, facial features, hair texture and body type that are supposedly associated with distinct groups of people (Turner, 2006, p. 490). The concept of race existed only nominally prior to the late 18th Century, at a time when European colonisation of the new world was at its peak (Darity, 2008,p.2). Early science’s attempt in confirming ‘natural differences’ are now discredited for their scientific content and for their role in creating and stabilizing racial stereotyping. The extension of Charles Darwin’s theory of evolution to social Darwinism helped reproduce the myth that some groups (emphasising race) were at a ‘better’ stage of evolution than others, and it was only ‘natural’ that they were going to dominate certain other ‘less fit’ groups and races (Borgatta and Montgomery, 2000, p. 2330).

Racialisation occurs when differences between human beings are simplified and transformed into discrimination that has social, political, cultural and psychological significance (Dominguez, 1994). For instance, when we treat white-skinned persons as being superior to dark-skinned people we are attaching extra values to different skin colour. Racialisation is sometimes reproduced through colonisation ideologies, institutions, social practices and even in linguistic practices. Hence, it can be understood that race,

racialisation, and racialized body are all interlinked and products of social institutions and practices. Let look at some of the misconceptions which are associated with the notion of race and make some groups privileged over the other in the next section.

3.4 RACE AND ITS MISCONCEPTIONS

There are many misconceptions about race. This section will examine some of the more prominent misconceptions: the scientific construction of ‘pure races’, the social construction of race and its effects, and Jewishness as ‘race’.

3.4.1 The Scientific Construction of ‘Pure Races’

Race as a matter of biological phenomenon, gets communicated into the public discourse with the growth of modern science. Race as a biological fact was severely challenged in the post-war period. To quote **David Skinner**, “social science became increasingly suspicious not just of the argument that biology determined race inequalities but of any attempt to discuss race and biology together” (2007, p.933). Hence, the construction of scientific racism was challenged within the discipline of sociology. According to Skinner (2007), in the past the certain movement such as Darwinism and eugenics had played a significant role in the construction of modern notion of ‘race’, in which scientific knowledge, perspectives and methodologies have negatively reinforced the divisions among people as natural, fixed and absolute. Science that not only has viewed race difference as an objective biological category but also put barriers towards human capabilities, mobility and behaviour. Intermixing over centuries has meant that ‘pure races’ do not exist anywhere in the world. People of different ‘races’ have in common as much genetic similarity as people of the same ‘race’. This is because genetic differences between individuals do not correspond to different racial characteristics (Bruce & Yearley, 2006, p.252). Each criterion for creating a typology of races would result in a different grouping of races. For example, the epicanthic eye fold is supposedly the distinctive feature among East Asians, but with a consistent application of this criterion the San Bushmen of South Africa would also be classified as East Asian. To illustrate further, skin colour helps distinguish some Norwegians from the Masai’s of East Africa. But it also distinguishes Norwegians from the Turks, both of whom are considered ‘white’. So also, skin colour distinguishes Masais from the San Bushmen (both the Masai and the San Bushmen are native to Africa), whose olive complexion has a closer resemblance to the Turks than the much darker Masai’s (Borgatta and Montgomery, 2000, p.2331). Therefore, facial features, skin colour, hair texture cannot be criteria in making racial categories.

3.4.2 Social Construction of Race and its Effects

Though science failed to prove convincingly that there was any basis for racial difference, it did generate a variety of social beliefs that people of one race may be superior to those of another. These socially constructed ideas have had a major impact in the real interactions between people of different regions. While contemporary genetics confirms that phenotypical traits such as skin colour, facial features, curliness of hair, or body type are no guarantee of genetic similarity, racial categories are often a creation of people's beliefs and not products of nature (Turner 2006, p. 490). Separating humans into races continues to have consequences for persons belonging to different groups. Race has significance because people think it exists and act accordingly. Racial distinctions gain meaning when people attach significance to them. Race continues to have uneven consequences on life-chances, health, and probability of being jailed for people of different races (Darity, 2008, p. 2). Let us look at the specific case of misconceptions involving Jewish people and the question of race.

3.4.3 Jewish "Race"?

Jews have been historically treated as a race, when in fact they are a religious group, not a racial one. This is another example of the racial prejudice generated by early science where social "others" were separated out using scientifically doubtful principles. Nazi eugenic mentality and its promotion of anti-Semitism in Europe, about which we will read in detail in Section 3.3, led to the racial profiling of Jews. This racial profiling of Jews has been a historical practice from the 16th century. **Johann Blumenbach**, a German physician and physiologist, while writing his *The Natural Varieties of Man* in 1775, talks about how Jews above all appeared to exhibit stable racial types. According to him, Jews "remain the same as far as the fundamental configuration of face goes, remarkable for a racial character almost universal, which can be distinguished at the first glance even by those little skilled in physiognomy" (Solomos and Back, 2000, p.238). Jews have been traditionally represented in literature and popular culture as having big noses. This supposed phenotype has been stereotyped in different ways. For instance it has mingled with the religious profiling of Jews in Europe as being "unchristian, greedy and therefore unfit for public office, blasphemers in the name of Christ" and so on (Solomos and Back, 2000, p.242). According to the authors, interestingly, Jews themselves, on many occasions have claimed to have a racial identity. Racism describes the asymmetrical power relationship between the white and the non-white groups. In this context, **Joe Kincheloe** observed that whiteness is socially constructed and started to reflect the differences between 'white' and 'non-white' people when communities like Irish, Italian and Jews are referred as 'non-white' in a particular historical contexts (Guess, 2006). To quote Kincheloe, "Europeans prior to the late 1600s did not use the label, black,

to refer to any “race” of people, Africans included. Only after the racialisation of slavery by around 1680 did whiteness and blackness come to represent racial categories” (adapted from Guess, 2006, p.668). The process of constructing racism is noting but a product of societal understanding, which has created a stereotypical image about specific social groups. According to Berger (1963), the sociological understanding of the concept of race is “nothing but a fiction to begin with” (quoted in Guess, 2006, p. 657).

Check Your Progress:

Explain the social construction of race the help of examples. What are your own views on this subject?

3.5 EUGENICS, GENDER AND RACE

Eugenics is the idea of maintaining purity of race. In different contexts across the world, women have been burdened with the task of maintaining purity of races. Birth control measures have been often identified as methods by which the purity of a race can be maintained. Kline provides details of the relationship between the female moron (Goddard used the term ‘moron’ to describe people with a mental age of eight to twelve in the context of racial discrimination and equated with feeble-mindedness among women) and the ideal of a better race by referring to the panic of female promiscuity in turn of the century America (see Stubblefield, 2007, p.177). While quarantining of the female ‘high-grade moron’ was initially considered as an effective strategy to keep the race pure, soon sterilisation was seen as the appropriate measure of curtailing female promiscuity as even the middle classes were identified as being susceptible to this infecting presence (Kline, 2001). This form of eugenics is prevalent in the history of the world in many cultural contexts where the threat of some form of human defect has motivated the implementation of female sterilisation - for instance, the case of female leprosy infected patients in leper homes and hospitals in many parts of India in the first half of the twentieth century.

3.5.1 Racialized Birth Control

In this section we will read about three ways in which birth control programmes were racialized. In the first case birth control is forced with the aim of controlling national populations and often target women of colour in the western countries. The second case discusses women who

have little or no access to birth control methods on basis of their class, caste, ethnic and religious identities. The third case discusses unethical testing of contraceptive methods on people of colour.

Population Control

Let us begin by examining the difficult relationship that exists between women and birth-control measures. While birth control measures have been considered empowering for women who can prevent unwanted or forced pregnancies, in several situations women have also been forced into compulsory birth-control procedures for different reasons. In different parts of the world women have been affected by forceful family planning strategies. At times they have also suffered exclusion from proper public health awareness campaigns that inform of safe birth-control methods. We will first read about population-control measures that imposed the use of oral contraceptives and adoption of surgical methods on women in poor countries.

As women are the ones to become pregnant and give birth, they are also the targets of population control programmes. Governments and development organisations have controlled and managed women's bodies by managing fertility. As these processes adopt different measures of control for men and different ones for women, they are intrinsically gendered. Population control was adopted especially in the poorer countries of Africa, Asia and South America after the Second World War. By limiting fertility, government authorities were hoping to achieve economic advancement in these countries. United States foreign policy in the 1960s was particularly focused on enhancing birth control measures in the poorer countries through USAID (U.S. Agency for International Development). As part of its 'inundation strategy' USAID promoted contraception and sterilisation across the world. Women in developing countries or the so-called third world were identified as targets of the birth control programmes as they were considered to be irrational, backward and unaware in general. This racialisation of poor women the world over made it convenient for rich and powerful countries to institute forced methods of birth control and family planning that often resulted in disabling conditions. The methods used included sterilisation, injectables (Injectables are strong and high-risk fertility drugs that are injected into the woman's body and often result in serious side effects) and Intra Uterine Devices (IUDs) (*'T' shaped devices coated with either copper or progesterone that are inserted into the uterus*) which are methods that don't require the provision of proper care to the women being treated.

In USA, in 1950s and 60s, women of colour were subjected to forced sterilisation in different parts of the country. Sterilisation was seen as a cure for poverty and overpopulation. It was also an attempt to prevent certain sections of society from reproducing so as to maintain the pure race and class of people. Those who were forcefully sterilized included mentally

disabled people, criminals, those who were thought to be genetically inferior such as people of colour. These eugenic strategies, similar to that of the Nazi regime which we will study below, were prevalent in different parts of the world.

Peru in the late 90s was another target of USAID's aggressive family planning efforts. The number of tubal ligations in Peru increased from 10,000 in 1996 to about 110,000 in 1997. This was USAID's largest 'population assistance' programme in South America. The programme was criticized heavily by a coalition of the Catholic Church, political opponents of the then president Alberto Fujimori, feminists and native rights groups (<http://www.ratical.org/ratville/stolenWombs.html> 22nd July 2012). Large-scale forced sterilisation was also practised under the rule of the Third Reich in Nazi Germany. Hitler's Nazi rule in Germany believed that only the purest race inherited the earth while all others were not entitled to it. This was a form of social engineering that propagated a "healthy stock" by "preserving racial health" which would systematically eliminate what were called "unhealthy elements", if not of this generation then certainly of the next one (Solomos and Back, 2000, p. 216) This view was consistent with the research findings of famous scientists such as Koch, Lister and Pasteur. Racism of this variety sought to purify society in order to make it 'perfect'. In Nazi Germany, Jews were thought of as faulty by blood and heredity and incapable of purification. According to this dangerous racial policy of the Nazis, human life that was considered 'unworthy' was to be distanced or eliminated. Feminist historian, **Gisella Bock** claimed that "women were the main targets of racism" of Nazi eugenics policies. In 1933, the Third Reich passed a law titled 'Law for the Prevention of Hereditarily Diseased Offspring' which aimed at sterilizing non-Aryan Germans so as to preserve purity of the German race. She found that 12,000 medical officials sterilized 320,000 people between 1933 and 1939. Among those targeted, women were affected more deeply as they were deprived of their motherhood, something that many of the young women complained of (Bock, cited in Guba, 2009).

Towards the end of nineteenth century, birth control measures were seen as a tool to control the population of a particular race in countries like U.S.A. According to **Angela Y. Davis** (2011), ever since, America became urbanised, there was falling of the birth rate among the native-born white women. To cite Roosevelt's argument, this new trend in the birth pattern can be equated with the notion of 'race suicide'; therefore efforts were required to maintain the race purity in the country. This is how in the past, dimensions of gender, race and class became integral to the birth control movement. The birth control movement started to support this new argument with the argument that "race suicide could be prevented by the introduction of birth control among Black people, immigrants and the poor in general. In this way, the prosperous whites of solid Yankee stock could maintain their superior numbers within the population" (Davis, 2011, p. 210).

Forced sterilisations were also underway during the Emergency in India between 1975 and 1977. The number of sterilisations in the country between 1974 and 1975 was 1.354 million, 2.669 million for 1975-76 and 8.261 million for 1976-77. Large scale vasectomies were performed by forcing men into sterilisation camps. Though the sterilisation drives focused more on men, the greater responsibility for family planning was placed on women. Family planning drives in India have often assumed a racial flavour when the targets of the drives appear to be Muslim families, particularly Muslim women. In a study about Bijnor district in Uttar Pradesh, Patricia Jeffery and Roger Jeffery find that Muslim women don't feel safe in the hands of the Indian state especially where reproductive health is concerned. Most Muslims in this area feel that the family planning programme is particularly intrusive and coercive to them. Muslim women in this area feel threatened by the attitude of government health workers thus forcing them to avail the services of private doctors. However, Jeffery and Jeffery have found that Muslims in Bijnor generally believe that sterilisation signifies lack of faith in Allah's ability to provide for however many children are born. They believe that a sterilized person cannot be admitted to paradise (Basu and Jeffery, 2001, pp. 135-136). State machineries sometimes enforced certain policies upon the less privileged groups to achieve their hidden agenda of creating the nation with pure race.

3.5.2 Poor Access to Birth Control Measures

On the other hand, we cannot forget that birth-control measures have been extremely important for women through history. These methods have helped protect women from unwanted pregnancies and in preventing pregnancy where safe-sex measures have been absent.

The first birth-control clinic was opened in 1916 in Brooklyn, New York, and **Margaret Sanger** established the American Birth Control League (ABCL). Sanger hoped that a wide-ranging grassroots campaign would be directed by African-Americans so as to inform members of the black community about birth control. Once the leadership of the ABCL changed hands, it became an exclusive and elitist operation, leaving out women of colour. Contraceptive programmes were highly valued services that were extended only to white women and not to African-American women in the USA, thus racializing access to information that would empower women. In order to control their reproduction, African-American women became dependent on home remedies and illegal abortion procedures. Lack of access to birth control, poverty and poor health made frequent pregnancies more dangerous to black women. The absence of maternal health and infant health clinics led to the deaths of black mothers as well as a high infant mortality rate. The prevalence of syphilis as well as tuberculosis was several times higher in the African-American community than among the whites in that period.

Nevertheless, African-American women with the assistance of health professionals from their community were able to start and sustain the National Negro Health Movement to address the health needs and clean up the black neighbourhoods as well as educate its inhabitants about health issues. Health clinics were conducted and public health services were made to hire African-American physicians and nurses (Schoen, 2005).

3.5.3 Racialized Testing of Contraceptives

The testing of contraceptives emerged as one of the most controversial episodes in the history of race and gender intersections. **Clarence Gamble**, an American eugenicist and population control advocate, assumed the role of a philanthropist in India and Pakistan, in the 1950s and carried out tests of a range of contraceptive methods including diaphragm, jelly, condoms, foam tablets and a salt solution. However, his attempts to test the salt solution in India and Sri Lanka invoked resistance from health care professionals. They charged him with racial discrimination in wanting to test contraceptive methods on Indians and Sri Lankans but not on American women. Soon, issues of race and imperialism assumed importance over the promotion of contraceptives (Schoen, p. 227).

Contraceptive testing in poor populations continued into the latter half of the twentieth century. Evading medical ethics, makers of injectable contraceptives such as Norplant and Depo-Provera conducted trials in countries like India and Brazil. Various hazardous contraceptives have been promoted in developing countries and for women of colour and indigenous women. There was severe backlash from feminist groups in both contexts as women were not informed about the harmful side-effects of these injectable. African-American women's activists groups in the US believe that medical ethics are flouted by medical institutions and pharmaceutical companies as they test contraceptives on women without their knowledge. An American national activist group that calls itself 'INCITE: Women of Colour Against Violence' carries on its website the following warning:

QUINACRINE: A DANGEROUS FORM OF CHEMICAL STERILIZATION THAT CAN BE ADMINISTERED DURING A PELVIC EXAMINATION . . . WITHOUT YOUR KNOWLEDGE.

(Source: <http://www.incite-national.org/index.php?s=124> accessed on 22 July 2012)

Check Your Progress:

What is the eugenics movement? Can you cite any policy from any country which has specifically targeted women of colour?

3.6 RACE AND SEXUALITY

You have so far discussed the interrelation between gender and race in the contexts of population policy and contraceptive research. Now, we will be covering another dimension, i.e., sexual practices which are shaped by the racial construction.

3.6.1 ‘The Down Low’

The ‘down low’ is a term used to refer primarily to African American men who are secretly having sex with other men while maintaining heterosexual relationships or marriages. Included within this concept is a racialized depiction of men who have sex with men, as well as an understanding of masculinity because these men are assumed to not be effeminate and may perhaps be portraying hyper-masculine depictions such as the ‘homothug’. Another significant aspect of the down low is that these men do not construct themselves as gay or bisexual, but as heterosexual men (O’Brien, 2009). The term ‘down low’ was used within the black community in the US in the 1990s to refer to men who were having sex with anyone other than their wives or girlfriends. In the 2000s, however, it has come to refer to the sexual practices of men who have sex with men.

In this social context, as **Jodi O’Brien** (2009) remarks, the term ‘down low’ is used to morally discredit black men because of the impact their behaviour has on ‘innocent’ black women. In the United States, more white men may identify themselves as homosexual or bisexual than black men. This is a likely indicator of the social privilege that white men experience when compared with black men and men of other racial groups. In terms of health, this also means that white men who identify as homosexual or bisexual are able to access HIV testing more easily than men who identify as homosexual or bisexual but belong to other races. O’Brien contends that men on the down low are also not likely to inform their female partners about the sexual risks the latter might be subjecting themselves to; the likelihood of increased susceptibility of these women to STDs is thus higher.

3.6.2 Human Trafficking

Trafficking refers to the forcible displacement of a person within a country, or across borders through compulsion, fraud or illegitimate influence with the intention to exploit. Trafficking affects mainly women and children. According to the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, trafficking in persons refers to “the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the

purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs” (<http://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html>).

History and Prevalence

In order to indicate the longevity of this issue, it is important to note that the first federal immigration law in the United States was the Page Law of 1875. It specifically barred entry of Asian women who were reportedly entering America for ‘lewd and immoral purposes’. Additional legislation extended the ban a few years later to “those likely to become public charges” (Chapkis, 2003, p.923). According to one estimate, the number of women and children trafficked from South East Asia are thrice the number of people who left Africa’s shores as slaves (Demir 2003,p. ii). Around 700,000 to 4,000,000 women and children are trafficked annually around the world, of which around 120,000 enter the European Union annually (Demir, 2003, p. ii). Of those trafficked, around 80% are female, 70% of whom are trafficked for the burgeoning illegal sex industry. This industry is the third most profitable criminal venture in the world behind drugs and arms’ dealing with profits reaching seven toten billion US dollars annually.

Geographical Spread and the Global

The trafficking of women and children for the sex industry occurs all over the world. Thai and Japanese mafia entice women into prostitution in Japan using the ruse of lucrative jobs, perhaps as waitresses or entertainers. Victims of civil war in former Azerbaijan, Georgia and Yugoslavia are sold to brothels in Western Europe, and women in war zones are forced into sex-slavery by the military such as the US forces in Korea (Cheng, 2008, p. 7), or sold to international networks in human trafficking. In South Asia, local trafficking networks and occasional traffickers seem to dominate. The traffickers and recruiters are sometimes women who are themselves victims of trafficking. Many traffickers have links to the villages of their victims and accompany the children from the recruitment site to their final destination (Regeringskansliet, 2004).

Geographical Spread: South Asia

Sri Lanka is a popular destination for pedophiles from Europe, since young teenagers called ‘beach boys’ are a commonly available commodity for exploitation (Regeringskansliet, 2004, p. 24). India is not only an important destination for traffickers, but also the point of origin for women trafficked in South Asia. Large urban cities with their brothels keep poor women and children from far-flung poor areas of the country as also Nepal and Bangladesh. This is not surprising since most of the trafficking routes go from rural to urban areas and from poorer to wealthier regions, from Bihar

to wealthier states such as Maharashtra. In fact, the circumstances that forced these women to be trafficked remain un-investigated and unaddressed at the policy level.

3.6.3 Factors Sustaining Trafficking in Women

A significant rise in women being trafficked from the developing world can therefore be mapped onto a concomitant expansion of the sex industry (Outshoorn, 2005, p. 141). Refugees from conflict zones and civil wars around the world have also fed this industry, with women from war-torn Yugoslavia, Georgia and Azerbaijan being sold to brothels in Western Europe (Castles, 2003, p. 15). It perhaps explains how illegal economies have a strong interest in the continuation of this forced migration, or indeed in conflicts and civil wars around the world. Vastly improved communication and transport networks around the world resulted in increased volumes of migration and trafficking. In 2000, the Member States of the UN Millennium Summit agreed to heighten their efforts to fight transnational crime including trafficking in human beings, to combat violence against women, and to take measures for protection of human rights of migrants, migrant workers and their families. In November 2000, the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children was adopted.

Check Your Progress:

How do you relate human trafficking with the racialized body? Use examples to illustrate your response.

3.7 LET US SUM UP

This unit brings together the two issues of race and the construction of gendered body in varied contexts of including the eugenics movement, state policy, and sexuality. We have looked carefully the question of how bodies get constituted, represented, and marginalised through race and gender. Bodies of colour, in particular, women of colour are less mobile, targeted for vulnerable sexual exploitation, and have less access to public space and policy because they are identified with a particular space and region. The notion of racialized gendered bodies speaks about the discriminatory practices which are emerging from the unequal relation of power between the ‘human of pure race’ and ‘human of impure race’. However, these constructions are fallacious, as yet deeply embedded within society. Examining and analysing their construction helps us to understand and fight against race-based and gender-based discriminations.

3.8 UNIT END QUESTIONS

- 1) Define race and analyse it from the gender perspective.
- 2) Does the understanding of “racialized body” differ in relation to female and male bodies? Discuss with suitable examples.
- 3) Critically analyse the intersection between race, gender and sexuality.
- 4) How does racialization of the body impact women? Discuss in the light of contemporary situation in India.

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