Caught in a dilemma: why do non-smoking women in China support the smoking behaviors of men in their families?

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Abstract

Intimate relationships influence family members' health practices. Although cigarette smoking in China is predominantly a male behavior, (non-smoking) women's roles should be taken into account for the development of home-smoking interventions. Drawing on ethnographic interviews with 22 families in a rural area of China, this article explores non-smoking women's attitudes towards male smoking. The findings suggest that women's ability to influence male behavior is largely determined by culturally defined gender roles, underpinned by ideologies of familism and collectivism. Despite concerns about the adverse results of smoking to their family members and households, non-smoking women ultimately maintain the (male) smokers' argument that smoking plays an important role in construction and maintenance of intra- and extra-family relationships. By accepting male smoking and men's engagement in the social practice of smoking and cigarette exchanges, women maintain their identities as supportive wives, filial daughters/in-law and responsible family members who pursue family collective interests at the expense of their own personal beliefs. Future smoking control initiatives that target non-smoking women to influence male smoking should take into account the women's overarching need to maintain the status and harmony of their families.

Introduction

Gender is a key, but often overlooked, determinant of tobacco use. Globally, male smoking prevalence is over four times that of women [1]. The largest division is found in Asian countries where powerful taboos against female smoking exist across most of the continent [1, 2]. The division is also reflected in China, with over 50% of Chinese adult men smoking, compared with less than 3% of adult women [3, 4]. Male tobacco use is concentrated among people with low incomes and less education in nearly all countries [1]. In China, poorer people living in rural areas smoke more, and suffer poorer health, than their urban counterparts [3, 4]. As almost half of 1.35 billion of China's population live in rural areas [5], the countryside is home to a large number of smokers. However, as most health resources and research has been directed towards urban areas of China [6, 7], there is comparatively little information about tobacco smoking in rural China. Cigarette smoking is responsible for chronic health conditions among smokers and non-smokers, including heart diseases and some forms of cancers [8], and children are more vulnerable than adults to the health risks of inhaled tobacco smoke as they have smaller, less developed lungs [9]. Therefore, effective tobacco control interventions are needed to tackle smoking behaviors of male family members to reduce children's tobacco smoke exposure, particularly for children living in rural China.

Given that many health behaviors are initiated and maintained within a family context, family members have an important influence on each other's actions. Studies have found that a person is more likely to stop or reduce their smoking, if his or her partner is a non-smoker or holds negative attitudes towards smoking [10–12]. Bottorff *et al.* [13] identified three tobacco-related interaction patterns between couples: (i) disengaged; (ii) conflictual and (iii) accommodating. Couples who describe disengaged interactions regard smoking as a personal right so there is little discussion about tobacco smoking. Conflictual interaction is characterized by low tolerance from the non-smoking partner, whereas accommodating interaction is characterized by couples' desire to reach agreement about acceptable tobacco use by openly discussing smoking and sharing their tobacco reduction goals. However, partner's influence on each other's smoking behaviors is unequal and gendered, as Bottorff *et al.* [13] found that the conflictual interactions, characterized by shaming, coercion, monitoring and hostility, only happened in families where women were smokers and their partners were either non-smokers or ex-smokers. Similarly, Greaves [14] found that men used power and control to force their partners to stop smoking. By utilizing coercion and threats, economic abuse, male privilege, etc., men caused an emotional toll to their smoking partners and a negative impact on women's tobacco use.

Current studies on home smoking and couple interactions are mostly carried out in developed countries and are often directed at women's smoking as this is often the main source of children's exposure to tobacco smoke in home settings. There is a limited number of studies on men's smoking, and the results from these studies are less positive, showing that men are resistant to their partners' attempts to modify their smoking [15], are unaware of the risks to their children's health [16] or make little attempt to change their smoking behaviors [17]. These findings reflect mainstream masculine norms as the important elements not only for men defending their smoking but also for women accepting men's smoking in their family. It is for this reason that some researchers regard masculine norms as the 'harmful masculine norms' which will hinder the effectiveness of tobacco control interventions [1] (p. 7). More studies are needed, particularly from developing countries where men's smoking is much higher than women's [1], to explore the barriers (non-smoking) women find if they attempt to manage male smoking.

As patterns of gendered power interactions are associated with culturally mediated gender roles [18], research into home smoking should take into account family dynamics within specific cultural contexts. Chinese families are patriarchal and rooted in Confucianism, which emphasizes a strict 'pecking order' based on generation, age and gender patriarchy [19, 20]. People of the older generation are superior to those of the younger, with men absolutely superior to women. Family interests are superordinate to those of individual family members and all family members are expected to perform in accordance with their role norms to achieve the ultimate goal of family harmony and prosperity. As gender norms are not fixed, but mutable [21], Confucian values of gender inequality have altered in China over the past decades, due to series of social political campaigns advocated by the Chinese Communist Party to promote gender equality. However, while women have increased education and employment opportunities, their improved social status outside their homes has not necessarily led to corresponding changes within homes. Women continue to have a subordinate status at home and remain the main carers of their family and children, while men are the head of their family and make decisions about important family issues [22, 23]. Research carried out in other countries in Asia where Confucianism has deep roots has similarly found that traditional gender norms have largely remained unaltered, despite decades of urbanization and radical social changes. A study from Vietnam suggested that continuity rather than change had characterized domestic gender roles in the past half century [24]. Even in those countries and regions that are highly economically developed, like Japan, South Koran, Singapore, Hong Kong and Taiwan, Confucianism shaped gender roles are still the primary ideology guiding family life [25, 26].

A growing number of studies from other Asian countries have suggested that women's lower status in their family prevents them from challenging men's smoking. A study in Cambodia showed that although most of women had tried to advise or persuade their husbands not to smoke in the home, few had convinced their husbands to actually quit [27]. Similarly, women in Vietnam, Malaysia and Indonesia also reported men ignoring their persuasion to reduce or stop smoking [27, 28]. Little is known about the impact of normative gender roles on tobacco-related interactions between Chinese women and their smoking family men. Some studies with Chinese expectant mothers found that pregnant women imposed various degrees of restrictions on home smoking to protect their unborn children but few had asked family smokers to quit or to reduce their smoking [29–31]. The results echo the challenges the women in other countries experience when they try to manage men's smoking, even at the critical time point in their children's physical development.

In this study, we focus on the experiences of non-smoking women living with male smokers in a rural area of mainland China. Using a gender lens, we explore how gender influences women's views of family men's smoking; their own sense of self and identity and how this shapes, and at times appears to control, family relationships, household responsibilities and wider social opportunities.

Study settings

This study was conducted in a rural area of Central Jiangsu, East China. Jiangsu Province is one of the most developed regions in China. It is traditionally one of the key areas of agricultural production. However, rapid industrialization since the late 1970s has seen income from non-farming activities replace income from farming as the main income source for rural families. The more profitable non-farming activities include the following: working in the local village and township enterprises or other private sector enterprises; working as a migrant worker in a city; running small family-based businesses and working as local craftsmen such as carpenters, bricklayers and painters. In 2009, non-farming income on average constituted 78.5% of family annual monetary revenue in rural Jiangsu [32].

Study design and participants

Following ethical approval from the Research Ethics Committee at the University of Liverpool, the primary researcher (A.M.) went to her hometown, a small village in Central Jiangsu, to conduct the fieldwork from October 2008 to August 2009. Participants were recruited through personal networks from the families where there was at least one pre-school child aged 6 years or younger, and at least one current smoker. Although non-smoking mothers with children were initially the focus of the research, other members of their household and wider family were later recruited to obtain a more detailed and nuanced view of home smoking. Overall, 29 participants from 22 families were recruited, including 16 mothers of young children, 4 fathers, 4 grandfathers and 5 grandmothers. All 8 men participants were smokers, while the 21 women participants were non-smokers.

Interviews

Initially, we decided to conduct two rounds of interviews with all the participants. The first-round interview was semi-structured using a topic guide that invited participants to reflect on these areas: (i) the smoking practices in their homes; (ii) their awareness of risks of smoking to smokers and non-smokers; (iii) their attitudes towards smoking and (iv) for non-smokers, their behaviors in terms of encouraging or discouraging family members' smoking. The second interviews took place any time from 1 week to 1 month after the first interview and aimed to supplement and clarify any silences and ambiguities resulting from the initial interviews. In line with a grounded theory approach, data collection and analysis were concurrent [33]. Hence, the additional questions for the second interviews were informed by the first, and the concepts and themes from the initial analysis were tested.

Despite the value of the second-round interviews, preliminary analysis found much repetition of the information from the two rounds of interviews. Therefore, after having finished two rounds of interviews with the mother participants, who were the principle participants, we decided that one interview with the other family participants would be appropriate. In total, 43 individual interviews were carried out with the 29 participants. Additional data included field notes, contact diaries, memos and reflexive notes. This ethnographic approach of data collection provided an in-depth picture of the micro dynamics of families and their local communities that would not have been captured using questionnaires.

Analysis

Interviews were audio-recorded and transcribed verbatim. A modified grounded theory approach was applied whereby themes were revised iteratively as the fieldwork and analysis progressed. The interviews and other forms of data were organized into patterns, categories and descriptive units, and then coded into categories and themes. Qualitative software NVivo 8 was used to facilitate data analysis. Each participant was assigned a code to replace their name in order to preserve their anonymity. M was referred to mother participants and, in the same way, father participants were referred to as F, grandfather participants as GF and grandmothers as GM. The participants were numbered based on the order they entered the study. For example, the mother participant who was the first to enter the study was numbered as M1, the first father participant to enter the study as F1, and so on.

Results

Overview

Among the 22 families, 3 families did not allow smoking inside the house but made exceptions on occasions, including bad weather, family gatherings and when visitors came to call. Twelve families restricted smoking in bedrooms. Irrespective of whether or not there were any smoking restrictions, all of the (non-smoking) women expressed their dislike of smoking, citing various adverse consequences of tobacco smoking. However, these negative attitudes towards smoking did not motivate them to request family smokers to quit smoking, as they also emphasized the benefits of tobacco smoking to the smokers and to the whole family. The following presentation of the findings explores this tension between women's desire on the one hand to eliminate the adverse impacts of smoking, here termed their 'negative views' towards smoking, and on the other hand their compliance with womanly duties that required them to unquestioningly support and uphold their family's collective interests, here referred to as the 'perceived benefits of smoking'.

Negative views towards smoking

Non-smoking women used local negative terms to describe their feelings about family men's smoking such as *fan-si-le* (烦死了), *tao-xian* (讨嫌), *tao-yan* (讨厌) and *fan-xian* (犯嫌). These words have similar meanings of 'disgusting' and 'annoying'. Women's dislike of smoking was linked to the gendered division of housework, as they were largely responsible for domestic work, and the smoking practice of male family members undoubtedly increased the burden of housework on women. One woman, M2, stated that after her husband and his friends smoked in their home, 'the cigarette ash is everywhere. It takes me quite a long time to clean it all'. Women complained that the smell of smoke was in their beddings and every item of the smoker's clothes, which meant that they had to frequently wash clothing and beddings.

Any non-smoking families known to participants were talked about in a positive way, and one woman praised another woman's husband for not smoking, and another referred to the freshness of the air in a non-smoking household. Women also talked about experiencing physical discomfort from tobacco smoke, including how their eyes were irritated and how the smell made them feel sick. Despite all the adverse impacts directly related to the non-smoking women, the women's dislike of smoking appeared

to relate more to their concerns over the impacts on other family members, particularly their children, rather than on themselves.

Health concerns

The most common concern for all participants was the risk of smoking to health. Although the smokers, particularly the old smokers, expressed their doubts about the risks of tobacco smoking to their health, they did not go on to assert that smoking benefitted their health. GF3, a heavy smoker for more than 30 years, said:

> I don't believe that smoking is harmful to health. I think none of the smokers believe that; otherwise they don't smoke . . . but I agree that smoking has no good to health. GF3

Non-smoking women were more convinced of the health risks caused by tobacco smoke than smokers. They described how they believed that smoking not only caused symptoms such as coughing, sneezing and irritated the throat and eyes but also caused more serious diseases, although they had difficulty explaining what those serious diseases were. For example, M5 worried that her husband's heavy smoking would result in him suffering 'certain' diseases when he became old because 'the harm of smoking accumulates over time'. Women were particularly worried about the harm of tobacco smoke to children's health because children's organs were 'tiny', 'tender' and 'immature'. It is for this reason that the non-smokers imposed various degrees of restrictions on smoking at home. Although most (19) of the families permitted home smoking, the women in these families would either ask the smokers to smoke somewhere away from their children or remove their children away from the smokers if the children were being exposed. This woman described how she had insisted that her husband change his smoking after the birth of their child:

> After we had the child, he [husband] didn't smoke near the child. As long as he doesn't smoke in front of the child, I don't say anything. He is unable to quit smoking, I know

that. I don't allow him to smoke upstairs. Our bedroom is upstairs and the child sleeps with us. M3

Burns caused by smoking were rare but could produce serious consequences. Several participants told stories of accidental burns caused by smoking, and in three families, babies were hurt when a smoker was smoking while holding the baby in their arms. Non-smoking women felt very strongly about this irresponsible behavior and young mothers would overtly show their anger when they witnessed smokers smoking while carrying their babies. These women described how they would intervene even if the smokers were their fathers-in-law, as ordinarily they would never directly challenge their father-in-law or appear to criticize their behaviors.

Financial concerns

Money was clearly a concern as participants frequently mentioned the impact of expenditures on cigarette smoking on their family budget without any prompting from the interviewer. All the non-smokers believed that money spent on smoking was effectively wasted. Some old participants recalled that many years ago, a smoker's use of scarce family resources to buy cigarettes had triggered conflicts. One grandfather smoker recounted how he secretly sold eggs laid by the family's hens to buy cigarettes, and how his wife quarreled with him when she found out the family had run out of eggs for their food. Improved economic conditions over the past three decade means that nowadays majority of families can afford to smoke. However, the participants confessed that the expenditure on cigarettes did, to a greater or lesser extent, impact their family budget. One mother, M5, compared the cost of her husband's smoking with the couple's income:

> . . . on average, he smokes up to 500 RMB a month. This has affected our life. We don't earn very much. His salary is 2000 a month, and mine is 1000. Together we have 3000. Right now we can manage our life because

we don't pay for our meals in our big family [extended family]; our parents buy the food using their money. But in the future, we will not be able to afford the expenses. Our parents will become older, and we will pay all the expenses in the family. M5

Most of the families in this study were at the 'peak' in terms of their family's income generation capacity, as both the parents and grandparents of the young children were fully engaged in income generating activities. M5's worry was typical of other participants, who were concerned that smoking would more seriously influence family budget in the future once their parents were too old to work and so they would have to provide for them. Some of the non-smokers were aware that, even though the expenses on smoking currently did not influence the basic needs of their family, their lives would be improved if money spent on cigarettes was allocated to food and clothes. M8 spoke of how her father's smoking impacted on his budget:

> He is tight-fisted when buying food and clothes but generous buying himself cigarettes. My mother and I always persuade him to spend less on smoking and more on food and clothes. It is not that he is short of food or clothes, but he can buy more and better clothes and food if he smokes less. M8

Participants also believed that smoking could cause accidental fires leading to property loss, and in one family, a fire caused by a lighting cigarette burned everything in a bedroom. The mother of the child suspected that her father-in-law's smoking had led to the fire as he had carried home a quilt which had been dried in the sun with a lit cigarette in his mouth. The accident cost some 10 000 RMB, about half of the family's annual income.

The perceived 'benefits' of smoking

Despite the disadvantages of smoking detailed by the non-smokers, few of them had successfully persuaded family smokers to quit smoking, and some confessed that they had never thought of even asking. Others had suggested that their husbands or fathers should quit, but neither the smokers nor the non-smokers were reported as taking the suggestions seriously. Although all the women persuaded their smoking husbands to smoke less, with positive response from the smokers in some cases, it had not occurred to them that actually stopping smoking altogether was the best choice for both the smokers and for their family. Accounts from both smoking and non-smoking family members portrayed smoking as a beneficial behavior for both the smokers and their families.

Benefits for the family's economic activities

Locals called cigarettes *ming-pian* (名片), meaning 'name card', or *jie-shao-xin* (介绍信), the 'introduction card'. It was a ritual that when men met each other, whether or not they had known each other beforehand, one (usually the younger or junior) would offer the other a cigarette before they began to talk. One grandmother participant mentioned this social practice to the researcher (A.M) as she approached the non-smoking grandmother for the interview, saying: 'If we were men, I suppose you would have offered me a cigarette before we began today's talk' (GM3)

With the transition from a planned market to an economic market since the 1970s, economic activities have become increasingly important in rural areas. More than half (13) of the 22 families in the study were engaged in their family business, and the participants from these families believed that the act of offering and smoking cigarettes was important for the success of their business. F2, a dealer in agricultural products, described that he would go to specific families and offer cigarettes to the family men, as they smoked together, they discussed the price of his goods. As men were the head of their family, if he won over the family men's approval, he would accordingly win over their whole family's approval and the business would be successful. This practice was so widespread that even non-smokers would take cigarettes when doing business. M13's father-in-law had quit smoking, but, according to

M13, he still bought cigarettes and occasionally smoked:

> ...he still carries a pack of cigarettes in his pocket when he is at his fish stall in the market. When he does business, he offers cigarettes to people. Sometimes he joins them smoking...It is the norm! M13

Participants described how competition was tough in the open markets, so people needed to seek ways to enhance any personal relationships with potential and actual business partners. Not only goods but also ideas and thoughts were exchanged through the act of offering cigarettes and/or smoking together, so that the two smokers could develop a closer bond for their business. The same agricultural product dealer, F2, mentioned that he feared losing business if he did not offer people cigarettes:

> If you go to their homes and do not offer cigarettes to them, people may think you are arrogant and mean. They may not want to do business with you. When you leave, there are many other dealers going there. F2

Non-smoking women all expressed their support for their men-folk's smoking with their customers or business partners. For example, M16 and her husband ran a shop that sold cement. They always had cigarettes in the shop and when her husband was not in, M16 would offer male customers cigarettes. Some of the non-smoking women even encouraged their non-smoking family men to start smoking so that they could access the perceived social benefits of smoking. M8 talked about persuading her sister's husband, who wanted to change his job, to learn to smoke because she believed that it would help him to lobby relevant officials. Like other people, M8 believed that smokers were in a better position to negotiate and socialize compared to non-smokers.

Benefits for family harmony

Not only were cigarette exchanges important for creation and maintenance of external relationships but also they were important for intra-family relationships. The women described their concern that if they actively intervened a family man's smoking, they would damage their family relationships. For this reason, non-smokers were hesitant to confront family smokers, particularly their fathers-in-law, as M4 stated:

> I've never said anything over his [father-in-law's] smoking. That will annoy him. Other people will blame me, too. He is not the only smoker here. There are so many people in the village smoking. M4

Dominant social norms expect daughters-in-law to be humble and docile towards their senior family members. In addition, the high prevalence of tobacco smoking in the local area would mean that a request for a man to quit smoking by a woman would be seen as unreasonable as well as challenging.

Among the 22 families, 16 families included both a grandfather and father who smoked. In these families, it was a common practice for the two smokers to smoke together during and after dinner. M16 justified her non-interference in the co-smoking of her husband and father-in-law:

> During dinner time, he and his dad drink and smoke. I take the children away immediately after dinner. I can't say anything about their smoking. That would damage the happy atmosphere. M16

Her account was echoed by her husband, who was also a participant of the study, when he explained the benefits of father and son smoking together:

> Father and son smoking together can enhance the relationship. When we smoke, we chat and make decisions about family issues. In this way, there will be no conflicts in the family. F4

According to this couple, the son's act of smoking with his father not only signified a good overall family relationship but also acted to positively improve family harmony. As these two smokers were the heads of the two nuclear units within their extended family, their intimate relationship was seen

as the key to the harmony of the 'bigger' family and smoking together enhanced their intimacy.

In China, cigarettes are a popular gift offered by people when they visit their families or friends [34]. In the local area, providing cigarettes for family seniors was regarded as appropriate filial conduct for junior family members. The researcher (A.M) observed that during the Chinese Spring Festival time, alcohol bottles and cigarette packs were in almost every person's bag when s/he visited senior family members. M9 recounted that she bought her father cigarettes at festivals and on other occasions as a way of showing her filial piety to him, despite her awareness of the risks of smoking to health:

> Not to smoke would be good for my father's health and I wish he could quit. On the other hand, I know he cannot quit. Quitting is unrealistic for him. I am very clear of that. Old habits die hard. When I asked him to quit smoking, I knew that he would not. I only want him to smoke less. Buying him cigarettes is [an expression of] my filial piety to him. M9

According to M9, whether or not she bought her father cigarettes would not change his smoking practices and therefore her gifting cigarettes did not encourage him to smoke, but saved him time and money in buying cigarettes and thus acted sustaining their close emotional bond.

Benefits for smokers' personal well-being and social identity

Men tend to neglect their own health and rely on women to take care of them [17, 35]. This perception of men as ignorant and child-like with regard to their own health was mirrored in the accounts of the women in this study, as they mentioned how men only reduced their smoking after they had been persuaded to, rather than taking the initiatives themselves. However, as the women also believed that smoking helped men to cope with distress and/or depression, they remained silent if they believed that their men were smoking to reduce their stress. Under these circumstances, the women's concerns over future health risks were overridden by their concerns about the immediate impacts of stress or emotional instability on a man's health. For example, M10 expressed that as a considerate wife, she should allow her husband to smoke under certain circumstances:

> If he is under pressure from his work and he smokes, I don't mind his smoking, as long as he doesn't smoke excessively. He needs smoking or drinking if the pressure is too much for him. You should not have a fixed rule for him, right? M10

Some women encouraged family men to smoke with their peers so that they enhanced their masculine and social identity within their (male) social circle. One participant talked about disagreement with her husband who she believed was not trying to 'fit in' with the smoking and drinking behaviors of other men:

> During the Spring Festival, we visited my aunt and there was a big dinner party, a family dinner party. I was sitting with other women and children at a table and he was sitting at a men's table. Then he moved to our table. I was very surprised. He explained that he didn't want to drink and smoke at that table. M14

> Interviewer: were you happy with this move?

> I don't know. I feel that smoking and drinking is harmful to his health, but there are certain benefits too. Otherwise how can a man communicate with others? It was OK because all the people at the dinner were family members. If that happened with his colleagues I don't think that would be good. M14

Other women expressed the same fears that men would be 'looked down upon' by other people if he was unwilling to smoke and drink at the men's table. Women's belief that smoking enhanced a man's social position was further reflected in M9's encouragement of her husband to smoke outside home. M9 disliked smoking as she was 'allergic' to tobacco smoke and so was very pleased that her

husband did not smoke at home. As he only smoked occasionally, he often forgot to take cigarettes with him when he went out to meet people. M9 had to constantly remind him to put a cigarette pack in his pocket. She was concerned that both her husband and other smokers would lose face if he did not smoke with them. Her active role in sustaining male smoking was typical of non-smoking family members, that is, they wanted smokers not to smoke inside their home with any non-smokers present, but to smoke outside home, to promote their masculine identity, increase their employment and commercial success and enhance their families' social status overall. Tobacco smoking therefore had particular implications for rural families and had become a critical part of the lives of family men who were the patriarchal representatives of their families, as one of the non-smoking women stated, 'Nowadays men and smoking can't be separated. The two have become one'.

Discussion

The results of this study have provided insights into non-smoking women's responses to male family members' smoking in rural China, adding to a growing body of literature on the social factors that support high smoking prevalence. From women's descriptions of how they both defend and regulate men's smoking, it is clear that their actions are influenced by culturally defined gender roles, relating to family values and collective family interests. Social and economic changes in China since the late 1970s have resulted in an enhanced role for cigarette smoking in both intra- and extra-family contexts. In an environment where smoking is acceptable and expected, the significance of men's smoking has extended beyond an individual's needs and become attached to the family's interests. As offering, accepting and smoking of cigarettes is believed to benefit the whole family, non-smoking women put aside their dislike of tobacco smoking to become promoters of men's smoking to sustain their families' development and harmony.

In common with other studies [4, 31], non-smokers in this study hold negative attitudes towards tobacco smoking that relate to women's gendered roles within their families. Concerns over the impacts of tobacco smoking on the health of smokers and children as well as on family budgets reflect women's responsibility as primary carers of their family members and maintainers of their households. The social functions of tobacco smoking have been well documented by other studies [34, 36, 37] and this study suggests that cigarette smoking plays a key role in the emerging market economy in rural China, as smoking facilitates social and economic encounters and enhances masculine roles by confirming men as their families' breadwinners. Bottorff *et al.* [38] found that women who had no capacity for income generation, or had a job that provided a secondary economic contribution (e.g. works part-time or at lower wage), were less likely to challenge their husbands and more likely to support their smoking. This study suggests that the heightened economic status of men within families has made women more liable to rationalize their men's smoking.

Greaves *et al.* [14] argued that sensitivity about maintaining harmonious relationships was critical to women's self-protection in the home, as men wielded more power than women in the family. By supporting male smoking, the women in this study not only aim to maintain harmonious relationships but also to help their men increase their social status. In addition, research has highlighted how the boundaries between the private social world of the home and family and that of the wider external world are increasingly blurred [39, 40]. Similarly, this study shows that the significance of tobacco smoking outside home has impact on intra-family interactions, reflected by the fact that cigarettes are popular gifts transmitted between family members.

Findings from this study highlight the crucial role of gender analysis in developing family-centered tobacco control programs. Although the findings from this small-scale qualitative study are not generalizable, they are likely to resonate with the lives of people living in similar contexts [41]. However, researchers should note that this study was carried

out in one of the most developed provinces in China, and so the social–economic conditions of the participants in our study may not be similar to those living in poorer areas. For example, although some participants in this study were concerned about the expenditures on cigarettes, they went on to express the relative immunity of their family to the impacts of the expenditures on their family budgets, while studies conducted in poorer rural areas of China [42] and other Asian countries [43] show the significant impacts of cigarette spending on families' basic needs for food, clothes and health care. Also, the participation families included economically active grandparents, whose contribution to the household budget would not be sustained as they aged.

Implication for policy

Recently, the Chinese government calls for women all over China to come forward to confront smoking to form an 'anti-smoking backbone', stating: 'Obedience to family members is not a woman's virtue. Blind obedience can bring adverse effects on your family's wellbeing. If you do nothing about your husband's smoking, you will bear the bitter consequences.' [44]. Findings from this study, however, reveal potential difficulties for women to become the 'anti-smoking backbone'. In a social structure dominated by hegemonic masculinity, women tend to adapt and support the pro-smoking mainstream rituals. They may impose certain restrictions on home smoking for their children, but have limited agency to eliminate men's smoking as interventions against men's smoking challenge the mainstream structure. Such interventions will put women under moral pressure to behave against their family's collective interests.

One strategy to protect women and girls from tobacco smoke is to emphasize issues of equality and women's and children's rights and there have been international initiatives to promote this approach. For example, the WHO Framework Convention on Tobacco control has made a commitment to integrating gender within policies and highlighted the role of women and girls in tobacco control [45]. Similarly, the Convention on the Elimination of Discrimination against Women states that human rights and equality to health are fundamental issues [46]. Although the internationally recognized codes can provide an ethical imperative for individual countries to develop gender sensitive programs, the application of these codes should adapt to the cultural norms of the specific countries. This study suggests that Chinese women relate their position and status to their interconnections with other family members and that their status in their family is closely related to their commitment to their gender roles, and so interventions emphasizing personal autonomy and rights contradict Confucian norms, and are unlikely to appeal to Chinese women. A qualitative study in Vietnam identifying messages and approaches women could use to convince their husbands to smoke outside the home also found no reference to the individual's right to health or even the individual's health benefits of quitting; messages that did not confront gender norms, but instead invoked core social values of male responsibility for family welfare were accepted by the women [47].

In a patriarchal society with high male smoking prevalence, non-smoking women may not be the best target group for changing their men's smoking behaviors [27]. Robertson and Williams [48] argued that relying on female partners to promote men's health might afford men the opportunity to advance their own well-being while preserving their masculine identity. Interventions that directly target male smokers can relieve women's pressure to confront male authority and so any tensions within the family can be avoided. Such interventions are particularly applicable to the contexts where grandfathers' smoking is the source of children's exposure to tobacco smoke, as the significant power gap between the mothers of the children, and their fathers-in-law, who are at the top of the power system, would put considerable pressure on the mothers.

In conclusion, women's mixed feelings about family men's smoking reflect the multiple and competing gender roles for women. When tobacco control activists enthusiastically prepare to utilize non-smoking women's negative attitudes towards smoking as a lever to moderate men's smoking,

they should consider the possible negative impacts of this approach. Findings from our research and other studies in Asian countries suggest that such a strategy would risk further disadvantaging women's status within their families. However, this is not to suggest that women be excluded from intervention programs, as this study shows that they are already, in their own ways, making efforts to protect their children from exposure to tobacco smoke. We suggest that gender-specific interventions working with non-smoking Chinese women need to shift from taking a Western approach that directly challenges mainstream masculinity to a culturally sensitive approach, as 'an empathetic approach is likelier than a confrontational one to be positively received among both men and women in traditional Asian societies, where social harmony is extolled' [2] (p. 26). A more positive approach, therefore, would be to extol manly virtues of family protectors and use this to encourage men to develop their existing protective norms to moderate their smoking for their loved ones. Whatever their manifestation, Confucianism framed gender norms point to one single ultimate purpose, namely to protect the collective interests of the family. Children's health is clearly in the collective interests of the family and we suggest that this should become the common ground on which future tobacco smoking interventions working with Chinese families are based.

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None declared.

References

1. World Health Organization. *Gender, Health, Tobacco and Equity*, 2011. Available at: http://www.who.int/tobacco/ publications/gender/gender_tobacco_2010.pdf. Accessed: 28 April 2012.

2. Morrow M, Barraclough S. Gender equity and tobacco control: bringing masculinity into focus. *Glob Health Promot* 2010; **17**: 21–8.

3. Li Q, Hsia J, Yang G. Prevalence of Smoking in China in 2010. *N Engl J Med* 2011; **364**: 2469–70.

4. Yang G, Ma J, Liu N *et al.* Smoking and passive smoking in Chinese, 2002. *Zhonghua Liu Xing Bing Xue Za Zhi* 2005; **26**: 77–83.

5. National Bureau of Statistics of China. *China's Total Population and Structural Changes in 2011*, Available at: http://www.stats.gov.cn/was40/gjtjj_en_detail.jsp? Accessed: 1 Febrary 2012.

6. Chau KL. Ecological analysis of health care utilisation for China's rural population: association with a rural county's socioeconomic characteristics. *BMC Public Health* 2010; **10**: 664.

7. Ling RE, Liu F, Lu XQ *et al.* Emerging issues in public health: a perspective on China's healthcare system. *Public Health* 2011; **125**: 9–14.

8. World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments*. 2009. Available at: http://www.who.int/tobacco/ mpower/2009/gtcr_download/en/index.html. Accessed: 29 April 2012.

9. Cheraghi M, Salvi S. Environmental tobacco smoke (ETS) and respiratory health in children. *Eur J Pediatr* 2009; **168**: 897–905.

10. Robinson J, Kirkcaldy AJ. 'Imagine all that smoke in their lungs': parents' perceptions of young children's tolerance of tobacco smoke. *Health Educ Res* 2009; **24**: 11–21.

11. Thompson K, Parahoo K, McCurry N *et al.* Women's perceptions of support from partners, family members and close friends for smoking cessation during pregnancy - combining quantitative and qualitative findings. *Health Educ Res* 2004; **19**: 29–39.

12. Westmaas J, Bontemps-Jones J, Bauer J. Social support in smoking cessation: Reconciling theory and evidence. *Nicotine Tob Res* 2010; **12**: 695–707.

13. Bottorff J, Kalaw C, Johnson J *et al.* Unraveling smoking ties: How tobacco use is embedded in couple interactions. *Res Nurs Health* 2005; **28**: 316–28.

14. Greaves L, Kalaw C, Bottorff JL. Case studies of power and control related to tobacco use during pregnancy. *Women's Health Issues* 2007; **17**: 325–32.

15. Blackburn CM, Bonas S, Spencer NJ *et al.* Parental smoking and passive smoking in infants: fathers matter too. *Health Educ Res* 2005; **20**: 185–94.

16. Wakefield M, Reid Y, Roberts L *et al.* Smoking and smoking cessation among men whose partners are pregnant: A qualitative study. *Soc Sci Med* 1998; **47**: 657–64.

17. Bottorff J, Oliffe J, Kelly M *et al.* Men's business, women's work: gender influences and fathers' smoking. *Sociol Health Illn* 2010; **32**: 583–96.

18. Butler J. *Undoing Gender*. London: Routledge, 2004.

19. Wang R. *Images of Women in Chinese Thought and Culture: Writings from the Pre-Qin Period through the Song Dynasty*. Indianapolis, Indiana: Hackett Publishing Companying, Inc, 2003.

20. Li CY. *The Sage and the Second Sex: Confucianism, Ethics, and Gender*. Illinois: Carus Publishing Company, 2000.

21. Connell B. Hegomonic masculinity. In: Jackson S, Scott S (eds). *Gender: A Sociological Reader*. London: Routledge, 2002, 60–62.

22. Judd ER. *Gender and Power in Rural North China*. Stanford, CA: Stanford University Press, 1994.

23. Xu L. *Intra-family Gender Relations, Women's Well-being, and Access to Resources: The Case of a Northern Chinese Village*. Canada: The University of Western Ontario (Canada), 2006.

24. Knodel J, Loi VM, Jayakody R *et al*. *Gender Roles in the Family: Change and Stability in Vietnam*. Ann Arbor: Population Studies Center, University of Michigan, 2004.

25. Lu HS. *Self-growth, Women's Power and the Contested Family Order in Taiwan: An Ethnographic Study of Three Contemporary Women's Groups*. Illinois: University of Illinois at Urbana-Champaign, 1991.

26. Helgesen G, Kim U. *Good Government: Nordic and East Asian Perspectives*. Copenhagen S, Denmark: NIAS Press, 2002.

27. Efroymson D, Velasco MG. *Tobacco Use in Southeast Asia: Key Evidences for Policy Development (Report for Southeast Asia Tobacco Control Alliance (SEATCA))*. Bangkok: Southeast Asia Tobacco Control Alliance, 2007.

28. Nichter M, Nichter M, Padmawati RS *et al*. Developing a smoke free household initiative: an Indonesian case study. *Acta Obstet Gynecol Scand* 2010; **89**: 578–81.

29. Yang L, Tong E, Mao Z *et al*. Exposure to secondhand smoke and associated factors among non-smoking pregnant women with smoking husbands in Sichuan Province, China. *Acta Obstet Gynecol Scand* 2010; **89**: 549–57.

30. Fu C, Chen Y, Wang T *et al*. Exposure to environmental tobacco smoke in Chinese new mothers decreased during pregnancy. *J Clin Epidemiol* 2008; **61**: 1182–6.

31. Lee AH. A pilot intervention for pregnant women in Sichuan, China on passive smoking. *Patient Educ Couns* 2008; **71**: 396–401.

32. National Bureau of Statistics of China. *China Statistical Yearbook 2009-Jiangsu*, 2010. Available at: http://www .stats.gov.cn/tjgb/ndtjgb/dfndtjgb/t20100224_402641739. htm. Accessed: 14 January 2012.

33. Strauss AC, Corbin JM. *Basics of Qualitative Research: Techniques and Procedure for Developing Grounded Theory*. California: Sage, Thousand Oaks, 1998.

34. Rich Z, Xiao S. Tobacco as a social currency: cigarette gifting and sharing in China. *Nicotine Tob Res* 2012; **14**: 258–63.

35. Souza Pd, Ciclitira KE. Men and dieting: a qualitative analysis. *J Health Psychol* 2005; **10**: 793–804.

36. Berg C, An L, Thomas J *et al*. Smoking patterns, attitudes and motives: Unique characteristics among 2-year versus 4-year college students. *Health Educ Res* 2011; **26**: 614–23.

37. Lotrean L, Dijk F, Mesters I *et al*. Evaluation of a peer-led smoking prevention programme for Romanian adolescents. *Health Educ Res* 2010; **25**: 803–14.

38. Bottorff JL, Kelly MT, Oliffe JL *et al*. Tobacco use patterns in traditional and shared parenting families: a gender perspective. *BMC Public Health* 2010; **10**: 239–49.

39. McKie L, Cunningham-Burley S. *Families In Society: Boundaries And Relationships*. Bristol: Policy Press, 2005.

40. Robinson J, Ritchie D, Amos A *et al*. Volunteered, negotiated, enforced: family politics and the regulation of home smoking. *Sociol Health Illn* 2011; **33**: 66–80.

41. Lincoln YS, Guba EG. *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications, Inc., 1985.

42. Wang H, Sindelar J, Busch S. The impact of tobacco expenditure on household consumption patterns in rural China. *Soc Sci Med* 2006; **62**: 1414–26.

43. Efroymson D, Ahmed S, Townsend J *et al*. Hungry for tobacco: an analysis of the economic impact of tobacco consumption on the poor in Bangladesh. *Tob Control* 2001; **10**: 212–7.

44. Chinese Centre for Disease Control and Prevention. *Tobacco Control in 2010 China*. 2010. Available at: http://www .tobaccochina.com/news/control/gn//20106/20106175734_ 412576.shtml. Accessed: 8 June 2011.

45. Greaves L, Tungohan E. Engendering tobacco control: using an international public health treaty to reduce smoking and empower women. *Tob Control* 2007; **16**: 148–50.

46. United Nations. *Convention on the Elimination of All Forms of Discrimination against Women*. 1979. Available at: http:// www.un.org/womenwatch/daw/cedaw/text/econvention. htm#intro. Accessed: 2 March 2012.

47. Thu N, Minh N. *Creating Smokefree Homes: Developing Effective Messages and Strategies for Women to Persuade Husbands to Stop Smoking Inside the House (Final report for Southeast Asia Tobacco Control Alliance (SEATCA))*. Bangkok: Southeast Asia Tobacco Control Alliance, 2006.

48. Robertson S, Williams R. Masculinities, men and public health policy. *The Int J Interdiscipl Soc Sci* 2007; **2**: 361–8.