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A sense of Nana's globalization

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Abstract

The Nana precinct in Bangkok is the area of lower Sukhumvit concentrating between the 3 rd and the 11th of Sukhumvit's north side, and 4th to 8th of the south side. The Nana enclave represents the best of Bangkok in that it exudes a global and cosmopolitan vibe enhancing a city that is an inclusive society, open and tolerate to vast cultural difference. These characteristics drew people into Bangkok leading to parts of the city becoming very congested comprising an Indians community that moved into the Nana enclave after road completion in 1950. The local population are Thai, Burmese, Thai-Lao and Indians. These groups have maintained their cultural heritage from their ancestors such as in costumes, languages and food. Tourists include western visitors, wealthy Thais, Middle Easterners, and more lately ASEAN tourists. Subsequently, the precinct can be interpreted in terms of (1) commoditization such as selling products and services – souvenirs, food and drink, medicine, street markets and living accommodations, (2) medical tourism through Bumrungrad International hospital and (3) globalization expression such as costumes, food, multi-languages, and hotels.

Keywords: *Nana, Sukhumvit, commoditization, medical tourism, globalization*

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History of the Nana enclave

Construction of Sukhumvit Road began in 1936 (Pimolsatier, 2009: 195; King, 2011: 87). As Bangkok expanded eastward from its original location by the Chao Phya River. "Sukhumvit Road" was a continuation of Phloenchit Road, reaching to Trat province close to the Cambodian border in the east of Thailand. Sukhumvit Road was built and controlled by Phra Pisansukhumvit (พระพิศาลสุขุมวิท), at that time head civil engineer and highway director general (อธิบดีกรมโยธาเทศบาล). It was completed in 1950 (Sukhum, 2004: 394; Pimolsatier, 2009: 195). The Nana enclave of the 3rd and the 4th is located on the lower Sukhumvit Road.

Ahmed Ebrahim Nana or A.E Nana or Mr Lek Nana was born in India in 1877 and later moved to Thailand in 1890. He was a Muslim Indian and third generation of a wealthy Gujarati businessman. Even though he had many companies, he was especially famous in landed property. He was also known as *"King of the land"*, especially on Sukhumvit Road. The landed property of his family in the Sukhumvit Road area extended on both sides of the road, and Sukhumvit the 3rd and the 4th were named for him (Hussain, 1982: 68-69; Poolthupya, 2008: 672; King, 2011: 49). The sub-street or sois were named Nana Nuea (North Nana) or soi 3 and Nana Tai (South Nana) or soi 4.

The Vietnam War in 1955 – 1975 led to an influx of many American servicemen who traveled from Vietnam to Thailand in order to take a vacation with relax and rest (R&R) programs. Leisure typically use places and the landscapes of the mountain and the sea (William, D. R. 2002: 354); it is also typically greatly commoditized (William & Kalternborn, 1999: 34). There are many places to enjoy in and near Bangkok such as Pattaya in Chonburi province, soi Patpong, soi Cowboy and the Nana enclave.

Bangkok was changed by American servicemen on relax and rest (R&R) programs with 40,000 – 45,000 people in 1967 (Baker, C and Phongpaichit, P. 2005: 149; Beek, S. 2016: 55). Mass tourism started from American soldiers, European, Middle-Eastern, and then ASEAN. By the 2010 the Nana area presented as Western and Islamic in a Thai host, embedded in the Nana community with increasing East Asian tourists, sex tourism from many groups (King, R. 2017: 12) and medical tourism from Middle-Easterners.

The Nana precinct on Sukhumvit Road consists of Thais, Thai-Laos, Burmese people and Indians as hosts community. The tourist demographic has continually been changing from American servicemen, to other Westerners, Europeans, Middle-Easterners and Asians. Many kinds of product and services are offered to tourists such as tailor shops, hospitals, entertainment places, restaurants, convenient stores, drug stores, counterfeit products, and other cultural objects.

The Nana physical area

In the past the Rama I–Phloenchit–Sukhumvit Road was a shophouse strip whose transformation began simultaneously. The Nana area progressively acquired Maneeya Plaza, Gaysorn Plaza, Nana Plaza, Robinson department store, also Asoke market for more Thai-style consumption (King, 2011: 94). The Nana enclave is shown in figure 1.



Figure 1: Nana Area

Source: King, 2017: 4

Economic growth has ensured that Sukhumvit Road currently has many condominiums and the BTS sky train and subways (MRT). The Nana enclave has easy access via the BTS sky train from Nana station to Phaya Thai station and then the Suvarnabhumi Airport Rail Link to the international airport.

The Nana enclave displays hybridity with different cultures and religions, with Buddhist, Muslim, Christian, Thais, Chinese (King, R. and Varavarn, P. 2017: 161), also Burmese, and Lao among its host. American, European, Middle-Easterner, ASEAN people come to the Nana precinct as a tourists. These all congregate in a manner that seems inconsistent and ambiguous (King, R, 2017: 3). It reflects that cross-cultural translation is an element of multicultural societies. However, heterogeneous spaces are usually located in non-western destinations where tourism has emerged with an unplanned and contingent process (Edenson, T.2000: 322-344) such as medical tourism with Middle-East patients at Bumrungrad International Hospital.

The Nana enclave is built from perspective of area planning as a community while living differently (Healey, 1997: 50). It seems to present "a sense of place" that is not based on ideas of authentic of place or a heritage site and the involvement of local people in their community (Diteepeng, S. 2016: 282). However, those people feel about places, value to it and sense of it (Kheawmwsuan, R. 2016:199). A sense of place can be a social construction by some groups with a particular interest. A sense of place may involve leisure practices and sources of political conflict (William, D. R, 2002: 354). In addition, most tourists choose a destination with considerations of price as a crucial factor (Crouch, G. 1994a: 41, 1994b: 13).

A research Question

How can people interpret the cosmopolitan disorder of the Nana precinct?

The Nana precinct has not only many kinds of people from around the world, but they also generally communicate with English. Visitors have been changed from American, European, Middle–Eastern people to Asian people, accounting for the cosmopolitan disorder. In addition, they seem to live together peacefully with various cultures in one area effectively globalization with different cultures. The accepted heterogeneity is emblematic of Bangkok and Thailand at its best.

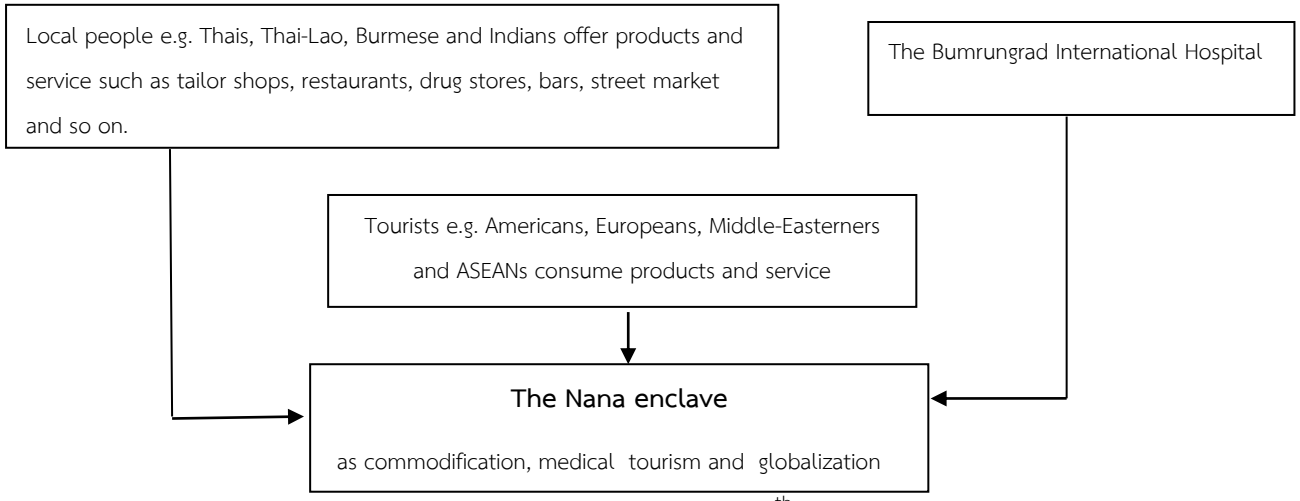
Objectives

1. To study the history of the Nana enclave
2. To observe phenomena of present Nana

Research Methodology

The study used qualitative research methods. In-depth interviews were conducted with the owners in tailor shops, Indian restaurants and mixed shops. In addition, the researcher has observed the Nana precinct as a non-participant. Samples were drawn from the local Nana population and tourists at the Nana precinct. The "instrument" in this research was the researcher.

Conceptual Framework



by the author, on September 25th, 2017

Results

1. Commodification

Commodification means things and activities coming to be evaluated primarily in terms of exchange-value (trade) over use-value. Goods and services are valued by consumption over production (Cohen, E. 1988: 380; Gotham, K. 2002: 1735).

Cultural and leisure production and consumption is part of their lifestyles (Richards, G. 1996: 278) as fashion, music, food, architecture, tourism and arts have become the growth engine of a city as commodification (Gospodini, 2007: 11). For example, adventure tourism has moved toward the commodification of mountain including attitude of risk, adventure, challenge, changing lifestyles and the impact of technology (Beedie, P and Hudson, S. 2003: 626). In addition, heritage can become a product of a commodification process (Diteepeng, S. 2016: 275).

Commodification is ultimately limited by the national museum – simply they cannot purchase the exhibit. However, traders may emphasize that their products are "copies of actual imager quality" (Halewood, C. & Hannam, K, 2001: 576). Imagination and fantasy become a major part of business and turned to yield a profit (Amin and Thrift, 2002: 125).

In conclusion, first there is the consumption of tangible goods including souvenirs, food and drink, medicine, and accommodation where market relations dominate social life (Gotham, K. 2002: 1736-7). Second, commodification turns to services in business units (Richard, G. 1996: 280; Su, X. 2011: 496) such as hospitals, restaurants, and tailor shops,

especially Bumrungrad International Hospital on Sukhumvit Road in the present instance (Cohen, E. 2008: 24).

Consequently, the Nana enclave has many kinds of goods and services offering to visitors such as souvenirs, food and drink, entertainment, and healthcare establishments. Those items attract the tourist's eyes by an ambiguity of labels (products' brand names are similar to famous brand names worldwide) and the physical city area itself as spectacle. Visitors will buy a variety of goods along with the services as well. For example, when tourists buy a suit in the Nana area, they will buy service from the owners such as delivering a suit to the customer's room at the hotel. The transformation with selling products and services reflects the changes in values and the meaning for the community (Porananond, P. 2014: 166).

Commodification as spectacle extends customer services as well. The tourists will consume both commodities and services in the Nana area such as in restaurants, hospitals, tailor shops, or street stalls. Specially, foreign tourists pay lower prices for the products and services such as in hotels and restaurants with service package or combination (Sugiyarto, Blake, Sinclair, 2003: 696).

It seems that the increase of tourism and the creation of consumption space within cities have emerged from ideas of style as identity, visual images, and electronic media (Gotham, K. 2002: 1738). For example, European cultural tourism has increased rapidly in both the production and consumption of heritage attraction (Richards, G. 1996: 261). Authentic creation is important to tourism as the production of value (Taylor, J.P. 2001: 7).

2. Medical tourism

Some patients are in wait-listed for treatment in Canada, America and the UK where local healthcare treatment costs can be very high. So a flight to India or Thailand for assessments for hips and knee replacements can be easier access (Turner, Leigh. G. 2010: 1).

Medical tourism can be seen the commodification of healthcare to attract medical tourists. Hospitals have to adapt their services to suit customer's need (Cohen, E. 2008: 32).

Medical tourism is a key driver for travel oversea often for medical check-ups. Medical tourism has grown with thousands of patients moving to other countries such as India, Mexico, Malaysia, Singapore, the Philippines and especially Thailand which has been common destination in Asia since the late 1990s (Connell, John, 2013: 2; Turner, Leigh G, 2010: 1; Chen, L.H. and Wilson, M.E, 2013: 1752). Health care increasingly crosses national borders to improve high quality health services. The globalization of health services is thereby promoted (Turner, Liegh G. 2010: 6; Chen, L.H. and Wilson, M.E. 2013: 1752). Further, "global" patients and the

outcomes of their treatment need to be monitored to gather information to lead to a better system (Chen, L.H. and Wilson, M.E. 2013: 1758).

Medical tourism in Thailand covers many procedures such as dentistry, cardiac surgery and transplants, hip and knee replacement and gender reassignment. Bumrungrad International Hospital is located the 3rd Nana Nuea (North Nana). It is one of the largest private hospital in South – East Asia and the first JCI accredited hospital in Thailand. It has 950 staffs and part-time doctors (Connell, J. 2013: 5).

An estimated 55,000 American patients have been cared for at Bumrungrad International Hospital in Bangkok, while international patients have totaled about 420,000 patients (Chen, L.H. and Wilson, M.E. 2013: 1753).

3. Globalization

The Nana precinct is filled with international people. Local people - Thai, Indian, Burmese, Lao and Chinese people work in that area in order to offer products and service to clients, while international visitors and expats notably American, European, Middle-Easter, ASEANs tourists consume their products and services such as tailor shops, massage shops, hospitals, and street market. Finally, the Nana enclave has many international people from around the world with many different objectives. This has led to the globalization of the Nana enclave.

Globalization means movement in the direction of increasing integration of economies, societies, information and civilization through the reduction of natural and human-made barrier to exchange and increased international flows of capital and labor and including political decision making (Aramberri, J. 2009: 368; Hjalager, A. 2007: 437). Globalization interests researchers, but also international hotel chains and airlines (Hjalager, A. 2007: 439). In a similar example, globalization under the Caribbean sun can be seen by seeking cruise tourism in the region (Wood, Robert. E. 2000: 345). Globalization of medical care is thus just one element of a multi-billion-dollar phenomenon with economic, ethical, legal, cultural and health consequence (Chen, L.H. and Wilson, M.E. 2013: 1752). Thus, the Nana enclave presents globalization through many guises to which the paper now turns.

1. International costumes

The Nana enclave on Sukhumvit Road has supplied many of the entrepreneurs for both informal, formal, and underground economies comprising a diversity of vendors, beggars, and prostitutes (King, R. & Dovey, K. 2013: 10). It is a zone of spectacle and tourist attraction for the city's millions from around the world. Many tourists come to visit the Nana enclave. They dress in different costumes. For example, Middle Eastern men wear turbans and long robes, women in black dresses with their faces covered. Thai people and western people wear casual dress. Some Sikh Indian men wear turbans which are the most notable element of the men's clothing. Indian women wear saris, especially popular for the elderly people where tourists' dress clearly implies that the differences and inconsistencies of various cultures continue to play a role in their life (King, R. 2017: 2).

The outfits of both men and women contribute to the festival experience. During the Songkran holiday, Thai people wear colorful shirts in order to celebrate Thai New Year. All costumes command the attention of the tourist gaze (Urry, J. 2002: 45). Similar event occurred, the Viking village in Denmark where the activity composed of various re-created structures from the old period including a lake, a noblemen's house, a marketplace, an archaeologically correct costume (Halewood, C. & Hannam, K. 2001: 571).

2. International food

Many restaurants offer numerous varieties of food. The Nana enclave has halal, Thai, vegetarian, Indian restaurants and western restaurants. Halal food is especially served for Muslim Middle Easterners and Muslim Indians. Islamic doctrine defines what foods and drinks may be consumed by Muslim people (Jafari, J. & Scott, N. 2014: 4). Vegetarian and Indian foods are served to Indian and Thai people who do not eat meat. Western food such as pizza, hotdog and hamburger are served mostly to western people. Thai restaurants offer Thai food to all tourists who would like to try it. An example of popular Thai food is papaya salad, grilled chicken, fried rice and coconut soup. The diversity of food and restaurants indicate that people around this area come from many regions of the world. The tourists know the way to eat, live, behave and enjoy their lives.

3. Multi – languages

English is widely spoken in the Nana enclave, though not everybody understand it as the English speakers do. Especially, Thai people have a habit of smiling and always saying "Yes" to almost anything (Evans, C & Evans, L., 2009: 27) because they do not deeply understand the intended meanings. Languages is a key aspect of identity (Medina, L. 2003:

353-368); it is also a factor to determine ethnic classification. For example, every language is transmitted from generation to generation, which reflect the changes in the language inclusion of hands and gestures.

3.1 Spoken language

The Indian commercial community of Nana is to be seen as engaged in a diversity of multi–voiced communication. Those voices are exchanged and transacted in various flows of both Middle– Eastern and Western tourists and a wider "host" of the Thai community. There are also Lao–Isan and Burmese of Nana and the Indian shopkeepers. Street vendors speak in Thai, English, Burmese, Arabic, some Indian languages, Nepali, Japanese and Thai-Isan. Western and Middle–Eastern tourists speak mostly English and Arabic. Many voices are heard in at least five languages in the area. Tourists always bargain the price with sellers in English. For example, 3rd (Nana Nuea) to 3/1st are called *"Little Arabia or Middle East Street"* where sellers might speak Arabic though more often English to Middle–Eastern tourists. Although sellers are Thai, Thai–Isan, Indian, Nepalese, Middle–Easterners and Burmese, they all try to speak Arabic and English as well.

3.2 Written language

Though an Indian commercial community, Nana is to be seen multi–visual variation. There are many written signs languages in Japanese, English, Arabic and Thai on windows of the shops. Thai and English signage is shown in figure 3; English and Arabic in figure 4. Japanese and English will also commonly appear.

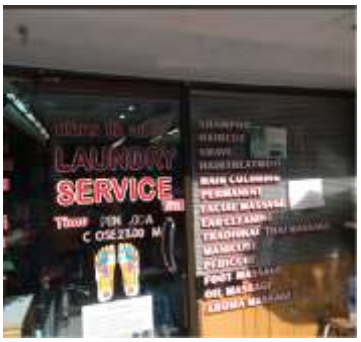


Figure 3: Thai and English



Figure 4: English and Arabic

by the author, on September 5th, 2016

Between The 5th (Loet Sin 1) and the 11th (Chai Yot), also from the 4th (NanaTai) to the 10th, there are numerous Asian visitors and Westerners leading sellers to advertise on their windows in English, Thai, Japanese and Arabic.

The languages of signage vary across the area from Arabic in 3rd and 3/1st to English and East Asian in 5th to 11th. On the other side, the languages of signage vary across the area, from English and East Asian in 4th to 10th. The "voice" with all communication, both written and spoken reflects the person's prospect, concepts and intentions.

4. Hotels

People of different cultures and languages are grouped in different categories - some manners may be considered variously desirable or unacceptable in different cultures. Ways of life vary from a non-Muslim to a Muslim country (Jafari, J, & Scott, N. 2014: 15). The Grace Hotel on Sukhumvit Road the 3rd mostly caters for a Muslim Middle East clientele, as does the Amari hotel on the 5th. Some hotels focusing on Muslim tourists offer prayer rooms and halal foods for travelers. Prayer rooms mean Muslim visitors are there.

There are many different hotels in the Nana enclave, with many levels. Tourism staff are provided with training about cross– cultural communication. They are informed on how to treat Muslim tourists with honor (Jafari, J & Scott, N. 2014: 8). Some hotels are small and cheap with simple facilities with little more than hot water and an air– conditioner. The owners rarely impose with exclusion policies (Edensor, T. 2000: 322–344).

Discussion

Commodification, especially cultural commodification brings empowerment to people in developed countries (Cole, S. 2007: 956). Thus, the meaning of Santa Claus has been transformed from signifying commodities for consumption into services of intangible qualities for the Christmas festival to norm and accepted tradition (Pretes, M: 1995: 14); likewise the Pravasi Bharatiya Divas festival brings the Indian diaspora together for a key experience (William, A. 2006: 491). Tourism entrepreneurs are involved in reshaping, adapting and manipulating images of places to be desirable to the targeted clients (Gotham, K. 2002: 1743). So the Viking market aims for a highly authentic experience (Halewood, C. & Hannam, K, 2001: 577). The Nana area is sold not just as products, but also as commoditized spectacle designed to ensure its uniqueness (Ashworth, G & Page, S.J. 2011: 11). Images and spectacle create the area's identity in different ways.

As Cohen, E. (1988: 382) argues commoditization preserves traditions by generating demand for them. It is difficult to balance the tension between the commodification of place and the desire of the tourist's experience such as the complexities of music (William, D.R., 2002: 358; Su, X. 2011: 496). In some cases, tourism brings political resources as well (Cole, S. 2007: 946). For example, the cultural commodification linking the community with commercialism can be seen as negative commodification such as ticket sales, sales of souvenirs and paying to take a photo seems negatively (Halewood, C. & Hannam, K. 2001: 568, Cole, S, 2007: 955). It reflects a situation where no one preserves culture carefully for next generation, but just for making money. Sometimes tourism commodification may lead to a craft product becoming mass products, totally inauthentic in relation to its original meaning (Halewood, C. & Hannam, K, 2001: 566).

Commoditization ranges from buying goods to selling services always with political implication. However, both goods and services have to display quality and to stay in visitors' memories, so that customers will refer to their friends to visit. Presently, the service and its visual appearance are very important to meet the customer's needs and satisfaction. Thus, selling goods is not enough; identification cultural driven of reflective image may count even more.

Regarding medical tourism, patients from the Middle East came to Thailand following the September 11 attack. It became difficult to obtain American visas, so they turned to Thailand to seek treatment (Cohen, E. 2008: 27). Thus, leading hospitals have focused on attracting Middle Easterners (Cohen, E & Neal, M 2012: 592). More than a million foreigners travel to Thailand to get medical and surgical procedures each year. In 2012, the number of international patients treated in Thailand was around 2.5 million (www.bumrungrad.com, 2017). The number of international patients is constantly growing. In 2015, the Tourism Authority of Thailand expected that Thailand would be a world destination for specific medicine with advanced technologies and medical instrumentation including reasonable price.

The majority of medical tourists came from Myanmar, United Arab Emirates, and Oman in 2016 (www.bumrungrad.com, 2017). Bangkok's Bumrungrad International Hospital is in the heart of the city's Arab quarter with Islamic prayer rooms, Arabic interpreters and halal kitchens (Edey, C. 2002: 77-78; Cohen, E & Neal, M. 2012: 592). The hospital takes care of everything from visas, interpreters, insurance, and correspondence with a doctor at home and so on. In addition, its technology has become the same as in the west and doctors are experienced in western procedure. Labor costs are kept very low and insurance is less

expensive (Connell, J. 2006: 1095). In addition, several Thai hospitals have signed agreements with Middle East government to outsource medical service (Cohen, E. 2008: 31). One can confidently predict that there will continue to be Middle-Easterners coming to Thailand.

Some scholars argue that the reputation of Thailand as a tourist destination has encouraged medical tourism. Medical tourism extends to the Bangkok Dental Spa that treats many thousands. The patients know Thailand because they love Thailand as a holiday destination. Medical tourists are not a homogeneous group but, rather, a mix of patients travelling with both serious health issues and seeking minor treatments while they are taking a holiday (Noree, T., Hanefeld, J., Smith, R. 2016: 34). Presently, the Amari Boulevard is less for sex tourist and more for Middle Eastern families, coming to Bangkok on vacation for medical treatment (Cohen, E & Neal, M. 2012: 584), reflecting that some hotels have turn from sex tourism to medical tourism.

Some scholars have noted the travel of patients from less–developed countries to developed nations in pursuit of treatments not available in their homeland (Parsiyar, A. 2009: 382), reflecting that some medicines do not come to everyone. Some patients face serious drawbacks, with the risk of inappropriate or faulty treatment after returning home. They also need to travel for serious problems to other places (Connell, J. 2005: 99), sometimes because they need to escape from their family and friends for such services as cosmetic surgery. In addition, tourism still promotes the rise of low– wage job with few benefits that lead to more harm than good (Gotham, K. 2002: 1736). For example, Middle East Muslim patients may be unfamiliar with a Thai environment because they need particular services such as a prayer room and halal food (Cohen, E. 2008: 33). Generally, Bangkok has no prayer rooms nor halal food to serve Muslim people, except in the Nana precinct.

As a passing comment, one can observe the need for the right medicine to the right patient. Some medicines are banned in some countries but used in developing countries. Patients should be careful with what they seem in Thailand. Although some procedures are good for some patients, they may be bad to other patients.

Heterogeneous space tends to become global.Globalization has extended international tourism flows, as tourism grows in political and cultural importance. These changes also derive from international migration that has impacted upon non-residential areas. As an example, restaurants and cafes come with the emergence of ethnically distinct districts e.g. Little India in Singapore, Chinatown in Chicago and London’s Brick Lane (Ashworth, G & Page, S.J. 2011: 5). Within the global community there is variety from the blending of religion,

politics, culture and historical influences (Jafari, J & Scott, N. 2014: 2). It is not surprising that the North Africa region is quite diverse, as their economic, political and social structures are significantly different (Gray, M. 2000: 395). It is interesting that Morocco's emphasis on diversity from the broad types of tourists that it receives has proven to have both advantage and disadvantage influences on the development of its tourism division (Gray, M. 2000: 397). For example, both participants and tourists have viewed different costumes as authenticity and enjoyment (Halewood, C. & Hannam, K. 2001: 579). Meanwhile, some countries such as Malaysia focus on attracting Muslim visitors and developing their tourism industry accordingly (Cohen, E. & Neal, M. 2012: 572; Jafari, J & Scott, N. 2014: 8).

However, some scholars have observed that the way costume and dressing are used has its limitations in some situations (Pielichaty, H. 2015: 245). For example, Saudi Arabian women enjoy shopping on holiday and that is a popular activity; however, they may feel constrained in a host country because their dress looks strange (Jafari, J & Scott, N. 2014:8).

Some researchers argue that Muslim women wearing a bikini at the beach have been criticized as posing a possible appeal to Westerners and that this impacts on the decision–making process for a Muslim holiday (Jafari, J & Scott, N. 2014: 12 - 13). Moreover, Rimmawi, H.S. & Ibrahim, A.A. (1992: 93) have argued that tourism is widely misinterpreted as a waste of their time, as Muslim people should be spending their time in pleasing Allah (God). Pork and alcohol are proscribed and food should be prepared correctly; especially, Muslims are to eat halal meat (Jafari, J & Scott, N. 2014: 8). There is also a belief that tourism is not a proper Muslim activity. The requirements of Muslims in terms of food, travel pattern and daily prayers need to adjust in the tourism offering of most destination, as some non–Muslim people do not respect the Muslim requirements in every destination.

The researcher strongly agrees with Arthur Richardson who has described the concept of getting along as "intercultural" meaning that they make diversity work in a sense of ethnic harmony as embodying a humanitarian and an economic force (Liu, J. 2005: 5). Cultural differences may cause the commodification, but eventually the norm and expectancy may arrive from this exchanged of contradictory experiences. Nana district enclave has demonstrated such a trace, where it is the necessary unity in diversity may reflect as a traditional behavior for the future.

Conclusion

The local people are Thai, Burmese, Thai-Lao and Indians having maintained their cultural heritage from their ancestors. As tourists were western visitors, wealthy Thais, Middle Easterners, and more lately ASEAN tourists. Moreover, the Nana precinct is interpreted (1) commoditization such as food and drink, medicine, street market and souvenirs (2) medical tourism such as Bumrungrad International hospital (3) globalization such as costumes, food, multi-languages, and hotels.

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