

Young people's perceptions of smoking and tobacco control in China: a qualitative study

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A thesis submitted for the degree of Doctor in Philosophy

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September 2019

Abstract

Smoking cigarettes in China, as elsewhere in Asia, is strongly gender-related. Chinese adult males have among the world's highest rates of smoking prevalence yet, Chinese women rarely smoke. Studies have suggested various influences on individuals' smoking; however, few in-depth studies have exclusively explored young people's perceptions of smoking, particularly through the lens of gender. Young people's understanding of tobacco control policies is also important for designing effective implementation policies.

The study applies both a micro-sociological and a macro-sociological approach using interviews and documents as the primary research methodology. Fieldwork for the study was conducted from July to September 2016 and December 2016 to March 2017. The qualitative study involved 45 semi-structured interviews with young adults aged 16-24 years (15 females and 30 males) and 7 focus groups in Tianjin, China. A grounded theory approach was used for a thematic analysis.

The study showed that smoking culture needs to be examined in its historical context and that cigarette smoking serves an important social function in reinforcing friendships and social networks among Chinese men. This study also calls for rethinking of the 'Chinese-style' pro-smoking culture for men. For Chinese women, the social unacceptability of women smoking, with the stigmatized image of female smokers, is the main reason for the low level of female smokers. However, the social and cultural constraints that previously prevented many Chinese women from smoking are weakening. The Chinese government has made significant achievements in tobacco control since joined the WHO framework convention on tobacco control in 2005. However, implementation needs to be stricter in order to achieve international

levels of control, especially in taxes on tobacco product and the price of cigarettes. There is an urgent need for the regulation of e-cigarettes in China.

Acknowledgements

Over the four years in which this thesis has slowly taken shape, numerous people have helped to make it possible. I owe thanks first of all to my supervisor, Professor Joan Busfield, who offered invaluable advice, help, useful comments on the final draft of the thesis. I am grateful for her continuous and generous help over the four years. Professor Busfield inspired my research career by showing me how important it is to have passion, perseverance, responsibility and hard work these valuable moral characters. I also would like to thank Professor Nigel South and Professor Yasemin Soysal, who provided valuable guideline and warm support.

My fond memories of Essex will always be associated with the following friends: Dorothee Schneider, Zuo Can, Su Lin, Liu Qiang, Zhang Kai, Zhang Han, Xu Geleite, Hu Jiejun, Thitirat Kittiwat, Benjamin Turpin, Kana Inata, Amy Stevens, Ale Diaz de Leon, Tatiana Sanchez, Bill McClanahan; my friends in York, Shirley St Kong, Eric Tjh; and friends in China, Zhou Tingting, Wang Xiaolu, Zhang Chaonan, Wang Xi. Their friendship has helped me to pull through many difficult moments and has accompanied my student life.

Thank you to the 45 participants who volunteered their time for this study. Without their rich narratives, this thesis would not have been possible. Their kindness and cooperation provided me with a fantastic opportunity to understand young people's smoking experiences and to explore their perceptions of tobacco control in China. I am grateful to Pei Wen, Liu Ling and Wang Xi who actively introduced interviewees and helped me to gain access to official documents.

I am very grateful for the financial support from the China Scholarship Council which provided me with three years of assistance towards the cost of my studies and maintenance in the UK.

I would like to thank my parents who gave me the most love and support in my life. I cannot have finished my PhD without them. What I appreciate most about my parents is that they are genuinely kind human beings. They are always there for me when I need a sympathetic ear or advice when it comes to my personal life or professional career. My parents taught me to be an independent woman and always have a good heart.

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List of Abbreviations

CCP: Chinese Communist Party

CNTC: China National Tobacco Corporation

COPD: Chronic Obstructive Pulmonary Disease

ENDs: Electronic nicotine delivery systems

FCTC: Framework Convention on Tobacco Control

FDA: Food and Drug Administration

GATS: Global Adult Tobacco Survey

GAC: General Administration of Customs

GAQSIQ: General Administration of Quality Supervision, Inspection and Quarantine

GDP: Gross Domestic Product

GYTS: Global Youth Tobacco Survey

ITC: International Tobacco Control

MIIT: Ministry of Industry and Information Technology

MOH: Ministry of Health

MFA: Ministry of Foreign Affairs

MOF: Ministry of Finance

NCD: Non-communicable disease

NGO: Non-Governmental Organization

NRT: Nicotine Replacement Therapy

NYTS: National Youth Tobacco Survey

SAIC: State Administration for Industry and Commerce

SAMR: State Administration for Market Regulation

SDGs: Sustainable Development Goals

STMA: State Tobacco Monopoly Administration

TPD: Tobacco Products Directive

VAT: Value Added Taxes

WHO: World Health Organization

Chapter 1: Introduction

Background to the research

This is a qualitative study of young people (aged 16-24) who smoke cigarettes in China, which seeks to understand young people's perceptions of the reasons for smoking or not in Chinese society. With a population of 1.4 billion, China has more than 300 million smokers (nearly one-third of the world's total) and 740 million people are exposed to second-hand smoke, resulting in more than one million tobacco-related deaths annually (Chinese Center for Disease Control and Prevention 2010a, Liu and Chen 2011). If current trends of smoking prevalence continue, China's annual tobacco-related deaths will reach 2 million by 2030 and 3 million by 2050 (Chen et al. 2015).

Significantly however, the current prevalence of tobacco smoking among adults above 15 years old in China has decreased somewhat from 34.6% in 2002, 28.1% in 2010, 27.7% in 2015 to 26.6% in 2018 (Yang et al. 1999, Yang et al. 2005, Chinese Center for Disease Control and Prevention 2010a, Chinese Center for Disease Control and Prevention 2015, Chinese Center for Disease Control and Prevention 2019). Despite this, China is still the largest consumer of tobacco, consuming more than 30% of all cigarettes in the world (Mackay and Eriksen 2002). Among the World Health Organization (WHO) regions, Europe has the largest prevalence of tobacco smoking among adults (29%), followed by the Western Pacific (25%) (World Health Organization 2017).

In addition to high rates of tobacco use among adults, the current tobacco smoking remains high among young adults aged 15-24 (17.9% in 2010 to 18.6% in 2018) (Chinese Center for Disease Control and Prevention 2019). Research has demonstrated that smoking in adolescence

predicts smoking during adulthood (early and late 20s) (Chassin et al. 1990, Mayhew et al. 2000, Eaton et al. 2012). Data shows that 82.3% of students aged 13-15 years had first tried smoking by the age of 13 (China Center for Disease Control and Prevention 2014). More than half of daily smokers aged 20-34 years old started daily smoking before the age of 20 (Chinese Center for Disease Control and Prevention 2010a). The current percentage of cigarette smokers aged 13-15 years is 6% of the age cohort overall (10% in boys and 2% in girls). However, this is, below the average of 8% in Western Pacific countries, with China ranking 17 out of 22 countries (China Center for Disease Control and Prevention 2014, World Health Organization 2016b).

Globally, it is estimated that men are nearly five times more likely to smoke than women (Guindon and Boisclair 2003), but the ratios of male-to-female smoking prevalence vary dramatically across countries. Generally, in high-income countries, where the tobacco use was earlier largely a male phenomenon, the gap in prevalence between males and females is now very small (World Health Organization 2015b). However, in many low-and-middle-income countries, women smoke much less than men. By region, the Western Pacific and South-East Asia have the largest gender gap in smoking (World Health Organization 2015c). As Table 1-1 shows, a key feature of smoking in China is that men’s level of smoking is far higher than that of women.

Table 1-1: Current tobacco smokers in China, adults 15-69 years by gender, 1996 to 2018

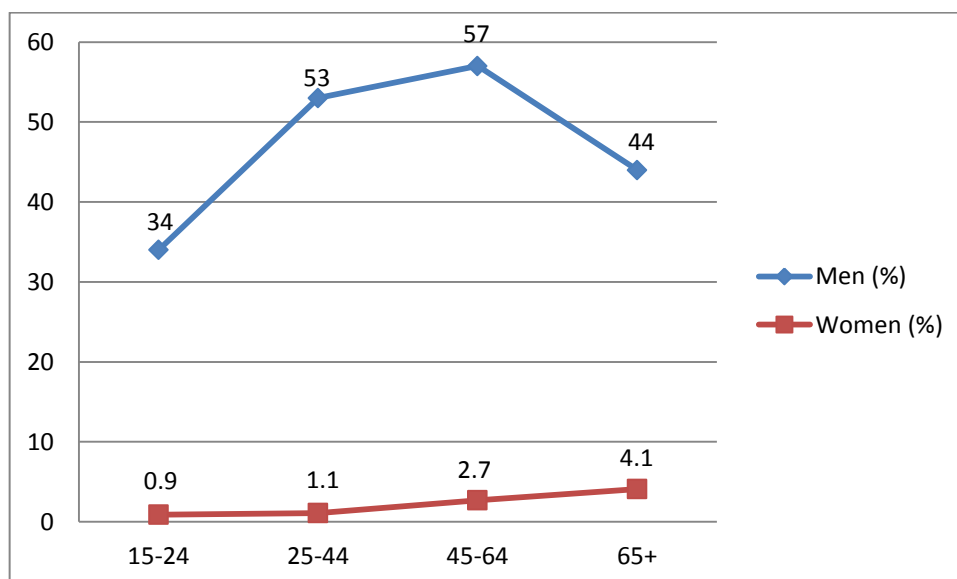
Year	Men (%)	Women (%)	Male-to-female ratios
1996	63	3.8	17
2002	66	3.1	21
2010	52.9	2.4	22
2015	52.1	2.7	19
2018	50.5	2.1	24

Source: These figures are from 1996 National Prevalence Survey of Smoking Pattern, 2002 Behaviour Risk Factor Survey, 2010 GATS China, 2015 GATS China and 2018 GATS China.

Note: ‘current tobacco smokers’ refers to both daily and less than daily users.

If we look at the pattern of tobacco use by gender and age in China, there is a dramatic rise in young male smokers, from 34% in the age group 15-24, to 53% in the age group 24-44, while older women aged 65+ smoke more than younger age cohorts (see Figure 1-1) (Chinese Center for Disease Control and Prevention 2019). The reasons for this distinctive pattern are discussed in the literature review chapter (chapter 2), and how gender relations affect it is discussed in the later data analysis chapters (chapter 4, 5 and 6).

Figure 1-1: Current tobacco smokers by gender and age group in Global Adult Tobacco Survey (GATS) China 2018



Source: GATS China, 2019

From a public health standpoint, the detrimental impact of smoking on physical health and well-being has been widely documented since the 1960s (Royal College of Physicians 1962, US Public Health Service 1964, Murray and Lopez 1997). Tobacco use is the fourth most common risk factor for disease worldwide and the first preventable cause of morbidity and mortality worldwide, including lung cancer, heart disease and cardio-cerebrovascular diseases (Mathers and Loncar 2006, Ng et al. 2014, World Health Organization 2008b).

The health consequences of smoking for women are more serious than for men, as women who smoke face additional risks from smoking during pregnancy (Mackay and Amos 2003, Melvin et al. 2000). If women use tobacco products during pregnancy, nicotine may also cause premature births and low birthweight babies. Women who smoke are also more likely than non-smokers to experience primary and secondary infertility (Daling et al. 1987, Joesoef et al. 1993) and delays in conceiving (Baird and Wilcox 1985, Curtis et al. 1997). Women's smoking can also have negative effects on the health of infants and children, as well as reproduction and menstrual function (World Health Organization 2010a).

For young people, the health consequences of smoking can be both short-term and long-term. The short-term health consequences include respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of further drugs misuse (Elders et al. 1994). Young smokers suffer from shortness of breath almost three times as often as young people who do not smoke (Arday et al. 1995). Young people who smoke are two to six times more likely to get coughs and increased phlegm and wheeziness than those who do not smoke (Elders et al. 1994). The long-term health consequences of smoking are exacerbated if young people who smoke regularly continue to smoke throughout adulthood. Evidence shows that the younger a person was when they started smoking, the greater the harm is likely to be in later life; early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of giving up, and higher mortality (Royal College of Physicians 2010). The earlier children and adolescents become regular smokers and persist in the habit as adults, the greater the risk of chronic obstructive lung disease or heart disease later in life (Muller 2007). Nicotine also harms the brain development of teenagers. Besides, smoking in adolescence is also associated with other risky behaviours, such as fighting or engaging in unprotected sex (Elders et al. 1994). Studies have also shown that young people who smoke are three times more likely than non-smokers

to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine (ibid).

Besides its detrimental effects on physical health, there is a strong relationship between smoking and depression, anxiety, and stress (US Department of Health and Human Services 2012, Agaku et al. 2015). Laboratory experiments have found that smoking may be heavier in stressful situations and heavier smokers experience more highly stressful life events (Lindenthal et al. 1972, Schachter et al. 1977). Previous studies have shown that smokers report higher stress scores than non-smokers and smokers use smoking as a way to help them cope with stress and pressure in daily life (Cohen 1988, Wills 1986, Graham 1993). Despite this, whether smoking actually helps relieve stress needs to be examined. In the Chinese context, few studies have explored the possible relations between smoking and mental illness, especially in qualitative studies.

Undoubtedly, smokers are not only putting themselves at risk but also the health of non-smokers. Globally, 40% of children, 35% of female non-smokers and 33% of male non-smokers were exposed to second-hand smoke in 2004 (Öberg et al. 2011). This exposure led to more than 600,000 deaths per year worldwide, from ischaemic disease, lower respiratory infections, asthma and lung cancer. Of the more than 600,000 deaths, women were by far the largest group affected by second-hand smoke, accounting for 47%, followed by 28% of children, and 26% of men (Öberg et al. 2011). In China, second-hand smoke exposure remains a very serious issue; 72% of non-smokers said they had been exposed to second-hand smoke and 38% said they were exposed to second-hand smoke on a daily basis (Yang 2011). Although the smoking rate in women is low, there are large numbers of children (73%) and women (50%) exposed to second-hand smoke (Xi et al. 2016, Zhang et al. 2013). Non-smokers who are exposed to a smoking

environment may also face a higher risk of numerous health problems. Children are also particularly affected by second-hand smoke and most of the second-hand smoke deaths occur from respiratory infections during the first few years of life.

Global tobacco use is not only one of the biggest threats to public health, but, because of healthcare and other costs, it also has devastating economic costs. Research shows that the amount of healthcare expenditure due to smoking-attributable diseases is 5.7% of global health expenditure, and the total economic cost of smoking (from health expenditures and productivity losses together) is 1.8% of the world's annual gross domestic product (GDP) in 2012 (Goodchild et al. 2018). Moreover, almost 40% of the total economic cost occurred in developing countries, highlighting the substantial economic burden these countries suffer. In China, between 2000 and 2010 the economic burden of cigarette smoking increased significantly and is expected to continue to increase because of the growth of the national economy and the increasing price of healthcare services (Goodchild et al. 2018). Direct smoking-attributable healthcare costs increased from \$1.7 billion in 2000 to \$6.2 billion in 2008, and accounted for 3% of national health expenditures in both years (Sung et al. 2006, Lian Yang et al. 2016).

Smoking not only affects the health of smokers and those around them, but it also has a broad impact on social and economic development. Smoking-related diseases or death play a negative role in the health of working adults. Smokers are less productive due to increased tobacco-related illness. Smokers' low productivity deprives families of breadwinners and nations of a healthy workforce. Tobacco use is also linked to poverty. Many research studies have shown that the poorest households spend a large amount of their household expenditure on tobacco, coming to as much as 10% in some low-income countries (World Health Organization 2004).

This means that these families have less money to spend on other items such as food, education and health care.

This economic cost to the health of the labour force is crucial in China, as the Chinese population is ageing dramatically (World Health Organization 2015a, National Bureau of Statistics 2019). In the next two decades, the percentage of people in China aged 60 years or above is expected to increase to peak rate at 28% (402 million) in 2040, from 12.4% (168 million people) in 2010. This is a problem given the relative decline in the population of the labour force age due to fertility reductions and/or population ageing (Feng and Mason 2006, Mason and Lee 2006). Hence, the limited opportunity to reap a demographic dividend results in a decline in the effective labour force.

Adolescence is in the crucial life stage for preventing tobacco initiation and its consequences because “this is the time in life (roughly ages 10 through 18 years) when onset, regular use and dependence begin” (Elders et al. 1994: 543). Preventing smoking among young people is also critical for ending the smoking epidemic. Much of the published research has discussed the factors associated with youth smoking use from quantitative levels, including social and physical environments (mass media, peer influence, parents smoking behaviour), biological and genetic factors (young people may be sensitive to nicotine and teens can become dependent on nicotine sooner than adults), mental health (there is a strong relationship between youth smoking and depression, anxiety, and stress), and personal behaviour (lower income and education; lack of support from parents; poor study performance in school; low self-image or self-esteem) (US Department of Health and Human Services 2012, Arrazola et al. 2014, Siziya et al. 2008, Shaojun Ma et al. 2008, Brook et al. 2006, Kalesan et al. 2006, Scalici and Schulz 2014, Chen et al. 2008, Su et al. 2015). However, we currently understand surprisingly little about

how young people themselves think about why they do or do not smoke and how their understandings should best be interpreted, especially in Chinese context. It is crucial to examine the process by which cigarette smoking is initiated by young people.

This study examines how gendered social norms about smoking influence subsequent smoking choice among young adults (aged 16-24 years¹). This is the starting point for my research question concerning the way in which Chinese young people perceived and experienced smoking behaviour at the time of my study. How they adapt to tobacco control policies is also examined. The findings are relevant to the design of health promotion approaches targeting young smokers. Understanding how the experience of smoking differs between men and women can also help identify intervention points for reducing the smoking population.

Furthermore, few studies have discussed smoking in the Chinese context from a sociological perspective that explores matters such as types of capital, the gift economy, face, social relations, stigma and gender. In my research, these theoretical treatments are applied to these issues.

Denormalising smoking activities through policy interventions and social-marketing campaigns (e.g. smoking-free policies and campaigns; restriction on marketing) have played an important role in tobacco control. These intervention strategies seek to reinforce a smoking-free culture in order to reduce smoking prevalence. The first global health treaty, the World Health Organization's *Framework Convention on Tobacco Control* (WHO FCTC) has provided a new legal dimension to international health cooperation by balancing tobacco demand reduction strategies with supply strategies (World Health Organization 2003c). In order to assist countries

¹ This age group has the largest increase of smoking population, compared with other groups in China.

with implementing the WHO FCTC, in 2008 WHO developed a package of six MPOWER² measures, which aim to reduce the demand for tobacco (World Health Organization 2008b).

Since China joined the WHO FCTC in 2006, social mobilisation and legislative responses to tobacco control have made substantial progress, including growing public awareness of the health hazards of smoking, legalising smoking-free laws in many cities and increasing the price of cigarettes (Yang et al. 2015). Although tobacco control is improving in China, because of the large population of smokers (especially men, who are more resistant to change), tobacco control in China is still a great public health challenge. A major issue for China and an obstacle to tobacco control is the fact that the Chinese state is the major producer of tobacco, which provides a key source of government income (see chapter 4). Perhaps not surprisingly, implementation has remained particularly difficult and lagged behind many other countries on various tobacco control measures, such as the price of cigarettes and health warnings on packaging. As shown in Table 1-2, globally Europe is leading the implementation and enforcement of tobacco control programmes and has the highest score on tobacco control (Heydari et al. 2016). China is scored 24.

² 'M' refers to monitor tobacco use and prevention policies. 'P' refers to protect people from tobacco smoke. 'O' refers to offer help to quit tobacco use. 'W' refers to warn about the dangers of tobacco. The letter 'E' refers to enforce bans on tobacco. 'R' refers to raise taxes on tobacco.

Table 1-2: Top three countries³ in each region ranked by total MPOWER score on tobacco control, 2015

Country	Score	Country	Score
Africa (mean=16.29)		Europe (mean=24.35)	
Mauritius	32	Turkey	35
Seychelles	28	Ireland	33
Cameron	26	United Kingdom	33
America (mean=20.37)		Eastern Mediterranean (mean=19.45)	
Panama	35	Iran	33
Brazil	34	Egypt	29
Uruguay	34	Pakistan	27
Southeast Asia (mean=21.9)		Western Pacific (mean=23.39)	
Nepal	32	Brunei	33
Thailand	32	Australia	32
Bangladesh	27	Mongolia	31

Source: Heydari et al. 2016

Although many studies have discussed implementing tobacco control policies in China based on the WHO FCTC (Yang et al. 1999, Yang and Hu 2011, Yang et al. 2015), few studies look at this issue at the individual level by asking people what they know and how they think about the implementation of tobacco control interventions. Furthermore, few studies have discussed how these tobacco control strategies affect the understanding and behaviour of smoking among young adult smokers and non-smokers. In other words, there are few studies on whether and how tobacco control policies influence people's decisions about smoking. In my study, young adults were interviewed about their perceptions of tobacco control in China. The achievements and challenges in implementing the process are evaluated in chapter 7, which benefit the health policymakers to make an improvement in tobacco control programmes.

Health has a central place in the United Nations' Sustainable Development Goals (SDGs). The SDGs were introduced by the United Nations in 2015, and include 17 goals and 169 targets to

³ Countries are categorised by WHO regions. The possible total score is 37.

be achieved over the next 15 years with the aim to “end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda” (United Nations 2015). Many of the 17 goals have a direct or indirect relation to tobacco control, such as Goal 3: to ensure healthy lives and promote well-being for all at all ages; Goal 1: to end poverty in all its forms everywhere; Goal 5: to achieve gender equality and empower all women and girls; Goal 10: to reduce inequality within and among countries; Goal 12: to ensure sustainable production and consumption patterns; and Goal 17: to strengthen the means of implementation and revitalize the global partnership for sustainable development (United Nations 2015).

Goal 3 is the most obviously applicable to tobacco because a key target for Goal 3 is to “strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate.” (United Nations 2015). Tobacco control is a primary entry point for achieving the global goal of a 25% reduction in premature mortality from non-communicable diseases (NCDs) by 2025. According to the NCD Alliance research, almost two-thirds of deaths from non-communicable diseases are linked to tobacco, alcohol, unhealthy diets and physical inactivity. The WHO sets out a specific tobacco-related target of a 30% relative reduction in the prevalence of current tobacco use by 2025. This ambitious target is key to achieving the broader non-communicable diseases target. As noted, China has the largest population of smokers in the world. In order to achieve this target, Chinese governments must strongly commit to the implementation of the WHO FCTC.

With regards Goal 1, approximately 80% of the world’s smokers are in low-and middle-income countries. These countries will be burdened the mortality and morbidity caused by smoking. Hence, smoking is also a key factor in increasing health inequality. In developed countries, smokers are more likely to be of lower educational attainment or socioeconomic status and

disadvantaged groups such as those with mental health problems. Concerning Goal 5, tobacco control is important. Historically in western countries and elsewhere, smoking prevalence among men was much higher than among women. However, trends have been changing dramatically, more and more women, particularly young women and girls smoke (Han and Chen 2015). Women, as mentioned earlier, are at special risk of smoking and second-hand smoke harms.

With the increasing awareness of the health risks of smoking tobacco, electronic cigarettes (e-cigarettes) are often used as a device to reduce the harm of smoking (Gravely et al. 2014, Yao et al. 2016). Many smokers switch from cigarettes to e-cigarettes because they believe that e-cigarettes are healthier than conventional cigarettes and use them to try to stop smoking. E-cigarettes and other electronic nicotine delivery systems (ENDS) are often used as a substitute for cigarettes or other tobacco products. However, it is not known how e-cigarettes are affecting Chinese young smokers' smoking behaviour or how e-cigarette promotion would change social norms around tobacco use. There is a concern about the extent to which e-cigarettes may encourage young people to start smoking. Hence, it is also worth examining the prevalence of attitudes towards e-cigarettes before the device gains more popularity among Chinese young people. Furthermore, it is necessary to ask young people about their experience of e-cigarettes and how they think about health consequences. My research is one of the few studies to investigate the experience of e-cigarettes use and the only one to my knowledge that analyses Chinese young people's e-cigarettes awareness, perceptions and use.

Outline of the chapters

The general goal of this study was to try to understand how young people themselves process the range of influences and conditions within which they make a decision to smoke or not. It

also explored how e-cigarettes are understood and experienced among Chinese young adults and their perceptions of the effectiveness of implementing tobacco control policies in China. Findings from the research should be useful for health authorities to develop effective tobacco control strategies targeting young adults.

The thesis has eight chapters. After this introductory chapter, outlining some of the main research issues, Chapter 2 provides an overview of the relevant literature. It elaborates on what is already known about tobacco smoking in China, specifically about prevalence and patterns of smoking by gender, class and age, compared with other countries. It also outlines the theories and concepts underpinning this study. The current study is grounded in theories of types of capital, the gift economy, face-work, social relations, social deviance and stigma, and gender. These concepts and theories provide a framework to understand smoking behaviour in China. Chapter 2 also reviews academic discussions on tobacco control policies and e-cigarettes.

Chapter 3 describes the methodology of the study. An outline of the research process is provided including access to potential participants, methods of data collection and analysis, my position in the research process and ethical considerations. As a researcher who has carried out qualitative research on Chinese society, I also discuss how the Chinese culture and social norms impacted on my fieldwork progress.

Chapters 4-7 present the findings and a discussion of the research. Chapter 4 examines historical context of gender and family structure and reviews the history of tobacco use and the development of tobacco control policy in China. Chapter 5 explores the social meaning of cigarettes for Chinese men and the process of becoming a smoker. Chapter 6 examines the reasons for the low level of women smokers and to what extent young women smokers are

stigmatized. These two chapters look at men and women separately because of the marked gender difference in smoking in China.

In Chapter 7, there is a discussion of individuals' perceptions of health knowledge on smoking and their views of tobacco control policy. E-cigarette use experiences are also discussed in this chapter. There is also a critical analysis of the obstacles to implementing tobacco control policies. The role the China tobacco industry plays in tobacco control progress is examined critically. Chapter 8 finally summarises the key findings and makes some policy recommendations.

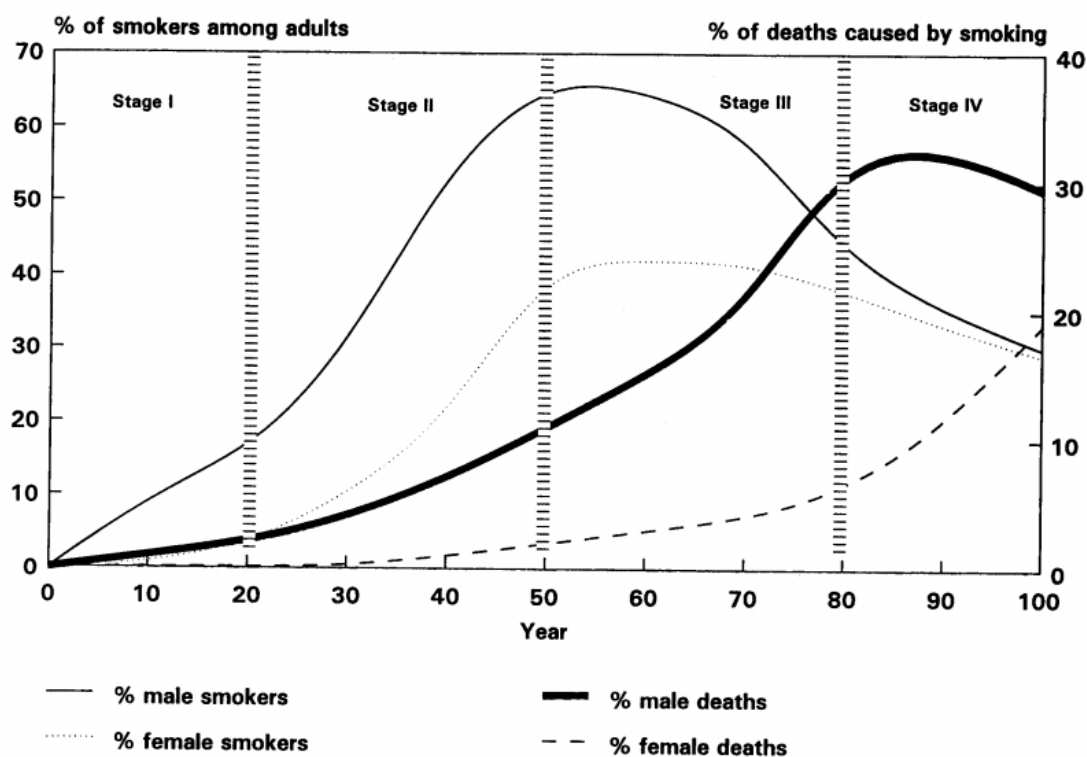
Chapter 2: Literature Review

This literature review sets out the foundation for the study of smoking and identifies the gaps in current knowledge. In this chapter, I begin with an overview of a model of the cigarette epidemic that seeks to generalize about changing patterns of cigarette smoking over time. Socioeconomic characteristics (such as gender, class, and age) are often used to identify social inequalities in smoking (Graham 2012, Triandafilidis et al. 2017, World Health Organization 2010a). I also extend my review to studies of other countries, which can provide valuable information for the future development of tobacco control strategies in China. Moreover, a critical assessment of data from other countries shows the marked social-cultural differences in smoking patterns. The second part of the literature review explores several concepts and theories, including types of capital, the gift economy, social relations, face and face-work, deviance and self-stigma, gender and governmentality. These concepts and theories can provide a framework by which to understand Chinese men's social life in a general way, gender relations and equality. Moreover, using multiple theories and concepts can provide a more rounded understanding on the gendered meanings attached to smoking, for instance, why smoking in China is mainly a male behaviour. Besides, Chinese citizen's health is crucial as the legitimating framework for governance. This study uses a theoretical framework inspired by Michel Foucault (1979, 1991 [1978]), looking at 'governmentality' from the public health perspective. I then review the literature on policies in tobacco use, which provides the foundation for the criticism of the implementation and recommendations raised in later data analysis chapters. Finally, a review of e-cigarette use is presented.

Patterns of cigarette smoking

Drawing on nearly 100 years of observations in countries with a long history of cigarette smoking and subsequent smoking-attributable mortality by gender, Lopez et al. (1994) produced a 'descriptive model of the cigarette epidemic' to measure tobacco use in different countries and monitor the health effects (see Figure 2-1). This four-stage model describes the typical trend of cigarette smoking by gender and subsequent mortality in a country.

Figure 2-1: A model of the cigarette epidemic



Source: Copied from Lopez et al., 1994, P.246

The model indicates that men usually start smoking first and the extent to which women follow depends on their status within society, level of economic development, and culture (Waldron 1991, Pampel 2001, Lopez et al. 1994). It has always been the case that men have smoked more than women at earlier stages of the development of smoking, due to their economic power and

social disapproval of women smoking. When gender roles have become more equal and women's economic status has increased, cigarette smoking in women has also increased.

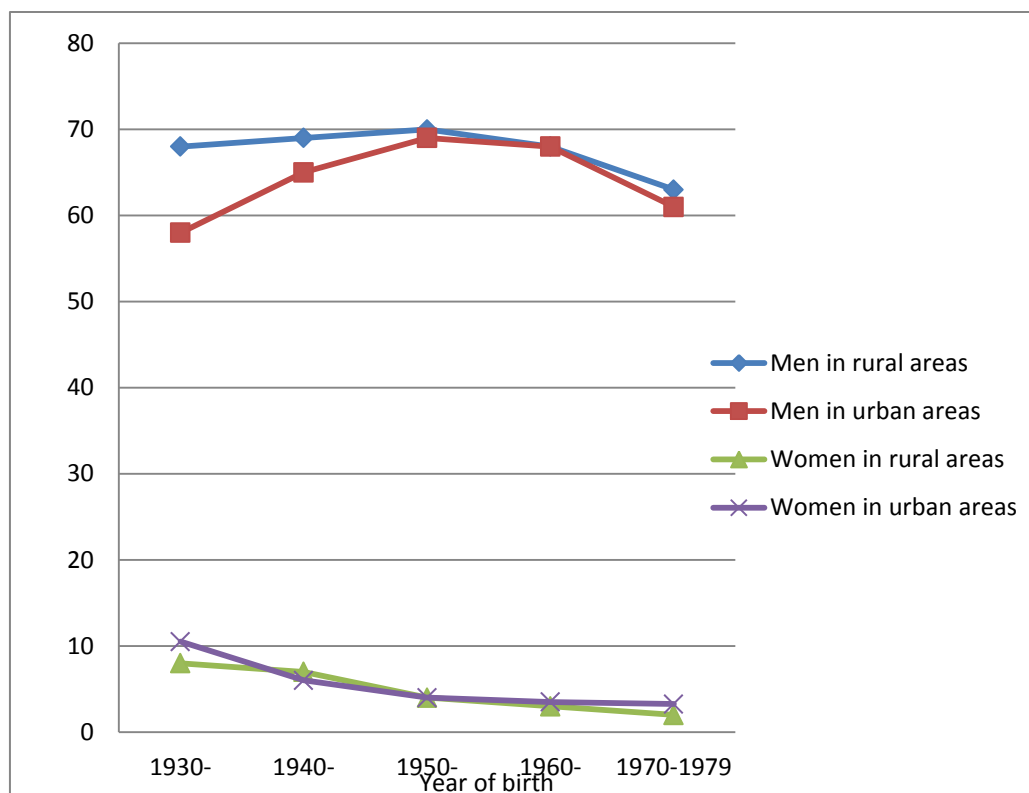
Smoking causes death through a variety of diseases, such as cancer, vascular diseases and chronic lung diseases (Mathers and Loncar 2006, Ng et al. 2014, World Health Organization 2008). However, the health effects of smoking are generally not apparent until 30-40 years after smoking prevalence becomes high in a population. From the model, it is clear that there is a 3-4 decade lag between the peak in smoking prevalence and the subsequent peak in smoking deaths. This lag may be a major negative factor affecting public health awareness of the health risks of smoking (Lopez et al. 1994).

Specifically, according to this descriptive model, in Stage I, male prevalence rates are less than 15% but increase rapidly. Female prevalence rates are less than 5% and the health consequences of smoking have not yet emerged. Stage I is the initial phase and may last one or two decades. While the exact trend of cigarette smoking in each country varies, countries can be categorized as falling into one of four stages. Many developing countries, such as those in sub-Saharan Africa, are currently at Stage I. In Stage II, male prevalence rates increase rapidly, from 15% to 65%. Female rates also increase as well but lag behind men's by 10-20 years and do not reach male levels. However, male smoking-related deaths start to increase. This phase of the epidemic may span two to three decades. Several countries in Asia, Latin America and North Africa, such as China and Japan, are in Stage II. In Stage III, after exceeding 60%, male smoking prevalence starts to decline to around 40% by the end of this phase, which may last for three decades or so. Female smoking prevalence reaches a peak at around 45% but is still lower than in men, and starts to decrease by the end of the stage. Many Eastern and Southern European countries are in this stage. About two or three decades into Stage IV, smoking

prevalence declines may occur more or less in parallel for both men and women. Male deaths caused by smoking reach a peak, possibly at around 30-35 % of all deaths. Within a decade or so after reaching this peak, mortality rates among men usually fall below 30%. Conversely, female mortality begins to rise dramatically, peaking at around 20% of all deaths, as the full health effects of high smoking levels among women in Stage III become evident. Many Western European and North American countries, such as the UK, the USA and Canada are in this stage. Generally, most of high-income countries have passed through the previous three stages and have now entered the fourth stage. This shift in tobacco smoking on the four stages is the combined result of economic development and increased awareness of health cost of tobacco use (Pampel and Denney 2011).

Although the model developed by Lopez et al. places China in Stage II, where smoking prevalence among both men and women is increasing rapidly, data-based on the Chinese population shows that China has a distinctive profile of tobacco adoption and use by gender (Liu et al. 2017). Compared to the stable high prevalence of smoking in men noted in the introduction to this thesis, there is a significant low and decreasing prevalence of ever taking up smoking across successive generations of women, in both rural and urban areas, which does not match Lopez et al.'s model (see Figure 2-2). By the early 2000s, 60% of Chinese men used tobacco (pipes and cigarettes). This is not surprising given China's long involvement with tobacco production, consumption and early use, which is discussed in Chapter 4 in detail. However, the experience of women is markedly different from that in other countries; in China the rate of female cigarette smokers has never been as high as that of men, but the highest rate was early in the 20th century and women's smoking has declined markedly since then, well before the health concerns surrounding cancer became well-known.

Figure 2-2: Prevalence (%) of ever-smokers among men and women in China by year of birth and area

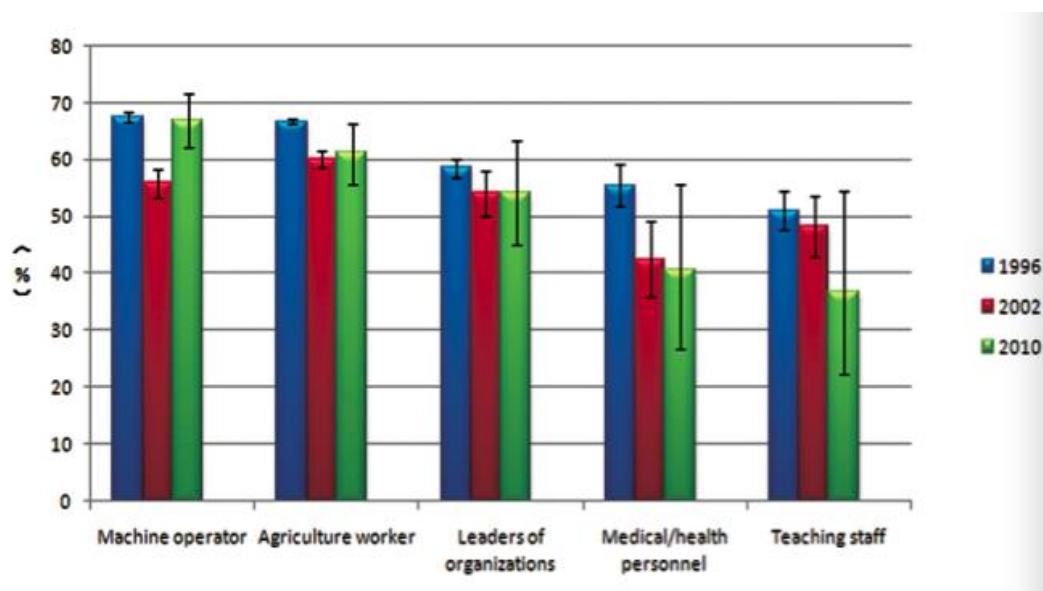


Source: Liu, et al., 2017

Regarding the patterns of smoking by class and age, in the Lopez et al. model, it is always the younger and more elite groups that lead the way in the adoption of smoking, with those in lower socioeconomic groups following. People in higher social classes are usually the first to accept innovations. When cigarettes are a scarce and relatively expensive resource, dominant groups are more likely to have access to cigarettes. But with greater awareness of the health hazards of smoking, it is expected that the more educated will terminate their use of tobacco earlier than the less educated. In most developed countries, male smokers are more likely to be those with low incomes and less education (World Health Organization 2010a). In China, the highest prevalence of current smoking in men is also among those of low socio-economic status, poor education, aged 40-59, and in rural residents, but varies little by household income

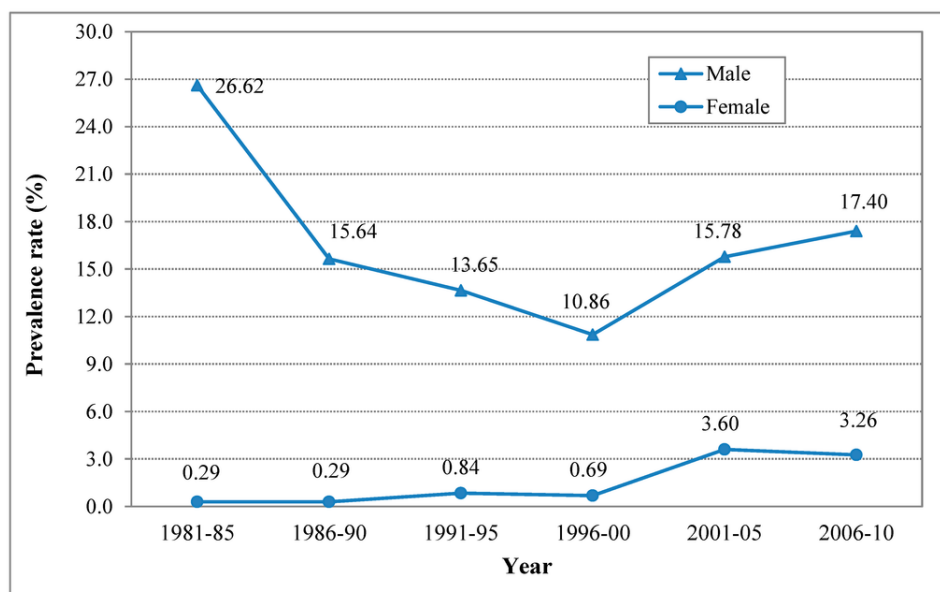
(Chinese Center for Disease Control and Prevention 2010a). As Figure 2-3 shows, current smoking prevalence among men was highest for machine operators at 67.0% and lowest for teachers at 36.5% in 2010. Although fewer women smoke, the smoking prevalence is higher in those with poor education, in urban residents and those with a lower household income. However, since the 1980s, the data already shows a reduction in the gender gap for current smoking among adolescents (aged 12-17) with more young Chinese women starting smoking, as in many Western countries (see Figure 2-4) (Han and Chen 2015).

Figure 2-3: Trends in current smoking prevalence, adult males aged 15-69 years in China, 1996-2010, by selected occupations



Source: 1996 National Prevalence Survey of Smoking Pattern, 2002 Behavior Risk Factor Survey, 2010 GATS China

Figure 2-4: Estimated prevalence rate (%) of current cigarette smoking by gender adolescents (aged 12-17) in China, 1981–2010



Source: Han and Chen, 2015

Smoking usually develops in adolescence and is patterned by socioeconomic position (Elders et al. 1994). Disadvantaged adolescents are more likely to smoke and start earlier (Green et al. 2013, Dishion et al. 1999). Smoking usually starts in adolescence and develops with subsequent heavier smoking and fewer individuals giving up (Green et al. 2013, Tyas and Pederson 1998, Patton et al. 1998, Green et al. 2016). In young people, dynamic transitions in education, employment, family and housing make it complicated to measure individuals' socioeconomic circumstances. Some studies have explored the social aspects of gendered smoking among young people, such as how Scottish teenagers (15-16 years old) use smoking to construct social group identities (Amanda and Yvonne 2006), and the role of smoking in achieving a socially and culturally acceptable gendered identity (Amanda and Yvonne 2006, Gilbert 2007). Studies found that there were male-female differences in views and attitudes to smoking and these differences related to "their social worlds, patterns of social relationships, interests, activities

and concerns, the meanings they attached to smoking and the role smoking played in dealing with the everyday experience of being a boy or girl in their mid-teens” (Amos and Bostock 2006: 770). For instance, boys perceived smoking as having a positive role in their social lives and dealing with negative emotions, but a negative impact on their fitness and sport, whereas girls were more concerned about the negative aesthetic impact of smoking on their clothes and bodies, making them smell of smoke (Amanda and Yvonne 2006).

Socioeconomic factors are critically important in addressing smoking. Given the patterns of smoking by social class, it is not surprising to find that smoking is acknowledged as a key contributor to socioeconomic inequalities in people’s health (Jarvis and Wardle 2006, Hill et al. 2014). In China, poor people living in rural areas smoke more and suffer poorer health (Li et al. 2011, Yang et al. 2005). Graham’s studies on working-class women’s smoking show that legal drugs use is a survival strategy for women to deal with the stresses of motherhood and economic deprivation (Graham 1987, Graham 1994a, Graham 1994b). Other studies have found that a person is more likely to stop or reduce smoking if his or her partner is a non-smoker or has negative attitudes towards smoking (Robinson and Kirkcaldy 2007, Thompson et al. 2004, Westmaas et al. 2010).

Conceptual framework

In this section, I outline several concepts and theories, which provide a theoretical framework for later data analysis. Specifically, types of capital, the gift economy and face discussion help us to understand the importance of cigarettes in Chinese society among men. A comprehensive understanding of social relations among Chinese men can produce a fuller picture of how and why cigarettes are important in social networks. An understanding of stigma and gender theory

can provide a fuller picture of the nature of Chinese women's gender identity in patriarchal family structure and why they do not smoke, which will be discussed in later chapters.

Types of Capital

In Pierre Bourdieu's (1985) work, a field is the structured setting of a particular social area in which there exists a series of possible positions occupied by 'agents' or 'products'. The position of each particular agent in the field is a result of interaction between the rules of the field, the agent's habitus and the agent's capital. Within this context, capital can refer to different kinds of power resources. In his sociological essay, *The Forms of Capital* (2011), Bourdieu identifies three principal categories of capital: economic capital (command of economic resource, such as money, assets and property); social capital (various kinds of valued relations with significant others, such as valued or significant social relations); and cultural capital (primarily legitimate knowledge of one kind or another, such as education, knowledge and degree certificate). Symbolic capital, which is often glossed as 'honour' or 'prestige', can be defined as "the form that the various species of capital assume when they are perceived and recognized as legitimate" (1989: 17). Symbolic capital could be seen as the legitimated and recognized form of the other forms of capitals.

Chinese society is a field consisting of social relations. *Guanxi*⁴, as social capital, is used with the intention of gaining economic, political, or symbolic capital (Hwang 1987). Yang (1989) argues that there are four forms of value (gift capital, symbolic capital, office capital and political capital) that are circulated in *guanxi* exchange. Gift capital is categorized as material capital (such as the gift proper: cigarettes, cakes, banquets) and body capital (such as the labour

⁴ "Guanxi" literally means "relation" or "relationship" as a noun, and "relate to" as a verb, which is commonly used in contemporary Chinese societies, it refers to "particularistic ties" (Jacobs 1979). These ties are particular based on social relationship, such as friendship, kinship and superior- subordination.

energy and time spent on performing favour or buying a gift). In the practice of *guanxi*, gifts invested with material or body capital are converted into the symbolic capital, gratitude, obligation, social debt, moral advantage and reciprocity. In chapter 5, I will examine the way in which cigarettes, especially premium cigarettes, as symbolic capital, are used in social interactions.

The Gift Economy

It is the Chinese custom to send premium cigarettes as gifts (Pan 2004). The theory of the 'gift economy' can provide a theoretical understanding of how the premium cigarettes gifting culture impacts on smoking choice and experience in China.

Among the 'gift economy' theories, Marcel Mauss's classic essay *The Gift*, published in 1967, is centred on the discussion of the practice of exchange in "archaic" societies. According to Mauss, the exaggerated generosity and wastefulness in North-West American Indian potlatches were displays of wealth and prestige. He attributes the importance of acts of generosity to the system of exchange in these societies. Simultaneously, Mauss argues that gift exchanges are not simple economic acts of exchange, but involve something that goes beyond the object, which is 'morality', termed as the spirit of the thing given (*hau*). This morality carries the main responsibility for the gift's repayment or reciprocity. Hence, the gift is never merely a product but also combined with the donor (or giver) since he or she holds a moral right derived from the gift to receive something in exchange. Mauss argues that there are three principles of reciprocal action: to give; to receive; and to repay. This process of gift exchange also creates spiritual bonds between "things which are to some extent parts of persons, and persons and groups that behave in some measure as if they were things" (1967: 10-11). Similarly, Levi-Strauss identified the symbolic values of gifts by arguing that "there is much more in the

exchange itself than in the things exchanged” (1969: 59). He argues that “goods are not only economic commodities but vehicles and instruments for realities of another order”, such as influence, power, sympathy, status, emotion (ibid: 54).

In her ethnographic study, Yang (1986) talks of the Chinese gift economy, or the art of *guanxi*, as a particular collection of practices in the realm of personal relationships and social exchange. She describes the operation of the Chinese gift economy, which consists of the personal exchange and circulation of gifts, favours and banquets. The act in *guanxi* exchange lies in the skilful mobilization of obligation and reciprocity (Yang 1989). It must be emphasized that the so-called gift economy is different from the traditional types of economy, such as the command economy system, and the market economic system, because the structure and logic of its operations are distinctive. A purely economic approach derived from capitalist context cannot explain the working of the gift economy and cannot distinguish between *guanxi* and gift transitions. In the gift economy, an important feature of the *guanxi* is the exchange, which is the centrality of symbolic capital in the conversion of values (Yang 1989). This relationship is not simply a medium for the exchange of use values; it also entails the transaction of the symbolic capital, in the form of the face, moral advantage, social debt, obligation and reciprocity.

The logic in the gift economy is that the giver (the donor) sacrifices the material wealth or labour that is incorporated in a gift, banquet, or favour, but what he or she gains is an important moral superiority over the recipient. The effect of gifting is that the donor has a moral advantage over the recipient and can thus ask a favour later. This asymmetrical micro-relationship is crucial in the mechanisms of the gift economy (Yang 1989). While the gift economy obtains regardless of the status of the two participants in society, it has a special

significance within social relations when the recipient has a higher status than the giver (the donor). Yan argues that it is often the case that gift-receiving rather than gift-giving generates power and prestige: “In some contexts, gifts flow only up to the social status hierarchy with the recipient always superior in status to the giver” (1996: 21). It is important to understand that gift exchange requires knowledge of the relationship between giver and receiver. This is perhaps why it is usually the case that people of lower status feel obliged to give gifts. Through gifting, hierarchical relations are to a certain extent reversed. Having accepted the gift, the recipient becomes subordinate to the moral position and owes favours to the donors. Donors become the moral superiors of the recipients and are able to gain benefits in the practice of *guanxi*.

Social Relations

Social relations are important in every culture and society because people live and work in the contexts of these relations. Stockman (2013) argues that what is central to Chinese society is the quality of human relationships and collective societal goals. The Chinese expression of personalized social relations is called *guanxi*. China today is still a *guanxi* society. As we shall discuss in chapter 5, premium cigarettes are often used as gifts and cigarettes smoking produces *guanxi*. Hence, it is necessary to examine social relations theory in China here.

For hundreds of years, Confucian doctrine emphasized hierarchy in all social relationships and treated it as the foundation of social order and stability in China (Stockman 2013). It is difficult to discuss social relationships in China without talking about Confucianism. Confucianism can be seen as philosophy, as political, moral and social theory, and as religion. The term is often used synonymously with traditional Chinese culture.

One of the basic Confucian concepts was that of *li* (礼), translated as ‘ritual’, ‘propriety’ or ‘etiquette’ (Dawson 1981). In the book *Rites*, Confucius provided elaborate rules for behaviour at key life-cycle events, such as funerals, and also specified in detail correct behaviour within social relationships and situations, such as dress, the bearing of the body and the expression of the face. Confucius argues that acting correctly in social relationships represents a person who has the virtues of humanity. The most basic of these virtues is *ren* (仁), which can be cultivated by learning how to relate to fellow human beings in social relations. Confucius says, “do not do toward others anything you would not want to be done to you.” Other social virtues within the Confucian framework include good faith, loyalty, sincerity and a sense of duty, as well as filial piety. Another important basis for social order is that of *bao* (报), translated as a principle of reciprocity (Lien-Sheng 1957). Confucius argues that the social order is held together by the continual exchange of services and that one kindness or favour should be repaid by another. Yang elaborates the concept of ‘reciprocity of actions’ known as *bao* in his essay: “Favors done for others are often considered what may be termed ‘social investments,’ for which handsome returns are expected” (1957: 291). Gift exchange is often governed by the norm of reciprocity. Confucius argues that the central social relationships were called five cardinal relations (*wu lun*), namely between ruler and subject, father and son, husband and wife, among brothers, and among friends. Obviously, most of these relationships are familial ones, based on hierarchies of generation, age and gender (Baker 1979) – see also chapter 4. Chinese society has often been seen as a particularly familial society and Confucian social theory places special emphasis on family relationships as a core of a stable and harmonious society.

Confucian morality has governed Chinese people’s everyday life for hundreds of years and its place in the modern world has often been debated. During the Chinese Revolution (1911-12),

the Confucian doctrine was identified as the problem and impediment to the need for modernization. Max Weber (1968) saw Confucianism as the key obstacle to the development of capitalism in China. Moreover, he saw adherence to Confucianism as a key factor in China's backwardness and its inability to fight with Western powers. Social reformers, such as Liang Qichao and Kang Youwei, appealed for an attack on the hierarchical structure of social relationships and for society to pursue an active, individual, enterprising spirit (Hsiao 1976).

Liang Shuming, a Confucian social reformer of the 1920s and 1930s, argued that Chinese society is neither individual-based nor social-based but rather relationship-based (King 1985). He claimed that China has a weakly developed concept of the individual self or notion of the group, the organisation and society. Fei Xiaotong, a renowned Chinese sociologist, distinguishes Chinese society from the Western society in a similar way. He calls the Western form of society an 'organisational mode of association', while Chinese society is constructed according to a 'differential mode of association' (Fei et al. 1992). Fei proposes a social model to explain Chinese social relations. In traditional rural society, there are overlapping networks of relationships with each network of relationships appearing different depending on who is the focus of the network. Fei refers to the Confucian concept of *lun*, or order, which is based on differential classification, to explain Chinese social structure in rural areas. This pattern of network was described like:

Circles that appear on the surface of a lake when a rock is thrown into it. Everyone stands at the centre of the circles produced by his or her social influence. Everyone's circles are interrelated. One touches different circles at different times and places (Fei 1992: 62-63).

He argues that kinship forms the concentric circles of human relationships and an individual stands at the centre of the circle to produce and expand one's own social influence. Fei also

contrasts modern western society ruled by law with traditional Chinese rural society ruled by ritual, defining rituals as “publicly recognised behaviour norms” (1992: 96).

Since 1949, under the governance of the Communist Party, relationships between individuals and groups in society have been radically transformed. The Communist Party attempted to pursue collective goals by moving away from particular interests of family and locality to the development of the whole society. For example, comradeship is a popular term that implies relationships based on mutual trust and reciprocal support (Vogel 1965). A prime example of a collective goal under communism was the one-child family policy. It was considered necessary for the state to control fertility since high population growth does not benefit the community taken as a whole (Milwertz 1997).

Face and Face-work

Face and face-work are concepts that have often been used to explain communication behaviour and human action (Schwandt 1994). According to Goffman (1967), the concept of face originated in Chinese culture. Chinese face is categorized into two types: *lian* (or *lien*) and *mianzi* (or *mien-tzu*)⁵ (Gao 1998, Hu 1944). *Lian* refers to the moral reputation of an individual while *mianzi* stands for the prestige or social status achieved through success and ostentation in life (Hu 1944). Goffman (1967) was one of the first Western scholars to examine face in his book *Interaction Ritual* and his definition of face was influenced by the Chinese concept of face. He conceptualized the term face as “the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact” (1967: 5). The phrase ‘to lose face’ refers to being “in wrong face, to be out of face, or to be shamefaced” (ibid:

⁵ In the Chinese language, there are some indigenous concepts that are frequently used to analyse Chinese culture. The transliteration system used in this paper for the Chinese terms *mianzi* is based on the pinyin system which is the official Romanization system for Standard Chinese in mainland China.

9). The phrase ‘to save one’s face’ refers to the process by which the person maintains their reputation for others in a situation where he might have lost face. ‘To give face’ is to “arrange for another to take a better line than he might otherwise have been able to take, the other thereby gets face given him” (1967: 9). Goffman’s theory of face-work describes a theory of interaction with individuals both interpreting and acting in order to maintain the face of themselves and others. The management of impressions of both oneself and others were identified in terms of a ‘theatrical performance’ (Goffman 1959). Goffman uses the theatrical metaphor to describe the individual performances which present various aspects of the self. The meanings and usages of face are different depending on the culture (Gao 1998). I will argue that the maintenance of face is particularly relevant to the use of cigarettes among men in China. I will use this concept to develop some of the arguments in chapter 5.

Labelling Smoking: Deviance and Self-Stigma

As I have noted, few women smoke in China compared to the large percentage of men smokers. As we shall see in chapter 6, cigarette smoking has long been thought of as a social inappropriate behaviour for women. The concepts of deviance and self-stigma are useful to understand this social norm and how women smokers identify their smoking status.

The founder of labelling theory, Howard S. Becker, focuses on the process of a person and their action being labelled as deviant (Becker 1963). In his famous book *Outsiders*, he argues that “social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people and labelling them as outsiders” (1963: 9). From this point of view, ‘the central fact’ about deviant behaviour is that it is created by society. In other words, what one person may define as a deviant, another perhaps in a different society

would not. Becker pointed out that no act is intrinsically deviant but relies on its context including those observing it to determine its acceptability.

As we shall see, the concept of stigma is also relevant to the discussion in chapter 6 on women smoking, since those defined as deviant are also frequently stigmatised. Erving Goffman defined stigma as an “attribute that is deeply discrediting” (1963: 3). Smoking has become increasingly stigmatised and smoking-related stigma is enacted through self-stigmatization, social interaction, social attitudes and policies (Bell et al. 2010, Graham 2012). A study in Shin et al. (2013) used a cross-sectional survey to show that there is an association between smoking behaviour and perceived discrimination against migrant women who move from rural to urban areas. Those who do self-stigmatize their smoking behaviour often have negative feelings of shame, guilt and embarrassment (Evans-Polce et al. 2015).

However, rapidly changing social norms and employment patterns among women may be weakening the social stigma of smoking among Chinese women (Ho et al. 2007, Qian et al. 2010). Additionally, internal documents of international tobacco companies show that Chinese women are targets for market expansion (World Health Organization 2009, Novotny et al. 2006). For instance, the tobacco industry uses advertisements, celebrity images and feminine packaging to link smoking with gender freedom and modernity (Novotny et al. 2006). Studies have shown that young Chinese women are more likely to start smoking when exposed to female brand cigarettes (Finch et al. 2010, Ho et al. 2010). In high-income countries, the high prevalence of smoking among women has proved the success of marketing strategies (Taylor et al. 2000).

Triandafilidis et al.’s study (2017) looked at how tobacco denormalization influenced Australian women’s experiences of smoking-related stigmatization. They argue that women’s smoking-

related stigma was shaped by “intersectional identity, including gender, cultural background, social class, and mothering” (2017: 1445). This study demonstrated that young women experience smoking-related stigma in a variety of ways. The ‘smoking double standard’ discourse suggests that men who smoke are “macho”, while female smokers are ‘tainted’ (Bush et al. 2003). This unequal treatment of men and women’s smoking shows how women experience a greater level of discrimination for smoking than men (Brown-Johnson et al. 2015). Another smoking-related stigma is “smoking as lower class” discourse, which appeals to the idea that women’s smoking is reinforced by poverty, struggle and a lack of education.

Many anti-smoking campaigns use stigmatization of smokers and tobacco denormalization as tobacco control strategies (Chapman and Freeman 2008, World Health Organization 2008a). Since 2007, more and more countries have enacted laws to create smoke-free workplaces and public places (Wipfli 2012). These are debates and concerns associated with the efficacy of smoking-related stigma as a tobacco control strategy. The impact of smoking-related stigma on individual smokers is both positive and negative: while some studies have shown that smoking-related stigma can result in smoking cessation, increased intentions to stop smoking and a decreased chance of relapse, the negative outcomes associated with smoking-related stigma include stress and social isolation, resistance to smoking cessation (Evans-Polce et al. 2015). In other words, those who continue to smoking regardless of such campaigns have to live with the smoking-related stigma. Smoking-related stigma might also leads to social inequality (Triandafilidis et al. 2017). Graham argues tobacco control policies could “engage directly with social inequalities” by working on improving the social well-being of those populations who are most likely to smoke (2012: 95).

In China, smoking by men is still acceptable behaviour, in contrast to countries where male smoking has become stigmatized in the past few decades (Lee 2008). Chinese women accept the fact that men smoke in their presence (Goodman 2005).

A study by Mao et al. (2012) looked at non-smoking women's response to male family member's smoking in rural China. The study argues that women defend and regulate men's smoking and this is influenced by "culturally defined gender roles, relating to family values and collective family interests" (2012: 161). Since the late 1970s, social and economic developments in China have enhanced the social function of cigarette smoking at home and outside (Rich and Xiao 2012, Berg et al. 2011, Lotrean et al. 2010). In an environment where men's offering, accepting and smoking cigarettes is acceptable and expected, their smoking behaviour is not only seen as an individual need but also benefits the family's interests. Since smoking enhances men's masculine roles and facilitates their social and economic opportunities, studies in China have found that women who are in poor economic circumstances (e.g. works part-time or at low income), were less likely to intervene in their husbands' choices and more likely to support their smoking (Bottorff et al. 2010, Mao et al. 2012). As men in China are more typically powerful than women in the family, maintaining harmonious relationships was important to women as a way of self-protection in the home (Greaves et al. 2007). Hence, for non-smoking women, though they dislike tobacco smoking, they have to sacrifice their own preference to support men smoking for their family's development and harmony.

Gender

Feminist sociologists make a distinction between sex and gender. Ann Oakley argued that "sex is a biological term; gender is a psychological and cultural one" (1972: 158). Sex is a biological concept that refers to the biological distinction between females and males. The use of the

term gender to conceptualize male-female difference came out of the rise of the women's liberation movement in the second wave of feminism, and the concept entered sociological discourse at the end of the 1960s (Stoller 1968). The definition of gender varies. Stoller (1968) linked gender with notions of masculinity and femininity as the characteristics regarded as appropriate to men and women respectively. According to this interpretation feminism is the advocacy of social equality for the sexes and opposition to patriarchy and sexism (Beasley 1999). Hence, gender refers to the social meanings of masculinity and femininity and the social aspects of differences and hierarchies between females and males.

What counts as masculine and feminine varies from one society to another and from one historical period to another. In other words, gender differences are socially constructed and vary across time and place. It is the social sphere far more than the biological that creates the different social experiences of women and men. The leading sociologist of masculinity, R. W. Connell (1995) argues that the way we think about masculinity today is closely related to the rise of individualism in early modern European society. The hegemonic masculinity is useful for understanding gender relations that men maintain dominant social roles over women.

Male-female differences exist in social worlds and gender is a division of social relations (Parsons 1954). Gender theory helps us to think about gender differences, and their influences on people's work and family life. The analysis of the positions of men and women in society has often focused on male power and the oppression of women. In most societies, there is an unequal distribution of resources, power, and wealth between the sexes with men frequently enjoying share of most social resources. There is often also an inequality in the gender division of labour, especially in the transition to parenthood; women may be excluded from the labour

market or paid less and are typically burdened by more housework than men (Klerman and Leibowitz 1999, Yeung et al. 2001, Yavorsky et al. 2015).

Besides these role differences, gender involves power and hierarchy. When discussing the asymmetries and inequalities in the relations between men and women, the concept of patriarchy is often used to characterize the social relations in which men and women are located. Patriarchy (literally, the rule of the father/men) is “a system of social structures, and practices in which men dominate, oppress and exploit women” (Walby 1990: 214). Specifically, in the family, the father has been the focus of power and in the wider society men also have had more power. The pioneering French feminist Simone de Beauvoir in *The Second Sex* used a classic phrase “He is the Subject, he is the Absolute. She is the Other” (1953: 5). China is a strongly patriarchal society, especially in rural areas (Baker 1979). The social value parents attach to males is shown by the fact that female embryos are at greater risk for abortion. However, these hierarchies are not stationary and, with changes in society and the development of the economy, the role of women is changing over time. I will discuss the changing gender roles in Chinese society in chapter 4.

Sylvia Walby (1990) argues that patriarchy is composed of six elements: paid work; the household; the state; violence; sexuality; and culture. These elements take on different forms in different cultures and at different times. For women, there are two types of work: paid work in society and unpaid housework in the family. An English social policy expert Jane Lewis has argued that there are strong, moderate and weak “male breadwinner states” (Lewis 1992). In the strong state, women are largely dependent upon their partners (the UK and Germany have been instances of this). In the moderate state, women are both workers and child carers (France and Belgium have been prime examples). In the weak state, women are workers and

independent of their partners (Norway and Sweden have been prime examples). Western 'second wave' feminists focused upon social and economic structuring of the sexual division of labour in employment, such as the role that family and the labour market played in women's lower employment hierarchy and the ways in which patriarchy contributed to gender inequality (Rees 1992, Walby 1986). In the Chinese case, women were traditionally disadvantaged in the Chinese family system as specified by Confucian protocols.

Fiona Measham's study on women's drug use provides important theoretical insights into the way in which gender affects drugs cultures (Measham 2002). She argues that gender does not just influence the way people use drugs, but, far more significantly, through their experiences of drugs and the social-cultural context of drugs cultures, drug use itself can be seen as a way of constructing their gender identity. Elizabeth Ettorre's research (1992) provides a critical analysis of the pleasure of women's drug use by relating it to the structural issues of class, race and gender. Her studies uncover some of the invisible social issues that are related to women's substance use, such as smoking, alcohol. She makes links between women's smoking and 'gender-illuminating notions' such as dependency, labour, caring and pleasure (1992: 92). Ettorre (2007) views women's drug use as a form of embodiment deviance, involving regulation of behaviour, reproduction and tasks of restraint. Each of these embodied endeavours is shaped by race, class, and culture as well as by gender. Penny Tinkler's *Smoking Signals* illuminates the complex and highly gendered socio-cultural meanings of smoking, charting the rise in smoking by women from 1880-1980 in Britain (2006). She argues that through smoking, women make 'visual statements about status and identity' (2006: 2). For over a century (from 1880 to 1980), visual imagery represented women smokers has changed from 'classy', sophisticated, modern young women to unhealthy, unattractive, work-class women who smoke. Some researchers study drug recreational use and sales and gender from the perspective of

gang-involved young adults (Mackenzie et al. 2006; Moloney et al. 2015). They found that the interpretations of the risks of drug-selling are shaped differently regarding the role of femininities and masculinities.

In this study, I consider the social-cultural context of gender-related smoking ways and explore the central importance of gender to smoking cultures in Chinese context.

Governmentality of Public Health

Governmentality---a term created by Michel Foucault (1979, 1991 [1978]) to describe a rethinking of the notion of government---has become an important concept in the social science and humanity research since the 1990s. Defined as ‘the conduct of conduct’, the concept of governmentality has generated a proliferating body of work on the how of governing; how we governed; and the relationship between the state, the government of others and the government of ourselves (Dean 1999: 2). The concept of governmentality tried to reconfigure conventional understanding of the government and power by decentring ‘the problem of the state’. In doing so, the government of society is not operationalized strictly through prohibitions and controls, but rather is achieved through the administering and fostering of life itself (‘biopolitics’), for instance, attending to the processes of fertility, birth, disease, health and lifespan (Foucault 1991 [1978]).

The rise of governmentality studies for western academics stems from understanding of European developments, such as the rise of neoliberalism and the decline of the welfare state ideal (Jeffreys 2009). The concept of governmentality has also been used to analyse contemporary Chinese society and politics. Beginning with the field of China studies on policing and punishment (Dutton 1992), followed by many other social work studies, such as prostitution control (Jeffreys 2004). Additionally, a growing number of China scholars have used

the concept of governmentality as a theoretical approach for discussions on how authorities and citizens interact in the management of everyday life, for example, through an examination of healthy living, population policy and new mentalities (Kohrman 2004; Bray and Jeffreys 2016; Greenhalgh and Winckler 2005).

Since opening up to foreign trade and investment and implementing free-market reforms in 1979, Chinese society had undergone a series of dramatic transformation in almost all realms of economic, political, social and cultural life. China's transition from 'socialist plan' to 'market socialism' has been accompanied by shifts in how the practice of government is understood (Jeffreys 2009).

The emergence of 'population' prompted the birth of governmentality, which discusses how government deals with the social life (Zhang 2010). In Chinese context, some scholars argue that the wellbeing of the population became the primary means and ends of government in the post-Mao era (Greenhalgh and Winckler 2005). Alongside governmentalization, quality came to replace quantity as the focus of the population project (ibid). Meanwhile, new social issues such as migration, communicable diseases (for example, HIV and SARS), public health education, and pollution were formally joined the population policy.

The case of smoking offers a good opportunity to think about the tensions between governmental reasons and social specificities. Matthew Kohrman (2008) uses governmentality framework to help describe why cigarette smoking has become prevalent among Chinese physicians. He argues that multilevel interactions of biopolitics and male embodiment have been especially significant in shaping this phenomenon. Smoking has been framed as a health problem by public health agencies in China. However, it is also important to explore smokers' perceptions on health knowledge of smoking and why they want to take their lives when the

increasing power of governance aims to save life. Foucault's concept of governmentality provides the theoretical space for such discussion in chapter 7.

Policies on tobacco use in China

China began tobacco control efforts in the 1970s and first introduced laws and regulations in the early 1990s (Yang and Hu 2011). The first tobacco control and public health non-governmental organization (NGO), the Chinese Tobacco Control Association, was not established until 1990. In 1995, the World Bank offered public health assistance to China to build capacity for community-based health promotion and to improve non-communicable diseases and HIV/AIDS prevention capabilities, leading to a programme commonly known as World Bank Health VII⁶. In this programme, smoking prevalence and the effectiveness of tobacco control policies, such as smoke-free schools, the restricted sale of cigarettes to minors, and the banning of tobacco advertising in the streets were researched (Gan and Zhuo 2003, World Bank 2005).

In the 80s and 90s, tobacco control work was guided by public health experts and was based on scientific and epidemiological research (Yang et al. 2010). Science experts confirmed the dangers of smoking and identified the prevalence of smoking-attributable deaths among the Chinese population, such as cancer (16%), chronic respiratory disease (22%) and cardiovascular disease (9%) (Liu et al. 1998, Jiang et al. 2010, Gu et al. 2009). Since 1984, there have been several population-based smoking prevalence surveys in China. These include the 1984 National Survey on smoking, the 1991 National Survey on Hypertension, the 1996 National Survey on Prevalence of Smoking, the 2002 National Nutrition State Survey, the 2002 Behaviour Risk

⁶ The program operated in seven cities (Beijing, Tianjin, Shanghai, Chengdu, Luoyang, Liuzhou and Weihai) and one province (Yunnan). These cities were chosen as pilot cities by the Chinese Ministry of Health.

Factors Survey, the 2010, 2015 and 2018 Global Adult Tobacco Survey (GATS) China, and the 2014 Global Youth Tobacco Survey (GYTS) China (Yang et al. 1999, Yang et al. 2005, Li et al. 2011, Chinese Center for Disease Control and Prevention 2015, Chinese Center for Disease Control and Prevention 2019). Besides, US's national longitudinal study of 'Adolescent to Adult Health (Add Health)' and UK 's annual survey of 'Smoking, Drinking and Drug Use Among Young People' present information on the percentages of pupils who have ever smoked, tried alcohol or taken drugs and their attitudes towards these behaviours. In this study, both data from national government and international surveys are used for tobacco control discussion.

Since the 1980s, China has opened its market and participated more and more in global issues. From the public health aspect, a major step forward was taken when China signed the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in 2003. As the first global health treaty negotiated under the auspices of the WHO, the FCTC emphasizes the importance of balancing demand reduction strategies with supply strategies and provides a new legal dimension to international health cooperation (World Health Organization 2003c). To help make this treaty a reality, the WHO introduced the MPOWER package, which as noted in the introduction to this thesis, includes six policy measures designed to assist in the country-level implementation of effective interventions, particularly on reducing the demand for tobacco (World Health Organization 2008b). Since the treaty came into force in 2006, tobacco control has become government policy in China and the Chinese government has introduced many tobacco control programmes, for instance, smoke-free rules for public spaces; bans on cigarette advertising; the creation of smoking-cessation clinics in major cities; and funding school-based educational programmes of the smoking harm. A systematic review of the development of tobacco control policies since 2006 is presented in chapter 4.

Globally, one strategy to protect women and children from men's tobacco smoking is to emphasize gender equality and enhancement of women's social status. For instance, the WHO FCTC has highlighted the role of women and girls in tobacco control and made committed to put the gender in policy agenda (Greaves and Tungohan 2007). The Chinese government calls for women to become the 'anti-smoking backbone' in the family, 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" (Chinese Center for Disease Control and Prevention 2010b: 44). However, in a patriarchal society with high male smoking rate, some researchers argue that non-smoking women may not be the best target group for changing men's smoking behaviour (Efroymsen and Velasco 2007, Mao et al. 2012). They may want to defend their children from second-hand smoke, but still have limited power to eliminate male smoking. Hence, those tobacco interventions emphasizing personal autonomy and rights contradict Confucian norms and put women under moral pressure to act against family's collective interests and so are unlikely to happen.

Some recent studies were conducted to monitor the change in the national cigarette consumption estimates for 71 countries between 1970 and 2015 and to examine the impact of the WHO FCTC on global cigarette consumption (Hoffman et al. 2019a, Hoffman et al. 2019b). Results show that there is no evidence to indicate that global progress in reducing cigarette consumption has been accelerated by the WHO FCTC mechanism. Specifically, cigarette consumption decreased in most countries over the past three decades but trends in consumption by country were highly variable. In the top 11 countries for cigarette consumption, from 1970 to 2015, cigarette consumption per capita (number of cigarettes per person per year) fell in the US, Japan, Poland, Brazil, and Germany. By contrast, China and Indonesia have a

steady increase in consumption per capita. A mixed progress of increase and decreases in cigarette consumption per capita was showed in Russia, South Korea and Italy. In this study, I evaluate China’s tobacco control on an individual level and explore the reasons of steadily high smoking rates.

E-cigarettes

Electronic-cigarettes (e-cigarettes), also known as ENDS (electronic nicotine delivery systems), are battery-powered devices that people use to inhale an aerosol by heating the cartridges which contain varying quantities of nicotine, glycerol or propylene glycol, and flavouring (World Health Organization 2014). E-cigarettes are available in many shapes and sizes and can look like regular cigarettes, cigars, pipes, pens, USB flash drives. Picture 2-1 shows various types of e-cigarette products. E-cigarettes heat a liquid, called e-liquid, to turn it into vapour. E-cigarette users inhale the vapour into their lungs. “Vaping” means to inhale the ‘vapour’ of an e-cigarette.

Picture 2-1: Sample of e-cigarette products



Source: Campaign for Tobacco-Free Kids, 2019

The e-liquid in most e-cigarettes contains nicotine, the same addictive drug that is in regular tobacco products, such as cigarettes and cigars. However, nicotine levels are not the same in all types of e-cigarettes. Research has shown that e-cigarette use is likely to be significantly less harmful to adults than smoking regular cigarettes (Royal College of Physicians 2016, Cooper et al. 2014, British Medical Association 2017, Stephens 2018). The harm from tobacco is due to its combustion and tobacco contains a large number of toxicants which can be created by combustion. E-cigarette vapour, on the other hand, has no combustible products. However, e-cigarette vapour can contain substances that are addictive and which can cause lung disease, heart disease, and cancer. Besides nicotine, e-cigarettes vapour may also contain chemical substances which have been found harmful. In August 2019, US health officials reported the first death in the US linked to e-cigarettes and many people have reported that they contracted severe respiratory illness after vaping (BBC 2019b). However, the clear common causes of the illnesses have not been identified and are still under investigation at the time of writing. Two people have previously died in the US after their e-cigarettes exploded in their faces. These cases give us reason to be concerned about the serious risks associated with e-cigarette products. Although e-cigarette have been described as a less dangerous alternative to regular cigarettes, more and more cases have been reported recently show that using e-cigarettes and vaping can be dangerous and vaping is not complete safe.

Since introduced to the market in the early 2000s, e-cigarettes are often marketed as a healthier alternative to normal cigarettes (Gravelly et al. 2014, Yao et al. 2016). The trend of e-cigarettes use has increased dramatically among young people globally, especially in the US and Europe (Pepper and Brewer 2014). In the US, e-cigarette use among high school students has seen a 78% increase, from 11.7% in 2017 to 20.8% in 2018. In middle school students, current e-cigarette use went from 0.6% in 2017 to 4.9% in 2018, an increase of 48% (U.S. Food and

Drug Administration 2019a). In the UK, the current rate of e-cigarettes users among 11-18 years old is relatively low, and accounts for 4% of the age 11-18 year olds in 2015 (Action on Smoking and Health 2015). In China, only 45% of young people (aged 13-15) have ever heard of e-cigarettes, with boys' awareness (52.3%) higher than girls' (36.8%) in 2014 (China Center for Disease Control and Prevention 2014). Only 1.2% of young people in China aged 13 to 15 have tried e-cigarettes, with the proportion of boys higher than of girls, as we might expect (1.8% in boys and 0.5% in girls). According to the latest data from the 2018 Global Adults Tobacco Survey China, there has been an increase in the percentage of adults who have heard of e-cigarettes (from 41% in 2015 to 49% in 2018) and have tried them (from 3% in 2015 to 5% in 2018) (Chinese Center for Disease Control and Prevention 2019). Moreover, data shows that e-cigarettes have gained popularity among young adults in China and smokers, especially those who had tried stopping smoking, were more likely to have known and used e-cigarettes (Wang et al. 2019). However, few empirical studies have focused on the relationship between e-cigarette use and smoking cessation. In this study, I examine the perception and use of e-cigarettes by the Chinese young adults and discuss how to regulate e-cigarettes in China (see chapter 7).

The U.S. Food and Drug Administration (FDA) found the most common reasons why middle and high school students use e-cigarettes were: use by "friend or family member" (39%); availability of "flavours such as mint, candy, fruit, or chocolate" (31%); and the belief that "they are less harmful than other forms of tobacco such as cigarettes" (17.1%) (Tsai et al. 2018). Studies have found that in order to attract young consumers, e-cigarettes manufacturers add several flavours (e.g. fruit, candy) and even vitamins to e-cigarettes (Ferrari et al. 2015). Some public health advocates and scholars have shown concerns about the negative influence of e-cigarettes use on young people. They argue that e-cigarettes, may act as a gateway,

encouraging young people's initiation to smoking due to the flavour options and stylish design (Dutra and Glantz 2014).

JUUL, one brand of e-cigarette, is now the overwhelming favourite e-cigarette product among young people in the US (American Cancer Society 2019). JUULs are small, sleek and easy to hide. Moreover, this product has various flavours, such as mango, cherry, and also delivers a very high amount of nicotine. Children and teenagers are known to use them in school restrooms and even in the classroom. Public health people criticise that the various flavours make e-cigarettes more appealing to children. This is also a sign that vaping is producing a whole new generation of nicotine addicts.

Since we know that nicotine is highly addictive, the rising popularity of e-cigarette use among young people could create unknown health problems in the future. Most e-cigarettes contain addictive nicotine and so should not be used by young people. Studies have shown that young people who vape are more likely to use regular cigarettes or other tobacco products later (The National Academies of Sciences Engineering Medicine 2018). In 2016, the U.S. Surgeon General warned that e-cigarette use among US youth and young adults is now a major public health concern and that e-cigarettes exposure could have lasting adverse consequences for brain development and cognition in teenagers (U.S. Department of Health Human Services 2016). In 2014, the FDA launched "The Real Cost" Youth E-Cigarette Prevention Campaign, which aims to educate young people aged 12-17 who have used e-cigarettes or are open to trying them about the potential dangers and health consequences of e-cigarettes use (U.S. Food and Drug Administration 2019b).

The UK and the US have opposite positions on the using of e-cigarettes to stop smoking. In the UK, the National Health Service (NHS) actually recommends that smokers switch to e-cigarettes

if they want to stop or cut down on smoking tobacco (NHS 2019). However, San Francisco recently became the first US city to ban sales of e-cigarettes, citing the concern that long-term health effects of vaping are unknown and there seems to be an increase in young vapers. The basic reason for banning e-cigarettes is that in 2018, data showed that though smoking prevalence rate keeps falling in children in the US, there is a big increase in vaping. The problem for US e-cigarettes control is that it has never endorsed the use of e-cigarettes as a way of quitting smoking in the way that the UK has, and it has never prohibited advertising e-cigarettes to children. As a result, the brand has been advertised heavily to young people on social media, such as Instagram and Twitter (Huang et al. 2019). Some scholars criticize this ban and argue that it works as a means of banning flavours and protecting children, but it stops smokers from transitioning to giving up cigarettes.

China is a global production and export centre of the e-cigarette industry. The first e-cigarette was invented in 2003 by a Chinese company known as Golden Dragon Group of Hong Kong (Reuters 2007). Around 95% of the world's e-cigarettes are manufactured in China, mainly in Shenzhen (Eriksen et al. 2013). Despite the major contribution to production, the levels of awareness of e-cigarettes and the rate of use are relatively low compared with many other countries (Gravelly et al. 2014). Gravelly, et al. (2014) argue that as a non-China Tobacco product, China National Tobacco Corporation (CNTC) and State Tobacco Monopoly Administration (STMA) have a strong interest in not supporting the emergence and development of e-cigarettes in China. However, China Tobacco is trying to expand its market, from conventional cigarettes to e-cigarettes, both globally and locally. For example, the CNTC has established its own line of e-cigarettes, such as the brand of *Webacco* from the China Tobacco Yunnan Tobacco Company, and a heating non-combustion e-cigarette brand, *MOK* from Hubei Tobacco

Company. These national brands are produced by tobacco research team at China Tobacco (China Daily 2014b, Sohu 2019).

A study investigates how Chinese newspapers have covered e-cigarettes over the past ten years in China (Sun et al. 2018). The results show that e-cigarettes have not been a topic at the top of media agenda; however, four major themes on e-cigarettes (nicotine/constituents/features, tobacco control/regulation, children's use of E-cigarettes, and tobacco market/industry) are the most published around May of each year, which is when the No Tobacco Day of the WHO takes place.

The European Union's revised Tobacco Products Directive (TPD) 2016 includes tight controls on nicotine strength and the size of devices (Action on Smoking and Health 2016). The Food and Drug Administration (FDA) classifies e-cigarettes as tobacco products, although e-cigarettes do not contain any tobacco. In China, there is a ban on selling e-cigarettes to people under 18 years of age. However, there are few regulations on e-cigarette markets, including on manufacturing, distribution, sales, health warning and advertising. Advertising websites lack instructions on how to use e-cigarettes, appropriate age restriction on access and references to government regulation (Yao et al. 2016). The lack of quality control provisions also gives e-cigarette manufacturers plenty of scope to market their products. Moreover, there are no clear regulations on the classification of e-cigarettes. The heat without burn type of e-cigarette is classified as a tobacco product. Vape products are not regulated as tobacco products in Chinese law but according to the international conventions, vape e-cigarettes should be.

E-cigarettes use is controversial and there are many debates about them among academic researchers. WHO's position on e-cigarette is that there is a lack of scientific evidence to demonstrate that e-cigarettes are safe and there is a concern that they could lead to nicotine

addiction and tobacco smoking (World Health Organization 2014). An e-cigarette user inhales the vapour produced, which contains nicotine—the addictive element in cigarettes. However, Public Health of England concludes that e-cigarettes are around 95% less harmful than tobacco (NHS 2019). Although nicotine is a very addictive substance, it is relatively harmless. It is the carbon monoxide, tar and other toxic chemicals in tobacco smoke that cause the health risks. It is argued that e-cigarettes can be used to assist smoking cessation, a claim used by e-cigarette manufacturers when marketing their products. In the UK, some types of e-cigarettes are available on prescription as a cessation aid in some forms of nicotine replacement therapy (NRT). However, findings on cessation efficacy from academic research are inconsistent (Pepper and Brewer 2014). Some UK studies show that people using e-cigarettes to help them give up are 50% to 100% more successful than those who use no aids at all (Polosa et al. 2011, Caponnetto et al. 2013). In contrast, a meta-analysis of five population studies suggests that people who use e-cigarettes are less successful at giving up smoking than those who do not (Grana et al. 2014). Another study used longitudinal data to assess patterns of e-cigarettes and conventional cigarettes use among adults in the USA (Coleman et al. 2019). This study found that there was no significant correlation between using e-cigarettes and smoking abstinence. After one year, e-cigarettes users continued to smoke, either as dual users or as cigarette smokers only.

Summary

This chapter has provided relevant background information about the characteristics of smoking globally and in China in particular. Socioeconomic factors, such as age, gender, education, class, are important when examining the patterns and trends of cigarette consumption in counties. The chapter also reviewed some theories and concepts that I use in

the study. Types of capital, the gift economy, social relations and face are important concepts to apply to cigarette smoking in Chinese men. Gender, which is embedded in the culture and structure of society, supports an analysis of smoking in Chinese women. As cigarette smoking has been identified as the leading cause of loss of healthy life, an effective tobacco control strategy is a public priority. The summary of recent studies of governmentality in China and the review of policies on tobacco use are useful for later discussions on how to reduce cigarette consumption and policy recommendations on future tobacco control in China.

The e-cigarette industry (and some scholars) claims that their products are less harmful than traditional cigarettes. But the vapour these products contain addictive nicotine, flavourings and a variety of other chemicals. Some of them are known to be toxic or to cause cancer. Moreover, the long-term health effects of these devices are still not known, which needs to be paid attention by the consumers. Scientific studies are still needed to identify how e-cigarettes affect health when they are used for a long period of time. I will discuss people's awareness and using experiences of e-cigarettes in chapter 7.

Chapter 3: Research Methodology

This study aims to provide a detailed examination of young adults' smoking choices in the particular social, cultural and historical context of present-day China by using both a micro-sociological and a macro-sociological approach. To do so, this study provides a gendered analysis of social norms around smoking. Moreover, young people's health knowledge of the dangers of smoking and their perceptions of implementation tobacco policies in China are explored. While there have been numerous quantitative analysis on lifetime prevalence (Siziya et al. 2008, Huiyan Ma et al. 2008, Brook et al. 2006, Kalesan et al. 2006, Scalici and Schulz 2014, Chen et al. 2008, Su et al. 2015), in-depth knowledge about the meanings, motivations and experiences of young men's and women's smoking, and how they understand the health risk of smoking is limited. Few studies look at smoking in young adulthood because there are fewer research opportunities with this age group. Young adults are a mobile population, changing study status, working places, lifestyles at a more rapid rate than any other age groups.

Moreover, the root cause of the lack of successful interventions may lie in the very different views of the word held by medically-oriented academics and by young people themselves. This knowledge gap has hindered efforts to tackle smoking. By focusing on young adults' perceptions of smoking, we should be able to identify potentially more effective and measurable anti-smoking interventions. This study's findings will be a positive step forward for policy makers as much as for all other professionals concerned with the health of individuals and populations.

Qualitative research is a process of pursuing the construction of reality based on the results of fieldwork (Silverman 2016). For field researchers, in addition to the research participants, research places and times are considered and selected to represent different social settings. By

providing the social context of the data obtained in this study, I intend to deepen the understanding of how perceptions of smoking among young people are influenced by structural factors. By providing details about the accessing of participants, I disclose my decision-making processes in a specific research context. Such fieldwork disclosure can increase the transparency of the research process and increase the validity of the findings (Hill and Holyoak 2011). In this chapter, I will first introduce the fieldwork setting and the recruitment of participants. I will then discuss the research method of the study and the process of data collection. Following that, I critically reflect on my position in the research process. Finally, I will discuss the issues of ethics and reflect the possibility of social desirability bias.

The study setting

Where to focus my study and conduct fieldwork involved difficult decisions. Firstly, I had to decide whether to study a single city or make a comparative study of two or more localities. The difficulties facing a junior PhD researcher in collecting information on the Chinese political economy and time limits on fieldwork made it necessary to concentrate on just one place. Besides, focusing on one place enables in-depth research.

Having decided to focus on one city, I next had to decide which city to study. I chose Tianjin as the research site because Tianjin seemed a good compromise between two considerations: a frontier city in the implementing of tobacco control policy in China and the data access benefits. On the one hand, I wanted to choose a place which has a history of implementing tobacco control policies. I could, therefore, monitor the influence of these interventions on people's smoking experiences and perceptions. Tianjin is one of the seven cities⁷ which put in place their own smoke-free public places policies in 2012 (Sina Health 2010, International Union

⁷ The other six cities are Chongqing, Shenyang, Harbin, Nanchang, Lanzhou and Shenzhen.

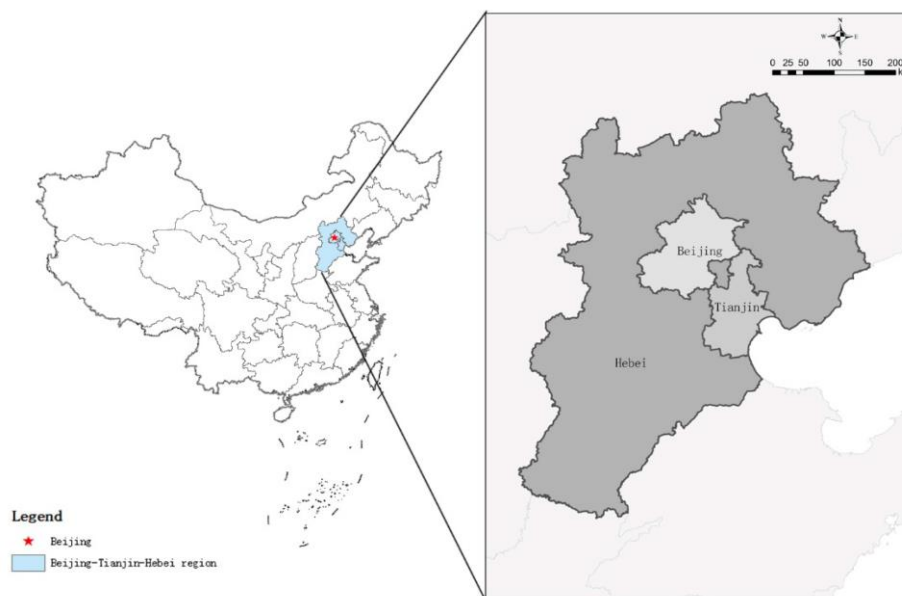
against Tuberculosis and Lung Disease 2012). On the other hand, it is important to choose a place where I would be reasonably good access to data. I am a Chinese person who was born in Tianjin city and I lived there until I went to university in Hunan province China in 2009. In 2016, I returned to my hometown to conduct the fieldwork for my doctoral thesis. I have friends and relatives in Tianjin, who can provide me with help finding participants.

Tianjin is a major coastal city situated in the Northeast part of North China's Plain, with Beijing on the northwest and the Bohai Sea on the east (see Figure 3-1). Tianjin is also in the Beijing-Tianjin-Hebei region, which is the biggest urbanized megalopolis region in Northern China (see Picture 3-2). It is a large industrial city and an economic centre in the north of China which belongs to the mid-developed area (Liu 2004). Major industries include petrochemical industries, textiles, car manufacturing, mechanical industries, and metalworking. The Tianjin Economic-Technological Development Area, Tianjin Export Processing Zone, Tianjin Airport Economic Area, and Tianjin Port Free Trade Zone are also located there.

Figure 3-1: Map of China



Figure 3-2: The location of Tianjin in the Beijing-Tianjin-Hebei region



Tianjin is one of four municipalities (the other three being Beijing, Shanghai, and Chongqing) directly under the Chinese central government. Tianjin is a large metropolitan city that covers a total area of 11,920 square kilometres and had over 15 million residents in 2015. Tianjin Municipality comprises six districts in its central urban area (Heping, Hedong, Hexi, Hebei, Hongqiao and Nankai), four suburban districts with a mixture of urbanized areas and rural townships (Dongli, Xiqing, Jinan, Beichen), five rural counties (Wuqing, Baodi, Ninghe, Jinghai, Jizhou) and the Binhai New Area, an economic development zone⁸. My fieldwork was conducted in the six central urban areas and a rural county, Wuqing. The fieldwork lasted seven months in all and was conducted in two stages: July to September 2016 and December 2016 to March 2017.

⁸ See https://en.wikipedia.org/wiki/List_of_administrative_divisions_of_Tianjin, accessed 1 April 2019.

Recruiting participants

I recruited participants by using network sampling, which is often used in qualitative studies (Burns and Grove 2005, Merriam 2009). Network sampling involves finding some participants who meet the recruitment criteria and asking for their assistance in contacting more potential participants who also meet the criteria. The agreement to participate is based on the trust between the researcher and potential participants (Rugkåsa and Canvin 2011, Davies et al. 2009, Eide and Allen 2005, Moreno-John et al. 2004). Having a trusted and respected person acting as the key liaison person in the field when recruiting Chinese participants provides a degree of trustworthiness. By using the network sampling method, I asked my friends and relatives to approach potential participants for me. Most of them were quick to respond and tried their best to help me. This matches the argument from Chen (1997), that in the Chinese context, people who were well known to a researcher were more likely to participate in his/her research than others. No matter whether in traditional or contemporary Chinese areas, strong reliance on interpersonal relations is the basis for social behaviour (Yang 1995).

As the study looked at young adults' smoking behaviour, the selection of the participants was guided by age: young people aged 16-24 years who were resident in Tianjin, China, were asked to participate, whether or not they were smokers. Since issues of gender, education level, parental background and smoking status are of interest, a purposive sampling technique was applied to facilitate sample variety. Specifically, I planned to recruit 40 young people (10 female non-smokers, 10 female smokers, 10 male non-smokers and 10 male non-smokers) aged 16-24 years for in-depth interviews and 5 focus groups. I also planned to interview 10 parents (five fathers, five mothers) whose children were aged 16-24 years, as well as policy makers in public health areas or staff working in the NGOs. In the end, I recruited 45 participants aged 16-24

years, with 15 female and 30 males, 5 parents, 2 policy makers, 2 tobacco retailers, 7 focus groups with young people. While young adults were the primary target participants, parents, policy makers and tobacco retailers were also recruited to complement the data from the young people. The demographic characteristics of the 45 interview participants and 7 focus groups are summarised in Table 3-1 and 3-2.

Table 3-1: The demographic characteristics of the 45 interview participants

Demographic categories	Number
Gender	
Male	30
Female	15
Age	
≤18	15
>18	30
State of current employment	
Unemployed	2
Employed	15
Student	28
Education	
Current education for students	
Academic high school	9
Vocational college school	3
Undergraduate	15
Postgraduate	1
The highest level of education for those who work	
Junior school	3
Vocational college	4
High school	3
Bachelor	6
Masters	1
Current smokers in the family excluding themselves	
Only father smoker	25
Only mother smoker	2
Both father and mother smokers	1
Sibling smokers	2
None	16

Table 3-2: The demographic characteristics of the 7 focus group participants

Demographic categories	Number
Gender	
Male	24
Female	22
Age	
≤18	30
>18	16
State of current employment	
Unemployed	0
Employed	0
Student	46
Current Education	
Academic high school	19
Vocational college school	14
Undergraduate	13
Postgraduate	0
Current smokers in the family excluding themselves	
Only father smoker	22
Only mother smoker	0
Both father and mother smokers	1
Sibling smokers	2
None	24

My experience in recruiting participants was not entirely successful. Some potential participants were suspicious of my motivation and then refused to participate in different ways, with some declining immediately to participate, some showing no interest in more subtle ways, while others did not keep the appointment. Concerns over participation that were mentioned included an unwillingness to share experience and/or attitudes about this issue to strangers, concerns about confidentiality, a lack of confidence in expressing themselves and a lack of trust about the value of the research. Some misunderstood me as an anti-smoking campaigner who would disclose their smoking status. In contrast to the relatively easy access to young non-smokers, it was more difficult to make the potential participants who smoked willing to join my research, especially those under 18 years. Compared to people living in urban areas, people

who live in suburban areas were much more cautious about participating in the study. For instance, I was guided to visit some households by local people, but when I briefly introduced my study and mentioned recording the interview, some of them were silent and felt shy about expressing themselves. Some refused to be interviewed by saying they did not know what to say during the interview or how to talk about the topic.

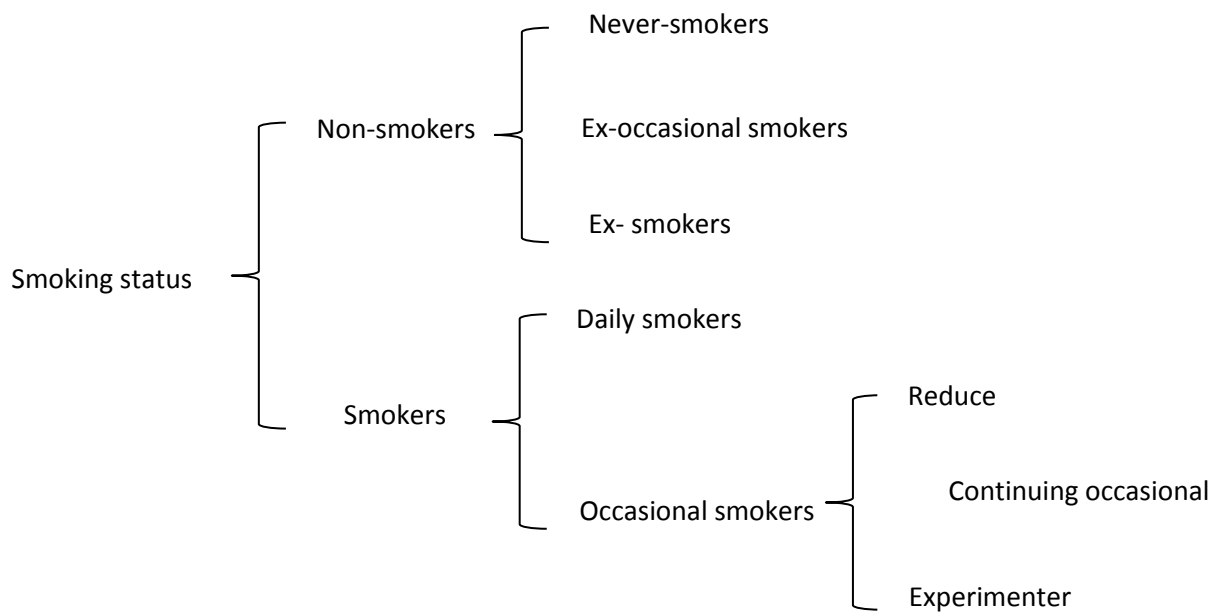
Finding young female smokers was complicated by the sensitivity of my research topic. For instance, my first female smoker participant was easy to contact through a friend. We met in a café, where smoking is allowed. She had an easy chat with me while smoking and the whole interview took around an hour. After the interview, I told her that I was looking for more female smokers to interview and hoped she could help me find her friends to join my research. I think it was because we had a good chat and built a rapport that she was very happy to help me. She immediately searched her contact list on the phone and gave me a contact number. I contacted the woman she introduced and sent her an invitation message to join the research. The woman replied my message on the same day and said yes to being interviewed. But she said "I am a bit busy these days. Please contact me later." After a week, I contacted her again to make an appointment. She replied saying "I am still busy. We can probably meet up later." I waited another week and asked her the third time to make an appointment. She did not reply anymore. I consulted with the female who introduced her to me. She told me that her friend did not feel comfortable to talk about her smoking experience with strangers. Due to aspects of Chinese culture which makes it hard to refuse people straightforwardly, she postponed meetings and did not respond to messages as a roundabout way of avoiding participation. In other words, the female smoker tried to distance herself from me as she found that the things she concealed might be too sensitive to be released to an outsider.

Researchers have encountered similar difficulties in recruiting potential participants, especially from socio-economically disadvantaged groups. They argue that these group's mistrust of studies and researchers is part of their mistrust in general about the dominant social structure (Hall et al. 2009, Rugkåsa and Canvin 2011, El-Khorazaty et al. 2007). Hence, I took their refusal as a form of self-protection from their disadvantaged social situation, further exacerbated by the sensitivity of the topic among young people. Drawing on the lessons of failures in the early stage of fieldwork, I tailored the description of my study to potential participants. I introduced my study as collecting information on young people's perceptions of health behaviour such as drinking and smoking. As a result, more potential participants were willing to take part.

Definition of smoking status

In this study, smoking status was verified using criteria based on the WHO's published standardized guideline (World Health Organization 1998). According to this guideline, people can be classified as non-smokers or smokers and each of these two categories can be divided into subcategories (see Figure 3-3).

Figure 3-3: Smoking status category



Source: WHO, 1998

Non-smokers are people who, at the time of the interview, do not smoke at all. A sub-category of non-smokers include never-smokers, ex-occasional smokers or ex-smokers. A never smoker is a person who at the time of the interview, has either never smoked at all or has never been a daily smoker and has smoked fewer than 100 cigarettes (or the equivalent amount of tobacco) in his/her lifetime. An ex-occasional smoker is a person who at the time of the interview, was formerly an occasional smoker, but never a daily one and who has smoked 100 or more cigarettes (or the equivalent amount of tobacco) in his/her lifetime. An ex-smoker is a person who at the time of the interview, was formerly a daily smoker but currently does not smoke at all.

In contrast to non-smokers, a smoker is a person who, at the time of the interview, smokes any tobacco product either daily or occasionally. A daily smoker is a person who, at the time of the interview, smokes any type of tobacco product at least once a day. An occasional smoker is a person, who smokes, but not every day. Occasional smokers include reducers, continuing

occasional smokers or experimenters. A reducer is a person who used to smoke daily but now no longer smokes every day. A continuing occasional smoker is a person who, has never smoked daily but has ever smoked 100 or more cigarettes in their lifetime (or the equivalent amount of tobacco) and now smokes occasionally. An experimenter is a person who has smoked fewer than 100 cigarettes (or the equivalent amount of tobacco) and now smokes occasionally. A relapsed smoker has stopped smoking in the past but is smoking at the time of the interview.

Table 3-3 shows the smoking status of those whom I interviewed and table 3-4 gives the smoking status of the focus group participants. In the interview sample, there were more male smokers and more female never-smokers. This gender imbalance roughly matched the prevalence of smoking by gender in China. In the focus groups, there was an equal male and female participants and most of the participants in the focus groups were non-smokers. In comparison to the interviews, all the focus group participants were students, who were more likely to be non-smokers.

Table 3-3: Smoking status by gender in interviewees

		Male	Female	Total
Non-smokers	Never-smokers	5	11	16
	Ex-occasional smokers	0	0	0
	Ex-smokers	1	0	1
Smokers	Daily smokers	17	2	19
	Occasional smokers	7	2	9
Total		30	15	45

Table 3-4: Smoking status by gender in focus groups

		Male	Female	Total
Non-smokers	Never-smokers	20	20	40
	Ex-occasional smokers	0	0	0
	Ex-smokers	0	0	0
Smokers	Daily smokers	4	2	6
	Occasional smokers	0	0	0
Total		24	22	46

Data collection

Qualitative research is exploratory and investigatory and provides a means of examining what cannot be unquantified (Flick 2009, Holloway and Galvin 2010). Qualitative methods allow researchers to share the understanding and perceptions of others and to explore how people structure and give meaning to their daily lives. In this study, qualitative research is used to gain insights on tobacco use in Chinese young people and their perceptions of effective implementation anti-smoking interventions. However, I not only used interviews and focus groups but also drew on observations, documents and photographs as methods of data collection. A tape recorder was used to record the interviews and focus group discussions. I also kept a research diary to note my fieldwork experiences and reflections and their impact on the research process. All interview and focus group questions and questionnaires were developed

in English, translated into and conducted in Chinese, and then translated back into English for analysis. I will now discuss the different methods in data collection.

Interviews

Generally, interviewing is face to face, although it can also be done by telephone or the internet (Wimmer and Dominick 2013). In qualitative research, interviews are often used as a way to find out people's experiences, perceptions, values and opinions (Mathie and Camozzi 2005, Taylor 2006). Ethnographic researchers also conduct interviews to explore the meaning of people's behaviour that cannot be understood by observation only (Mathie and Camozzi 2005, Taylor 2006). Based on the research aims and the literature review (Bauer and Gaskell 2000), I designed a topic guide for the semi-structured interview which covered several themes (see Appendix 2), such as smoking experiences, attitudes towards smoking behaviour, knowledge of the effects of tobacco smoke on health, and understanding of tobacco control policies in China. The interview guide was used flexibly.

In a qualitative interview, good questions should be open-ended, neutral, sensitive, and understandable (Britten 2000). It is usual to ask questions which are easy to answer and then process to more difficult and sensitive topics (ibid). This can help put the respondents at ease and build confidence and rapport, and often generates rich data that subsequently emerges later. In order to test how well the interview flows and to gain some experience, some scholars suggest that it is wise to first pilot the interview schedule on a few participants prior to fieldwork data collecting (Pontin 2000, Bryman 2016). This allows the researchers to check if the question is clear, understandable, and to see if any changes to the interview schedule are needed. When designing my interview guide, I did two pilot interviews in the UK with one Chinese female and one Chinese male, who are both postgraduates aged 24 and smokers. The

two interviewees gave suggestions on ways of asking questions, which benefits my question guide designing.

Due to the nature of semi-structured interviews, probing questions were often used in order to clarify accounts and to obtain more information. Interviewees were encouraged to give more detail on topics that were particularly meaningful to them rather than in a rigid sequence followed by the interview guide. At the end of the interviews, I used a standardized form to collect basic demographic information including age, gender, occupation, parents' job, education, smoking status, numbers of the family in the household, numbers of smokers living at home, whether close friends smoke (see Appendix 1). In order to generate a relaxing and easy environment for the interview, I left the form to fill in at the end of the interview.

I also interviewed two participants for a second time to collect more of their individual experiences or check the accounts they gave before. The first interviewee said that he had decided to stop smoking after finishing the cigarettes he had. In the follow-up I questioned whether he had given up. The second participant was an e-cigarette user and believed that e-cigarettes are less harmful than conventional cigarettes. In the follow-up interview, I investigated his e-cigarette using experience and health views.

Interview settings for the research included the participants' homes, café, restaurants, schools, universities and workplaces. Each interview lasted an average of one hour, with a range between 29 minutes and 75 minutes. There were 39 one-to-one interviews and 6 interviews involved friendship pairs, which I call paired interviews. Among the 6 paired interviews, 5 paired interviews involved 3 participants and 1 paired interview involved 2 participants. Some of the literature points out that, compared to one-to-one interviews, paired interviews with friends provide a more natural conversation and generate rich data about experiences and

attitudes towards smoking among young people (Amos et al. 2006). Moreover, paired interviews provide a great insight into social meanings and group norms in smoking behaviour (Highet 2003). In my fieldwork, I welcomed the participants' friends' presence as I saw it provided an easier chatting atmosphere. It was noticeable that in paired interviews, if all participants were smokers, they were more likely to share their smoking experience. However, if only one participant smoked, he or she was likely to hide or hesitate about answering questions related to his/her smoking status. For example, a young male smoker did not admit he was a daily heavy smoker at the beginning of the interview. After his friend disclosed his smoking status, the participant admitted to smoking. In addition, two female smokers in the focus groups did not want to talk about their smoking experience or to let their peers know their smoking status in a group environment. After the group discussion, I asked them to chat with me one-to-one and I had two interviews with them.

It is important to be non-judgemental as far as possible during interviews (Bryman 2016) and I tried not to indicate agreement or disagreement with the interviewees. Some participants knew my study was specifically about smoking and they took for granted that I was an expert in this area. For example, a participant said "I know smoking causes lung cancer. But I heard that if the smoker just smokes a few cigarettes per day, it is not that harmful. Is that correct?" To prevent distortion of later answers, I did not answer this question and replied saying that we could leave this point to discuss after the interview.

Focus groups

Interviews are used to explore the views, experiences and beliefs of individual participants, while focus groups use group dynamics to generate qualitative data (Gill et al. 2008). According to Barbour (2008), a focus group uses an interview approach which is designed for small groups

of individuals to discuss some particular topics. Compared to one-to-one interviews, focus groups allow researchers to observe interactions and discussions among informants (Lune and Berg 2016). The discussion is guided, monitored and recorded by researchers sometimes called moderators or facilitators (Kitzinger 1994, Morgan 1997). The aim of the focus group is to encourage participants to speak freely and completely about behaviours, attitudes and opinions they possess (Gubrium and Holstein 2001). Using this approach, the researcher strives to collect data quickly and conveniently from several people simultaneously (Lune and Berg 2016). The data produced by this method represent the ideas and interactions of the group as an entity, not as individuals. The heart of the data is in the group dynamic, which includes discussions, debates and comments. A number of ideas, issues, topics and even solutions to a problem can be generated through this research method.

Furthermore, in qualitative research, researchers should be sensitive when dealing with certain topics, including mental health issues, grief and loss, alcohol or drug use. Some researchers appeal that a focus group may, in fact, be an ideal situation for discussing sensitive topics (Bloor 2001). Specifically, focus groups may work very well when in the presence of friends and colleagues or with others similarly involved in the sensitive activities. For instance, in Lune and Berg (2016)'s study on Asian American teenagers, a focus group was began with a general question on cigarette use. Rather than saying directly, "Tell me about your cigarette smoking habits," the moderator might begin with a general question such as, "What do you know about cigarette smoking?" To some extent, this slightly broader question may open the door for discussion in a focus group about individual participant's smoking experiences but without making anyone feel uncomfortable or embarrassed (ibid).

In my study, most of the focus group participants were from the same friendship group, which meant that all knew each other very well. Compared to interviews, which asked about the individual's smoking experiences, the focus group discussion explored young people's perceptions of smoking and their understanding of the tobacco control policy in China. Suggestions on how to improve the effectiveness of policy implementation were also collected (see Appendix 2). Focus group discussions lasted approximately 40 minutes. At the end of the session, a demographic questionnaire was completed by participants (see Appendix 1).

As a focus group is a guided and collective conversation, the quality of the data is deeply influenced by the skills of moderators to motivate and moderate (Lune and Berg 2016). How to guide a group discussion and to motivate the members of the group involved in the focus group interview is a big challenge for a novice moderator. A skilled moderator can effectively motivate participants to express their opinions freely and keep the discussion on track. I began with a general question by asking "What do you think about young people's smoking behaviour?", rather than "How many of you smoke or not". After this warm-up question, I encouraged participants to share their own opinions on why they did or did not smoke. This order of questions is less threatening to young participants and they were more comfortable and active in group discussion.

The optimum size for a focus group is six to eight participants (Gill et al. 2008), but focus groups can also work with as few as three to and as many as fourteen participants. Too small groups limit the depth of the information collected and too large groups can be chaotic and hard to manage for the researcher. The participants might also feel frustrating in having insufficient opportunities to express ideas (Bloor 2001). I conducted 7 focus groups (n=46) in high schools, vocational colleges, universities and a rural household in Tianjin. Each focus group had 5-8

members. I met with school and university personnel to secure approval to conduct the study on their campus. These personnel were asked to identify students who might be interested in participating in this research. Written informed consent from parents or guardians and assent of the parents for any students under 18 years old were required for study participation.

Observation

In addition to interviews and focus groups, observation can be used to check the credibility of an interview conversation or to explore the meanings in the focus groups. Observation provides the researcher with the chance to observe the naturally unfolding settings, behaviours and meanings of the population under study (Lune and Berg 2016). Observation can be structured or non-structured (Alston and Bowles 2003, Mulhall 2003). Structured observation is characterized by the careful definition of the groups to be observed, data to be recorded, and selection of relevant episodes for observation. This approach is easy to carry out and is likely to be time-efficient as the observation is focused. However, it gives a very restricted view of what is happening in the field and researchers may miss some behaviour which is not included in the scope of the observation (Alston and Bowles 2003, Mulhall 2003). Unstructured observation, on the other hand, does not use an observation guide and enables the observer to 'soak up' the environment and to exercise flexibility in observing behaviour relevant to the study (Alston and Bowles 2003).

I used unstructured observations as I was unsure what to observe to start with. My observations were not limited to the behaviour of the study participants, but also covered those of other people in private and public places whose behaviour related to smoking. I observed young people's smoking behaviours and people's reactions to exposure to second-hand smoke environments. For example, when I was having dinner with friends or relatives in

restaurants and was exposed to second-hand smoke, I would ask people for their opinions about smoking and passive smoking in order to observe their conversation and interaction with each other. I saw 'smoke-free hospital' signs on the wall when visiting the hospital. This led me to look into whether people did nonetheless smoke in hospitals and I found that there were cigarettes stubs on the ground. The Chinese New Year was in my fieldwork period, which provided me with a good opportunity to observe the cigarette gifting culture and social function of cigarettes. I also selected a school and conducted observations of students off school activities. These relatively unstructured observations were illuminating in terms of how young people under 18 years purchased cigarettes in tobacco stores and how tobacco retailers responded to young customers.

Documents

In this study, compared to interviews, focus groups and observation (which offered more direct access to social reality), documents were used for secondary analysis. Specifically, documents tend to serve as background material (Drew 2006, Silverman 2011) and to gain a greater insights of the topic of study (Gross 2018). J. Scott (1990) classifies four types of documents in terms of accessibility: access can be closed; restricted; open archival; and openly published. Types of documents include primary and secondary, for instance, newspaper articles, advertisements, policy documents, government reports, blogs, schedules, letters, posters, pamphlets, brochures, campaign materials and photos. Openly published documents (e.g. Chinese tobacco control policy regulations, official reports from the state, WHO report on the global tobacco epidemic and anti-smoking campaign materials) were used to contextualize interviewees' statements and to evaluate the development of anti-smoking strategies in chapter 7. Conducting a preliminary search is a way to narrow down the list of potential document sources and to identify the most appropriate sources to use for data analysis (Gross

2018). The databases searched to acquire literature included governmental and non-governmental websites, such as Chinese Center for Disease Control and Prevention (<http://www.chinacdc.cn/en/>), Centers for Disease Control and Prevention (<https://www.cdc.gov/>), etc. Conducting a preliminary search of the potential sources facilitates identifying additional keywords to add to the search list and determining which document sources are the most useful documents related to the research question. Furthermore, photos of pipe smokers in history and smoking women poster were presented in chapter 4. These visual data were from literature and online. J. Scott (1990) argues that there is a gap between the photographic image and the underlying reality. In this study, visual documents were not used as primary data for analyse but rather supported the secondary analysis, such as showing the images of smokers in Imperial China visually.

Photographs

We live in a massively visual society. Researchers should become more reflexive about the visual which helps us enhance the quality of our research. Photography has been principally associated with ethnographers in the fields of social anthropology and sociology, and has been used as an additional means of documenting social and cultural settings and processes (Silverman 2016). Photographs have sometimes had a prominent role in relation to social research (Bryman 2016). Mead (1963) summarizes the central purpose of using cameras in social research: they allow detailed recordings of facts as well as providing a more comprehensive presentation of lifestyles and conditions. Haaken and O'Neill's asylum study (2014) aims to identify problems that arise in the use of visual methods in field projects focused on women's well-being. They argue that visual images are often applied to break through conditions of denial concerning the suffering of women. At the same time, combining narrative and visual methods often provides new tools for creating new insight of seeing lived experience

(O'Neill 2010). In my fieldwork, I took many photos of no-smoking signs in public places (e.g. restaurants, community bulletin boards, metros, hospitals and public education campaigns) and cigarette shops and packages. Data analysis contains several photographs that were used to illustrate the current situation of tobacco control in China. Of particular significance is that these photographs were essentially being presented as having uncontested meanings. The photographs were accompanied by quite detailed captions and notes that more or less informed readers of what they were seeing in the images.

Furthermore, photographs may have a role as data in their own right (Mead 1963). Images are employed as components of researcher's field notes, which were called reflexive approach (Pink 2001). There is recognition that images will always be viewed by different people in different ways. Cameras can also catch details and processes that are too fast or too complex for the human eye and allow non-reactive recordings of observations. I took many photos as a record of field occasions, such as café, schools, and participants' houses. These photos are records of fieldwork diary. Additionally, photographs can be employed to prompt people to talk about what is represented in them (Mead 1963). In this situation, photos are not produced for research purposes, but existing visual data is used as material for supporting qualitative research (Barthes 2000). For example, photographs may help to activate people's memories, or to stimulate or encourage them to make statements about complex processes and situations. During my fieldwork, when discussing health warning and sentences on cigarette packaging, I showed photos of plain cigarette packaging to respondents to elicit their views about them.

Data analysis

There are different approaches to qualitative data analysis, of which grounded theory is probably the most prominent (Hycner 1985). Grounded theory has been defined as "theory

that was derived from data, systematically gathered and analysed through the research process. In this method, data collection, analysis, and eventual theory stand in close relationship to one another” (Strauss and Corbin 1998: 12).

Coding is the first step and a key process in grounded theory and an approach to qualitative data analysis. It entails reviewing transcripts and/or field notes and giving labels (names) to texts that seem to be of potential theoretical relevance within the study subject. However, coding is not unproblematic. One of the most commonly mentioned criticisms of the coding approach to qualitative data analysis is the potential risk of decontextualizing texts (Bryman 2016). By quoting text out of the context within which they were generated, the context of what is said can be lost. Another criticism of coding is that the fragmentation of data loses the narrative flow of what people are saying (Coffey and Atkinson 1996).

Drawing on the grounded theory approach, Strauss and Corbin (1998) distinguish three types of coding practice, each related to a different point in the elaboration of categories. Open coding refers to “the process of breaking down, examining, comparing, conceptualizing and categorizing data” (ibid: 61). Open coding creates concepts, which are later grouped as categories. Axial coding is “a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories” (ibid: 96). Axial coding links codes to contexts, causes and consequences. Following open coding, transcripts’ categories are examined. For example, ‘for socialising’, ‘chatting when smoking’, ‘have to smoke with friends’ revealed that Chinese male smokers felt that they have to smoke with friends in order to socialize, but that in addition, they thought that ‘offering and sharing cigarettes’ was common. This prompted me to think of a new category that extended the categories developed through

open codes, which they called 'social function and symbol'. Later, this axial code was examined again to discern its utility in transcripts.

Selective coding is "the procedure of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (Strauss and Corbin 1998: 116). Charmaz (2006) claims two main forms/phases of coding, initial coding and selective or focus coding. Initial coding tends to read each and every line of the text in order to provide initial impressions of the data. This is usually the first step and the researcher tries to be open-minded and to generate as many new ideas to make sense of the data.

In my study, the data consisted of tape recordings and transcripts of the recordings, notes and as well as photographs and openly published documents. My seven months of fieldwork produced rich data with more than 800 pages of transcribed interviews, focus groups and field notes. All the data were imported into the NVivo 10 software to facilitate analysis. All interviews and focus groups were transcribed verbatim. I had ideas about the thematic analysis before using NVivo, so the manual coding files were used in conjunction with the NVivo. After transcribing the data, the next step was to code and analyse the data. I undertook a thematic analysis using a grounded theory approach.

After transcribing all the data myself, I was very familiar with it and was ready for coding. My coding process started from a basic understanding of generating codes. I undertook an intensive review of the interview transcripts and developed an initial descriptive classification, based on the research questions. I constantly went backwards and forwards between the data and my coding. Specifically, the coding phase moved from initial coding to a focused coding and then to axial coding. Once I had completed my interviews and focus groups with young people

and transcribed them, I began a qualitative thematic analysis. I read through the transcripts line by line, noting down themes as I saw them appear in the data. For example, if a young person spoke about the first cigarette offered by friends, I would note this down as 'cause-peers'. At the end of each participant's transcript, I would then note down the main themes that had come from the interview. From this initial analysis, I repeated this coding and started to combine them into wider thematic categories. Finally, I pieced together the segments of data which represented each theme into an electronic copy of my transcripts. I then developed my qualitative analysis through analysing in detail what the young participants said about this theme. I found it helpful to listen to tapes rather than read transcribed interviews sometimes because the original tape recording provides richer information and remind me what happened on that day. Bucholtz (2000) also argues that transcription is never a perfect copy of the tapes. There is always information that the transcriber does not show in the transcriptions.

Focus group analysis is different from interview analysis. Individual interview data reflect the opinions of the individual, shaped by the social influences of living in a particular culture, while focus group data, as group data, is negotiated by the group and reflects the collective notion (Lune and Berg 2016). The analysis of focus group data takes into accounts not only individual responses, but also the group interaction. In examining and analysing focus group, Lune et al. (2010) argue the need to examine three flows of ideas throughout group discussion. They are consensus, dissent, and resonance. Specifically, consensus represents general points of agreement within the study sample. Dissent refers to points of disagreement where compromise or flexibility seems impossible. Resonance refers to ideas that resonate within the study group. This can happen when one participant expresses an idea that is supported by all (or nearly all) of the members. These three flows of ideas were applied in my data analysis chapters.

Notes initially written in field notebooks should also be taken as the research data for analysis (Lune and Berg 2016). The researcher's notes include various cues offered by participants or the researcher's thinking about that interview, and assist the analysis of the data. For instance, gesture and body language are signs which researchers use to establish identity and negotiate public relations. Simple observation offers a way to answer diverse questions about the ordering of human conduct (Silverman 2016). Thoughts, ideas and reflections about the interview are helpful for the data analysis process (Pontin 2000). During my fieldwork period, I found that it is always helpful to make field notes during and immediately after each interview and focus group. I took notes for myself to remind me of some reflection on the interview or focus group in order to not avoiding lose track of my thinking. After data collection from interviews and focus groups, all hand-written notes were scanned and saved on the computer.

My position in the research process

The positioning of the researcher in relation to the respondent is a key concern in fieldwork. Since it affects the reliability and validity of the research, it is important for researchers to be aware of their own identity in the first place (May and Williams 2002). In qualitative research studies, researchers often discuss the question of 'insider' and 'outsider' and should always stay alert to how to treat the relationship between the two. Al-Makhamreh and Lewando-Hundt (2008) argue that the approach to reflexivity is relevant particularly to the researcher's insider/outsider role in the field. The construct of reflexivity is a means of enhancing credibility and a significant part of the process of knowledge production in qualitative research (Dowling 2006, Van Heugten 2004, Hammersley and Atkinson 2007). During the research process, it is inevitable that a researcher brings his/her individual experience, personal background and pre-existing understanding of a phenomenon. Hence, reflexivity stresses the need to reflect

critically on the research process. In this section, I will reflect upon my experience of collecting young people's smoking experience, drawing attention to my position as both an insider and outsider researcher and the way in which I contact interviewees and conduct interviews with them.

The characteristics and categories of insider/outsider role are varied (Bridges 2001). First, the researcher's insider/outsider role relates to whether he/she shares the same life experiences with the research participants, because life experiences may shape one's individual structure or biography (ibid). Another way to define a researcher's insider/outsider role is familiarity with and knowledge of the research topic (Griffith 1998). The most often used definition is that 'membership' determines a researcher's identities, such as social status, race and gender, culture, political identity and languages (Merton 1972, Willott 1998, Banks 1998, Sherif 2001, Brayboy and Deyhle 2000). The advantage of an 'insider researcher' status includes easy access to the potential participants, building relationship and trust between researcher and interviewees and the benefits of background knowledge for data analysis (Galea 2009, Yakushko et al. 2011, Burns et al. 2012).

Early discussion about the researcher's insider/outsider role was raised by African American, feminist and minority scholars who claim that being an insider provides them with beneficial knowledge compared with that of an outsider (Griffith 1998). The discussion and debates about the researchers' insider-outsider role in qualitative research are not new in Western academia. However, the analysis has not been prevalent in Chinese sociological research because of the fact that positivist paradigms, which emphasize minimum interactions between the researcher and researched in order to reduce the impact of researchers on the process of study and results, are predominant (Rose 2001).

The definition of 'insider/outsider' in the Chinese context is consistent with the relation-oriented nature of Chinese culture and categorizes people as automatic insiders and selected insiders (Gao 1996). Automatic insiders include one's parents, siblings, relatives, colleagues and classmates. Selected insiders are those who have special relations that developed over time at work or elsewhere, such as friends. Individuals who do not belong to these categories are outsiders. Some Chinese scholars address the insider-outsider role of a Chinese researcher doing fieldwork in China and argue that the unique influence of the relation-oriented nature of Chinese culture on researchers identify in qualitative research required reflexivity (Cui 2015, Liu 2006). There are two interaction layers: one is the researcher's interpersonal relationship with the research participants; another is the researcher's professional status in the fieldwork.

As noted, the cultural values of Chinese people have been shaped by Confucian philosophy (Jacobs et al. 1995). Confucianism considers human relationships to be the basis of society (Yum 1988). It assumes that humans exist in relationship to others (Bond and Hwang 1986). Thus, the Chinese response to other people always depends on the relationship with these people (Bond 1991). In a Confucian society, intermediaries play an important role in overcoming the difficulty in relationship development. In the Chinese research context, an intermediary helps the researcher to get access to research participants or sites (Katyal and King 2011).

Academic researchers have agreed that there are no absolute insiders or outsiders and that the researcher is always a mixture of both (Yakushko et al. 2011, Burns et al. 2012, Dwyer and Buckle 2009). I argue that my research identity was neither an insider nor an outsider; rather, I was occupying an insider-outsider position, which means that I was concurrently both an insider and an outsider. I benefited from being an insider in terms of data collection. I was born

and grew up in the city area of Tianjin, China where the study was conducted. Although I am not a smoker, as a young Chinese researcher aged 26 when I was doing in my fieldwork, I was nearly a similar age to the participants who were 16-24 years. Compared to foreign researchers, I had no difficulty with the language and communication in Chinese. Hence, it is not a challenge for me to see things from the insiders' point of view. Furthermore, I had the privilege of conducting a study in my hometown. Being familiar with the local culture helped me to get to the root of the individual smoking experiences of the participants. Chinese people tend to define an individual as an insider/outsider according to their relationship (Yang 1995, Chen 1997). It was my insider role that enabled me to make some participants feel comfortable and allowed them to provide me with such sensitive information.

Initially, I emailed or called several potential participants and sent research invitation, but I got either no responses or refusals. Later, I changed my approach by using personal networks or my relatives' networks and intermediaries to bring me into the network. I assumed that these people would be more likely to accept my invitation, as through my 'insider' identity I had either direct or indirect relationships with them. During the research process, I considered that my 'insider' identity helped me obtain more comprehensive data compared to an 'outsider' because it is difficult for Chinese people to reveal personal stories to others, especially wrongdoing or incidents of misbehaviour (Gao 1996).

According to Wei (2006), presenting oneself as an insider or as an outsider are simply different tools. Because insiders and outsiders have different experiences and different knowledge, their perceptions of the same issue or event will also be different. An outsider might sometimes be able to see through complexities in ways the 'insider' cannot. Babi (2000) argues that as an outsider, the researcher must often make a choice between either learning to become an

insider and gaining access to the cultural group, or trying to approach the insiders in the capacity of an outsider. In my fieldwork, I was aware of the danger of taking for granted social phenomena I was familiar with and tried to separate myself from these familiar settings. I am not a complete insider. My professional identity as a researcher studying for a PhD in a Western country, made me distant from some potential participants, especially in rural areas. They were unwilling to talk to me. In order to persuade them to join my research, I had to explain to them that I was working only as a research student and my aim was only to gain knowledge to complete my doctoral dissertation. Moreover, I made it clear that it was up to him or her to join my research or not and they were free to withdraw their participation in this project at any time. But this still does not work sometimes. Nevertheless, my friends who acted as intermediaries helped me gain trust from their friends and enabled me to carry out my fieldwork.

My outsider role created some difficulties in recruiting participants. For instance, I emailed some policymakers to invite them to consider joining my study as interviewees. However, I found that in some cases there were no responses to my emails or they replied my emails by saying that, "I do not have time", or "we do not agree to personal interviews". Their attitudes reflect that I was an outsider and had no pre-existing relationships with them. When I was introduced by an insider using personal relationships, they accepted my invitation quickly. The interview was carried out in a relaxed atmosphere and I did not even need to make an effort to establish rapport.

Although there has been much attention paid to interviewees' self-disclosure, relatively little attention has focused on interviewers using self-disclosure as a research strategy. In traditional research, interviews are generally expected to keep themselves as an outsider in the interview

process (Hathaway and Atkinson 2003). Within interview interactions, less attention has been paid to the interviewer's use of self-narratives or disclosure. However, it has been argued that interviewer self-disclosure may constitute a useful research strategy to "encourage respondents to be more forthcoming" (Reinharz and Chase 2002: 80). Interviewer self-disclosure can be used to build rapport with respondents, manage power relations and to encourage further self-disclosure. Jourard (1971) argues that interviewer self-disclosure may prompt reciprocal talk on the part of the respondent. The conversation in a research interview is often not a reciprocal interaction of two equal partners, and interviewer self-disclosure may manage the unequal power relation inherent within an interview interaction (Kvale 1996).

Eder and Fingerson (2003) have noted that in research with young people, interviewer self-disclosure can empower the respondent, and enable them to share similar experiences. However, the construction of similarity between interviewer and respondent within the interview situation is not the only strategy. In contrast, some researchers emphasize the construction of differences between interviewer and respondent, which may produce better interview material (Hathaway and Atkinson 2003). In my study, I shared my father's smoking experiences to establish rapport and encourage interviewees to talk. In order to close the power relations with the young people, I introduced the fact that I had graduated from the same school where some focus group students were studying.

Although interviewer self-disclosure is often suggested as a strategy for collecting better material, it is not without certain constraints. Poindexter suggested that this should not be "excessive, gratuitous, or self-serving" (2003: 401). Self-disclosure in interviews might unduly attract attention to the interviewees. Abell et al. (2006) also argue that the interviewer self-disclosure is not unproblematic for the participant. The effects of interviewer self-disclosure

may be crucially reliant upon matters of reception. In sum, it cannot be taken for granted assumption that the identity of the interviewer, who is 'doing similarity' or 'doing difference', can provoke elaborated interview talk, particularly about sensitive or delicate issues. Both interviewer and interviewee negotiate identities for themselves within an interview interaction one's similarity or difference from the other (ibid).

The issue of ethics

The fundamental principle of ethical social scientific research is the notion: 'do no harm'. This includes avoiding both physical and psychological (emotional) harm. Practically, this study would not harm the subjects and they were informed of any potential risks (and benefits) of their participation. This study was submitted to, and approved by, the University of Essex Ethics Committee. The conduct of the study complied with the rules of ethical qualitative research, such as protection of participants from potential risks (e.g. physical, psychological, social, legal or economic), protection of privacy and informed consent (Hammersley and Atkinson 2007).

Before an interview/focus group took place, participants were informed about the study details and given assurance about ethical principles, such as anonymity, data protection and confidentiality. This introduction gave the participants some ideas about what to expect from the interview and also increased the honesty between researchers and participants (Britten 2000). The information sheet (see Appendix 3) outlined the aims of the study, any risks to participants, and emphasized the anonymity and confidentiality of all data. Most of the participants read the information sheet very carefully. For all participants, I also offered an informed consent form to sign (see Appendix 4). Some participants from high school students were under 18. For the protection of these minors, informed consent for research participation was given from their parents before approaching the young participants.

Confidentiality is an active attempt to remove from the research records any elements that might indicate the subjects' identities, for instance, the name of school, university and company. Serrant-Green (2002) suggests that research has to reveal participants' concern about confidentiality when it is conducted in small, close-knit communities, particularly when researchers are insiders. Chen (2000) found that in China, some people, especially those in rural areas, feel uncomfortable about signing consent forms. In my study, the participants did not seem to be uncomfortable and did not show concerns around confidentiality. All of them signed the consent form. In order to ease their concern, before the interview, I informed the potential/participants about the anonymity and confidentiality rules, including replacing their names with pseudonyms and keeping their personal data for my eyes only. Furthermore, I reminded the potential participants that I would not inform their parents of their smoking behaviours if they kept it secret from them.

Paying participants is a practice that raises practical, methodological and ethical issues that deserve consideration by researchers. Paying participants can be used for gaining access to participants and collecting data. It is common to pay participants to be involved in research in medical and psychological studies and quantitative social research (Russell et al. 2000). In qualitative research, the possible impact of making payments to research participants should also be considered.

Some researchers suggest that making payments in research projects can help in gaining access to interviewees and in encouraging participation (Singer and Kulka 2002). For potential participants who "put a great value on their time, energy and views" providing payments shows gratitude for the time the interviewee has given to their study (Thompson 1996, Rowlinson and McKay 1998). Another reason for making payments is to equalize the power relations that exist

between interviewer and interviewee so that the former is not the only one in the relationship to be compensated directly (Goodman et al. 2004). Moreover, Head (2009) argues that it is preferable to give payment or other non-monetary forms of compensation at the beginning of the research encounter. This gives a clear message that participants are being rewarded for participating, not for what they say.

Although there are many advantages of paying participants, monetary incentives should not be viewed as unproblematic (Head 2009). One of the concerns of paying interviewees is participants “tell us what he or she feels we want to know” rather than giving an “authentic” account of their experiences, views and attitudes (McKeganey 2001: 45). Potential research participants on low incomes might feel coerced to participate if financial compensation is too high to refuse.

In the original research design for my research, no payments to participants were anticipated. As I used networks to recruit participants, I did not think that making payments would both facilitate access and encourage participation. However, I usually brought a pack of cigarettes with me when interviewing smokers. In order to build a relationship and open the conversation, I offered cigarettes to them. Most of the smokers accepted my offer and seemed more likely to share their thoughts with me. The disadvantage is that I had to be exposed to a second-hand smoke environment. I was also aware that this offer behaviour also encouraged an unhealthy habit, though my aim was to send a signal that as a researcher, I did not judge interviewees’ smoking behaviour and I just wanted to know their smoking experience and thoughts on tobacco control. For focus groups, I provided some freebies (e.g. chocolate, biscuits) to participants before the group discussion as a way to generate a more informal discussion

environment. I stressed that these were for their attendance only; they were free to share any opinions.

The issue of social desirability bias

Researchers have argued that for the study of high-risk behaviours, for instance, alcohol use, drug use, and smoking, it is necessary to take the issue of social desirability bias into account in social science research (Bradburn et al. 2004, Stasiewicz 2008, Amos et al. 2008, Robinson and Kirkcaldy 2007). The bias takes the form of over-reporting 'good behaviour' or under-reporting 'bad' or undesirable behaviour. This means that participants' disclose not what they do or think in reality but what they think is socially acceptable (Whitehead 2004). Voluntary participation may not always be completely voluntary, and the content of responses is not necessarily accurate and this therefore raises questions about the validity of certain data (Lune and Berg 2016). As my research topic is about self-reported health risk behaviours, I always reminded myself to doubt the authenticity of self-reported information and to look for what might underlie what they said.

Smoking among young people, especially under the age of 18, is not considered a desirable behaviour which can be readily disclosed proudly to acquaintances, let alone to strangers. There is, therefore, a possibility that the interviewees talked about what they thought 'should be' the case instead of the facts (Tan and Hall 2005, Brace 2008). I needed to keep reminding myself to think whether participants may provide socially acceptable answers or opinions or offer answers to please the researcher. Although data from multi-sources (e.g. research literature) could help to build up the facts, I was sensitive to the tendency of participants omitting 'wrong behaviour' while emphasizing the 'right behaviours'. During the course of the interview, I rephrased questions at different times to detect inconsistencies and to ensure

truthfulness. Furthermore, for face-to-face interviews, I gave the participants' the right to choose the scene where the interview took place. The participants were probably less likely to exaggerate or minimize their experiences when familiar with the scene. For focus groups, because of the limited choice of settings, I provided chocolates and biscuits to create informal discussion atmosphere. Most of the interviews and focus groups did in fact proceed like a conversation in an easy atmosphere.

Moreover, I reiterated to the participants the purpose of the interview was to obtain their views rather than any 'correct' answers. I shared the stories of my classmates smoking in the school's toilets in order to distance myself from the image of an anti-smoking activist. This self-disclosure seemed to be effective in obtaining a more realistic understanding of stories about smoking motivation, as a participant who initially was shy talked freely about smoking behaviour in the school. After my revelation of friends who smoked in the school's toilet, one male smoker said: "So, you see. It is normal to go to the toilet to smoke, so teachers cannot see us!" In this way, I made efforts to minimise social biases and the general openness and genuineness of the participants in discussing their smoking. I have reasonable confidence that the materials gathered in this study build a picture of participants' experiences with smoking.

Conclusions

In contrast to the substantial body of quantitative research examining the factors that influence smoking behaviour among young people, my qualitative study focuses on young adults' perceptions of smoking and tobacco control. I chose qualitative data collection as my research methodology because qualitative methods are useful for getting detailed insights from individual participants and to understand the social phenomenon of smoking. The multiple sources of data, including interviews, focus groups, observations, documents and photographs,

were used to increase the credibility of the research findings. Interviews were used to acquire more knowledge about the study topic by listening attentively to what respondents had to say. Focus groups were used for generating information on collective views on tobacco control policy implementation, and the meanings of smoking that lie behind those views. The focus groups discussions were also useful for generating policy recommendations on intervention smoking initiation among young people.

This chapter discussed critical reflections on the fieldwork I conducted for explorative research investigating the Chinese young adults' smoking experiences and attitudes towards tobacco control policies. For a researcher who carries out qualitative research in Chinese society, there is a need to pay attention to the research's insider/outsider status position that influencing the access to research participants and shapes the limitation and dynamic of data collection and implication for research design. The relation-oriented nature of Chinese culture was discussed and how the cultural and social norms construct certain roles which are played by researchers within Confucian society was examined. My research identity (insider and outsider) is defined on the basis of such cultural values. I also discussed the interaction role of my pre-existing relationship with the research participants and my professional status in the fieldwork and how it impacted on my insider/outsider researcher identity. I have systematically reflected on my research identity throughout the fieldwork and analysed the ways in which it may have influenced the research process and the credibility of the results in a Chinese cultural context.

In this chapter I also reflected on the issues of ethics and social desirability bias. Smoking, as a high-risk behaviour, is a sensitive topic for young people (especially those who smoke under 18 years) to discuss. The characteristics of the research topic provided research challenges to both

researchers and participants, and I reflected on the protection of confidential information, material awards and the authenticity of the self-disclosed information.

The data collected was not without limitations. One of them is gender imbalance. Among 45 interview participants, 30 were male and 15 were female. Among the 28 smokers, 24 were male and only 4 were female. During my first stage of data collection, I did not manage to find any female smokers. One reason for this was the limited time available. The other reason was the difficulty in finding women smokers based on the low level of female smokers in China. Moreover, the cultural and societal values against women smoking make female smokers less visible or else they do not want to be interviewed. Although I managed to identify some female smokers in the second round of fieldwork, the gender difference still remains. However, more females than males participated in focus groups. Furthermore, as this small study, which was conducted in both rural and urban areas of one place, Tianjin, the findings probably cannot be generalized. In response to the convenience sampling and geographical limitations, the results are carefully interpreted in chapter 5, chapter 6 and chapter 7.

Chapter 4: Smoking in China: historical context

Cigarette smoking in China today is highly a gendered practice, as noted in the introduction, with the majority of cigarette smokers being men. Many studies have investigated the factors influencing smoking choice (Brook et al. 2006, Kalesan et al. 2006), however, there is a need to understand the gender patterns of smoking in China from a historical perspective. Exploring the historical and social background to tobacco consumption is essential to understanding how and why smoking has become so common for Chinese men but rare in Chinese women. It is also important to examine how family structure and gender roles have worked to conceptualize this gender difference in smoking.

In addition, it is necessary to have a historical background analysis on the tobacco production and taxation system in China. China is the world's largest cigarette consumer and producer. As the tobacco industry is owned by the government, it makes a significant contribution to government revenue every year.

The development of tobacco control is accompanied by the enhancement of the health awareness of smoking. Since the WHO FCTC came into force in China in 2006, many tobacco control strategies have been implemented. In order to evaluate the effectiveness of the implementations, an overview of the development of tobacco control policy in China is necessary.

In this chapter, I first discuss family structure and gender roles in China. Following that, I describe the social change of smoking in China in a historical context. I pay particular attention to the impact of social-political development from Imperial China until today on the types of tobacco use. After that, I explore tobacco production history in China. Finally, using the FCTC

measurements, I review the tobacco control policy development in China. How the taxation on tobacco plays a role in consumption is emphasized.

Family structure and gender roles in China

Consideration of the family structure and gender roles in China can assist us in understanding the gender difference in smoking rates. In this section, the family structure and its place in gender roles and equality is explored in four periods: the imperial era, the Republic of China era (between the late 19th century and early 20th century), the Mao era (1949-1976) in the People's Republic of China, and the post-Mao era.

In many ways, the traditional family in China was dominated by the Confucian ideology. Hugh D. R. Baker in his book *Chinese Family and Kinship* (1979) points out that according to the principles of generation, age and gender, the Chinese Confucian family was structured by patriarchy, hierarchy and reciprocal relationships. A large, extended family household with several generations living under one roof is a typical Confucian family structure. The man in the oldest generation was the head of the family household and held the authority within the family. Young generations were taught to respect and obey their elders. Filial piety was demonstrated by continuing the family line, which designated descent through the male line (Hsu 1971). Sons were much preferred to daughters. Hence, it was an overriding necessity for a man to marry and have a son.

Within a group of people of the same generation there was a hierarchy of age. The children were identified by their birth order and were referred by their parents as 'eldest son', 'second son', and so on. Daughters were similarly numbered. Children were socialized and educated within the family household, where they learned Confucian social theory. Most sons were

prepared to take over the roles of related adults in the rural economy, and daughters were socialized by accepting their fate of leaving home and marrying into a family of strangers.

These Confucian patriarchal values also influenced the patrilineal inheritance. In Imperial Chinese society, the structure of rural society was agrarian patriarchy. The majority of the population of China lived in the countryside and made their living from agriculture. The majority of family households also owned the land they worked. The custom was for all sons to inherit the family's property in roughly equal shares; daughters did not inherit but received dowries (Watson and Ebrey 1991).

Marriage was considered to be a family rather than an individual matter. The main purpose of marriage was to continue the family patriline. The bride often moved on marriage away from the village where she was raised to the village of her husband's family and lived with them. The pattern is referred to as 'patrilocal'. The bride's status in the new household was very low until she had fulfilled her primary function of producing a male successor.

In the hierarchy of gender in the traditional Confucian society, women were subordinate to men, and this normatively expressed in the doctrine of 'three obediences' - obeying fathers when they were daughters, husbands when they were wives and adult sons when they were widows. There was also a clear division of labour based on gender. Axioms such as 'men plough, women weave' and 'men rule outside, women rule inside' were principles to guide the allocation of time to household work. Women were 'inside people', responsible for the housekeeping and child rearing, while men were 'outside people', responsible for the external relations of the household as well as for outside work in the fields. Most women had no access to schooling and lacked economic roles outside the home. Women had a markedly inferior status to that of men. In sum, during the imperial period, the traditional Chinese family and gender ideology

framework disseminated the idea of maintaining the social harmony of a hierarchical and gender inequality by emphasizing patriarchal rule, patrilineal descent and patrilocal marriage.

Since the beginning of the 20th century, with the collapse of the Qing dynasty (1644-1912) and the establishment of the Republic of China early in 1912, Chinese society has undergone tremendous transformations. During the revolution, economic development led people to reconstruct their family life. Modern schools were started by missionaries in the revolutionary era and other agencies and propagated alternative views of family life, of the relationship of individuals to the family and of the position of women in society. One of the most notable changes in women is the enhancement of social status and visibility in public life (Benedict 2011). As mentioned earlier, 'new women' became a new social identity for women, who were given equal rights as men, such as in education and employment. The May Fourth movement⁹ in 1919 also encouraged more modern ideas about family reform, women's rights, political freedom, individualism, and self-reliance.

The Guomindang government introduced reforms in family law by publishing the Civil Code of 1931. The law established the principle of free-choice marriage and granted women rights in matters of divorce and inheritance (Meijer 1971). Educated young people sought freedom from their family and wanted to make their own decisions on marriage and education, although the dominance of the older generation over the younger was seen as obstacles to social change.

In 1949, the Communist Party took control of the country and established the People's Republic of China. Before the Maoist period (1949-76), women had been treated as subservient in China. One of the aims of the communist revolution was to liberate women from past oppression. The state shifted the basis of family relationships away from the hierarchies of generation, age and

⁹ The May Fourth Movement was an anti-imperialist, cultural and political movement, which happened among student protests in Beijing on 4 May 1919.

gender to a more egalitarian model (Hsu 1969). Mao Zedong insisted on treating women as equals. One of his famous proclamations was: “Women hold up half the sky”. Accordingly, women were expected to participate in the labour market, like their male counterparts. Women and men constituted the genderless social labour force and worked in support of the construction of the state and the socialist revolution. However, women workers often worked in light industries such as textiles while men were concentrated in heavy industries such as machinery (Liu 2007). The gender characteristics of men and women were desexualized as far as possible. Picture 4-1 is a Chinese poster from the early industrialization period (1950-1955), which shows that women as labour resource were encouraged to work outside of the home in industrial work.

Picture 4-1: Chinese poster translation: We are proud to participate in the industrialization of the nation, 1954



The Marriage Law of 1950 was regarded as a 'family revolution' aiming to replace the 'feudal' patriarchal marriage system with a 'new democratic' marriage system (Meijer 1971).

Specifically, husbands and wives would have equal status, equal rights in the family property, and the right to inherit each other's property, and divorce must be by mutual consent. During the Mao period, social change in the family system was slower in rural areas. It was still men who dominated village life. Women were excluded from control over economic and political affairs in rural China (Stacey 1983). In contrast, family reforms were accepted more readily in urban areas (Whyte and Parish 1985). From the late 1950s, it became normal for married women to work full-time in the state or collective work-units¹⁰ (*danwei*). Most urban inhabitants became income earners in the state or collective work-units, including women. Women's paid employment was generally considered the key driver of their liberation. Entering into social labour by earning income gave women more independent status and influence within the family. Correspondingly, husbands took more responsibility for the domestic tasks of housework and childcare, though women still did the most of domestic labour (Stockman et al. 1995).

In cities, kinship shifted from patrilineal to bilineal as a parental preference for sons declined and daughters became as important as sons (Davis-Friedmann 1983). Young women were not separated from their parental homes by patrilocal marriage. Housing was provided either by the work-units (*danwei*) or by local government housing departments. Young married couples were able to live in accommodation allocated through their work-units rather than with the parents. Such factors weakened the power that parents had over their children. Among the two generations, urban kinship changed from hierarchy to cooperation and mutual support.

¹⁰ The work-unit, or *danwei*, is the workplace where the majority of urban residents were employed, whether a factory, store, school, or government office (Liu 2007: 41).

Younger adults still had an obligation to care for and support elderly parents; however, the older generation often looked after grandchildren while their parents were at work.

Since Chinese economic reform was implemented in 1979, economic activities have changed in both rural and urban areas. With economic development and urbanization, traditional agriculture work has become less profitable and is seen as backward in rural areas. Relatively few households are completely reliant on crop agriculture. Some peasants sub-let their family's land to others and withdraw from agricultural work. More and more men in rural areas go to work in high status, modern industrial workplaces. Alternatively, women prefer to locate their activities within the household economy. The 'feminization of agriculture' is widespread: agriculture work in the fields is taken over by women, as well as by children and the elderly, while men work in local industry or cities (Judd 1994). The 'feminization of agriculture' helps women to escape from the male-dominated patriarchal structure and gives them more autonomy and control over their lives, although women's work in the fields is still regarded as lower status and as 'inside' activity (ibid).

In rural areas, women can also be employed in the township and village enterprises doing low-level, routine manual occupations with relatively low wages (Judd 1994). In these families, women are assumed to make a contribution to the family finances and to also do domestic duties of housework (e.g. childcare; elderly care). The traditional pattern of men working the land ('outside'), while women taking care of domestic duties ('inside') still exists and these rural women are faced with a form of double burden (Riley 1997).

Authority in rural households depends on which family member has managerial control of the business (Jacka 1997, Entwisle et al. 1995). If both men and women take part in the business, it tends to be the man who makes major decisions and represents the business externally. If a

woman takes responsibility for economic activities, especially if the husband is working away from home, relationships within the family are more likely to be egalitarian. Sometimes the wife needs to take authority over her husband's male relatives in his absence.

In the cities, most urban people have wider chances to choose where they work. They do not work only in state-owned and collective work-units, but also in joint ventures and foreign companies. Some people even start their own business. Small private enterprises (*getihu*) can be established and run by unmarried women, or by married women without the participation of their husband. This type of female participation in the business market existed neither in the pre-industrial urban economy nor the more recent era of large state organisations (Riley 1997). Women who make a substantial contribution to the family finances also have greater control over their fertility, and more autonomous status in the family. They can argue that engaging in a commercial enterprise is more profitable than in raising children (Gates 1993). Their marital relationships are relatively egalitarian and the couple tends to share decision-making. Husbands tend to make a contribution to domestic housework, although the main responsibility for this still falls on women.

Since the 1980s, China's economic reform has forced enterprises to be competitive in both domestic and international markets. Discrimination against women in job placement has in fact increased as enterprises themselves decide whom to hire (Dalsimer and Nisonoff 1984). When an enterprise is given more autonomy in management, they are able to act on a general prejudice against employing and promoting women. Many of these employers are reluctant to hire women because they do not want to provide services, such as childcare and maternity leave.

When contrasting the employment experience of younger and older women in urban China, a key difference is the women's position in the intergenerational family (Liu 2016). Regarding relationships between the generations, the emphasis has been on mutual aid and reciprocal support. Ikels (1993) calls this mutual dependence relationship as an 'intergenerational contract'. In this relationship, the older generation takes over much of the childcare and domestic work when young couples work in the daytime and the younger couple will later care for their parents as they become more dependent. The younger generation has far greater autonomy than ever before; the younger generation couple has greater control over its finances and has alternative economic opportunities outside the family. They separate early into nuclear family households and establish their own family (Selden 1993).

Among the women from the Cultural Revolution generation, many had three or four siblings, which meant their parents had prioritized support to son's families and/or divided support between children. In contrast, the patrilineal base of family patriarchy has been undermined because of the strict implementation of the one-child policy. Young women in urban China grew up in a self-centred environment with all-round care. Such support continued when women entered the workplace and got married. Unlike their mothers' generation, the new generation need not juggle work and family responsibility (Liu 2007). The younger generation leaves a considerable amount of domestic work and childcare to their mothers and/or mothers-in-law. Instead, the young women can focus on employment. With the influence of globalization and consumerism, a focus on individuals has emerged with the development of consumerism facilitating the emergence of women's individual identities.

Social change in smoking in China

The World Health Organization defines tobacco products as “products made entirely or partly of leaf tobacco as a raw material, which are intended to be smoked, sucked, chewed or snuffed” (World Health Organization 2016a). All these products contain nicotine, which is a highly addictive substance (Rabe et al. 2012). Tobacco was introduced into China during the 16th and 17th centuries from the West, via the Philippines and Vietnam, to the south of China, and via Korea to the northeast (Benedict 2011). Social changes and the development of Chinese society have been accompanied by changes in the way tobacco is consumed.

Pipe

The pipe was the initial form of tobacco use in China. In the 16th century, massive imports of Japanese and New World silver created new social conditions that allowed people from different social backgrounds to interact. Because of growing commercialization and international economic competition in the late Ming dynasty (1368-1644), from 1644, when the Qing dynasty (1644-1912) was established, tobacco was gradually introduced into the cultural world of the Han elite. In the 17th century, pipes were smoked in the Chinese borderlands among the lower classes (Benedict 2011). In the late Ming and early Qing society, commercialization of the Chinese economy stimulated China’s increased participation in international trade. It was the considerable social mobility characteristics that facilitated the spread of tobacco use and brought tobacco into the view of China’s elites. Many early tobacco smokers with relatively high social status probably first learned how to use a pipe from merchant patrons or courtesans. Specifically, on the northern frontier, soldiers, privateers and freebooters were among the first to try tobacco; along the southern coast, sailors and private merchants were early smokers. By 1700, people from the upper class, both men and women,

knew how to smoke a pipe. By the mid-18th century, pipe smoking had crossed status, class and gender lines and had become nearly universal as an everyday practice among men and women, young and old, high and low, country folk and city dwellers (Benedict 2011). Brook cites an 18th century author, Lu Yao, in a smoking manual (*Yanpu*) that “in recent times there has not been a gentleman who does not smoke and even women and children all have a pipe in their hand” (2004: 88-89). Bao Shichen later wrote:

It is found from the mountains to the sea. Men, women, old and young: there is no one who does not smoke tobacco....Among workers, there is not one who doesn't smoke. Those who till the fields frequently sit on the paths dividing the plots, light their pipes and chat (1872: 1764).

Since pipe tobacco was something that elite smokers shared with their social inferiors, it could be difficult for the elite consumer of tobacco to maintain a clearly superior pose in a society where smoking was so common. However, smoking practices and etiquette of how and when to smoke differed across social class. People consumed the substance in socially stratified ways in accordance with the prices and rules of etiquette. As many Qing bannermen¹¹ and officials were habituated to tobacco, they played a critical role in the gentrification of tobacco and made the smoking of pipes respectable for those who held office. Specifically, refined smokers selected premium brands, used distinctive pipes and regulated certain rules of etiquette in order to set the refined smoker apart from the rustic peasant or humble labourer.

From 1700 onwards, although many people smoked pipes, it does not mean that men and women smoked in the same way. Chinese men could smoke in public, but well-mannered women smoked privately out of view. As discussed earlier, Confucian social norms emphasize

¹¹ The banner system was the basic organizational framework of all of Manchu society in the Qing dynasty. The Eight Banners were administrative and military divisions. Banner soldiers have salary and ranks. In war, the Eight Banners played an instrumental role in the Qing dynasty's conquest of the Ming dynasty. The Eight Banners took up permanent position and became a hereditary military cast.

the patriarchal family system and high levels of control over women, which dictate that ‘good’ girls remain out of sight, bind their feet and do not smoke in public. Hence, the prevailing smoking custom for women has been for them to take it up after marriage and practise it as a private leisure activity within the confines of her own home. Picture 4-2 shows a Manchu woman in Qing dynasty with her maid, who is holding her pipe.

Picture 4-2: Manchu woman in Qing dynasty and her maid with a pipe



Until at least the late 19th century, many Chinese women of all social ranks consumed pipe tobacco just as their menfolk did (Benedict 2011). An English observer writing in 1878 said:

It is the fashion for girls at even eight or nine years of age to have as an appendage to their dress a silken purse or pocket to hold the pipe and tobacco to which they aspire, even if they do not already use them (Brook, 2004: 88-89).

Brook (2004) states that in “the pharmacological thinking of that early period” women, being of the ‘yin’ gender, had to protect themselves against the excessive ‘yang’ of tobacco and were therefore advised to avoid hot smoke (2004: 89). Smoking a pipe with a long stem or a water

pipe, as shown in Picture 4-3, 4-4, was deemed to be more appropriate for the delicate nature of women, as it produced the coolest smoke. Throughout the last century of the Qing dynasty, water pipes had a classic symbol of the leisured life for the landed gentry and were used widely among gentlewomen, who were more likely to be at home (Benedict 2011).

Picture 4-3: A couple smoking, the husband opium, the wife a water pipe



Picture 4-4: A Manchu lady with a water pipe at the end of the 19th century



Tobacco became part of social rituals from at least the early 17th century onwards: the offering of tobacco to guests to show respect was already a common daily practice among people in Northern region by 1624 (Benedict 2011). Tea and tobacco were offered by Chinese hosts to visitors as a ritual. When guests and hosts met, they always smoked together: “[it is] a compliment to offer each other a whiff of their pipes” (Macartney and Cranmer-Byng 1962). Tobacco was regarded as a substance that could express hospitality, concentrate the thoughts, enhance sexual pleasure and maintain health. Yet, in the early Qing period, pipe smoking, as opposed to snuff and water-pipe tobacco, was already regarded by many urban people as a vulgar and nasty habit. From around 1750 onwards, the elite increasingly switched to snuff and water-pipe tobacco, whereas those among the lower class continued to smoke pipes.

Snuff

Snuff, as a smokeless tobacco product, is used without combustion or pyrolysis at the time of use (World Health Organization 2003b). There are a number of types of smokeless tobacco products across the globe, such as chewing tobacco, snuff and dissolvable. In Chinese smoking history, snuff, or “nose tobacco” (*biyan*), began to be used only after the establishment of the Qing dynasty in 1644. The powdered tobacco mixed with other medicines was dispensed in a bottle. People considered snuff-taking as an effective remedy for headaches, colds, stomach disorders and many other illnesses. At that time, the smoking of tobacco was banned because of the addiction problem, however, the use of snuff was allowed because of its medicinal qualities. This form of tobacco use became extremely fashionable among the powerful conquest elite in Beijing and literati in the south region in the 18th century. The use of snuff became a social ritual of the upper classes. The habit of snuff-taking continued to be a popular and luxury practice in the 19th century and snuff was still consumed by merchants and lower gentry rather than peasants and labourers. Collecting snuff bottles had also become a national

habit among all social classes by the end of the 18th century. It was a common courtesy to offer friends snuff when meeting up in the street or at home and displaying the fine bottle that it came in. The snuff bottle could be made of glass, porcelain, jade, wood and ivory. Collectors are passionate about snuff bottles and are attracted by the aesthetic and exquisite craftsmanship.

By the early 20th century, the use of snuff was no longer a practice of social elites but came to be associated with certain ethnic groups, particularly the Manchus and Mongols (Lee 1934).

The popularity of snuff faded away with end of the fate of the Qing dynasty. After the revolution and the establishment of the Republic of China in 1912, the fashion of snuffing died away entirely. Today, people who take snuff are those who want to solve the cravings of nicotine, to refresh themselves and eliminate fatigue. I visited a famous snuff shop in Tianjin 2016 when I was doing my fieldwork. Picture 4-5 shows some Chinese snuff bottles in that shop.

Picture 4-5 Chinese snuff bottles in a Tianjin shop, 2016

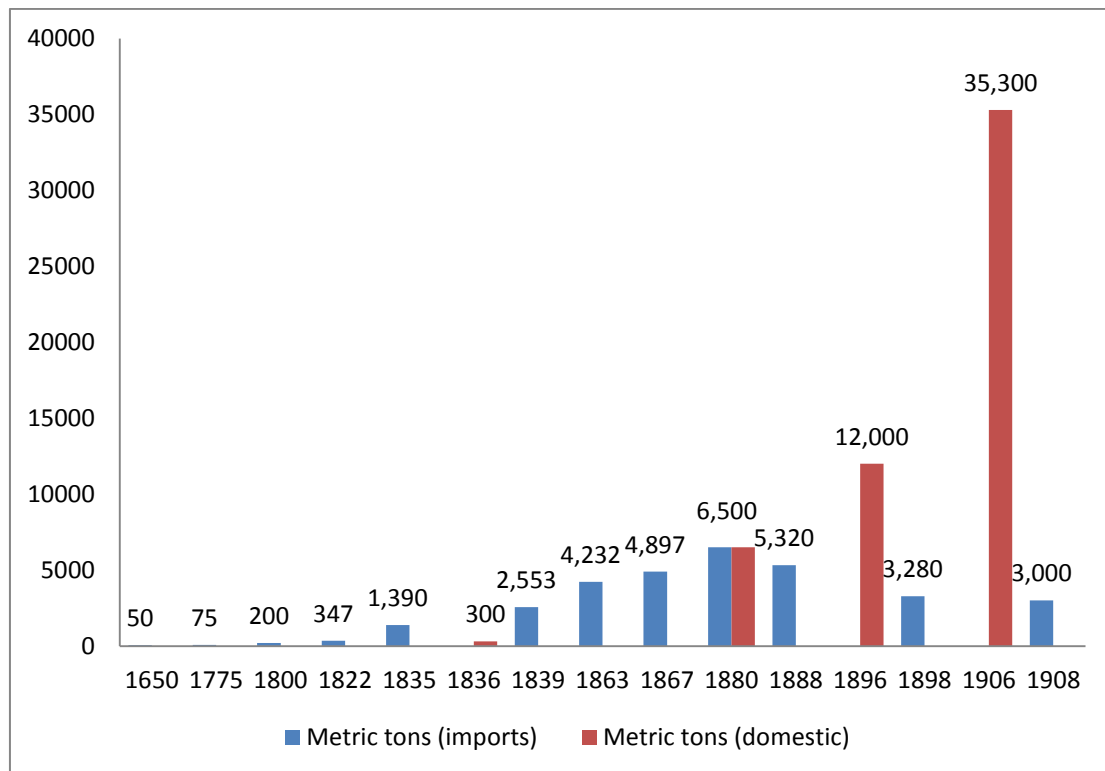


Opium

Opium, although not itself a tobacco product, was linked with the spread of cigarettes in 20th century. As another particularly addictive form of smoking, opium first arrived in China in the 7th century with Arab traders. The initial use of opium was for medicinal purposes, such as control of diarrhoea, rather than the later recreational use as the narcotic. In the 17th century, the practice of mixing opium with tobacco for smoking spread from Southeast Asia (Ebrey 2010). In the 18th century, a new method of opium consumption was found – smoking pure opium sap in a pipe. Soon people were smoking opium simply for its narcotic effects: it relieved both physical and emotional pain and made tedious. But compared with eating opium, smoking has greater addictive potential; withdrawal symptoms include severe cramps, muscle twitching, chills, and nausea.

As shown in Figure 4-1, there was a dramatic increase in the quantities of opium imports into China between 1650 and 1880, going from just 50 metric tons in 1650 to 6,500 metric tons by 1880. After this peak, opium imports halved between 1880 and 1908. In comparison, because of the legalization of opium cultivation at the domestic level, opium domestic production in China had slightly exceeded imports number by 1880 and explored by peaking at more than 35,000 metric tons in 1906. This also led to a gradual increase in production and duties on opium imports and transit taxes on foreign opium in China (United Nations Office on Drugs and Crime 2008).

Figure 4-1: Imports and domestic production of opium in China, 1650-1908



Source: United Nations on Drugs and Crime, 2008

During the late Qing dynasty (around 1840 onwards), there was a clear social hierarchy of opium users: Manchurian nobility, high state officials and the wealthiest merchants formed the upper-class consumers; the new urban elites such as lawyers, bankers, and middle and lower rank officials comprised the middle class of smokers; low-class opium consumers included prostitutes, beggars, performers and the criminal underworld. In rural areas, peasants who produced opium constituted another category of opium smokers. Furthermore, as with tobacco, the social class of opium consumers was reflected in the types of opium consumption. Upper and upper-middle-class consumers smoked foreign imports—which were the most expensive and thought to be of the best quality—as well as the highest quality of domestically produced Yunnan opium (Zhou 2004). The lower middle class consumed less

expensive opium from Sichuan province. The lowest class often smoked the dregs left behind after boiling opium.

The significance of opium for smokers was not only pleasure but a form of leisure activity. The concept of leisure was a development of industrial society (Zhou 2004). During the second half of the 19th century, rapid economic development in some cities of coastal China brought with it profound social changes. One of the characteristics of modern industrializing societies is the separation of leisure and work (Benedict 2011). The emerging new class, such as professionals, would conduct leisure activities outside their workplace. Guildhalls emerged in the middle of the 19th century to provide recreational spaces for people. Other recreational grounds included temples, public parks, theatres, teahouses and opium dens (Wang 1998). Designated separate opium dens were created for smokers to smoke opium. Most hotels, restaurants and brothels also provided opium dens.

By the 19th century, China had become the world's biggest consumer market of opium, and opium smoking had become a popular form of recreation and leisure. During that time, many wealthy families often encouraged their sons to learn to smoke opium, as not smoke was considered to show a lack of social grace (Zhou 2004). Opium smoking had become a ritual of business trade and an essential treat. It was considered impolite for the opium lamp not to be lit when guests arrived. According to the official figures, by 1906, 23% of the male adult population and 3.5% of the female adult population in China consumed opium (International Opium Commission and Brent 1909). The Confucian patriarchy influenced the gendered difference in opium consumption.

Another reason for the widespread smoking of opium relates to politics in late imperial society. In order to maintain social order, the Qing government implemented Confucian

ideologies; people were encouraged not to get involved in politics but to stay at home peacefully so that they would not go against the government. Opium smoking, as a peaceful activity, kept people at home or in opium dens. Picture 4-6 shows two opium smokers talking and smoking, then falling asleep in an opium den. Unlike gentlemen, who pursued sports and arts, the majority of the population, who had neither education nor leisure activity, used gambling, drinking and smoking opium as entertainments.

The popularity of opium smoking among the lower classes was not unique to China. In Victorian England era (1837-1901), working-class individuals also used opium to escape from their miserable lives. England had its own problem with opium. The English imported thousands of pounds for domestic use each year in the 19th century. The sale of opium was completely unrestricted until the late 1860s. It was used for medical functions such as a pain relief (Lomax 1973). Opium use was not seen as a source of societal concern until the usage began to be understood and associated with negative aspects of the lower working class (Berridge 1978). The Victorian consciousness often regarded opium smoking as indolent, dishonest and even criminal (Berridge 1978). As Jones and Chilton noted:

Men reverted to it to calm their fears of insecurity and poverty, to kill memories of long hours at the loom, the coal-face or the plough. Women took it to numb the grinding poverty in which they lived and worked, struggling to raise a family and feed a husband (Jones and Chilton 1988: 138).

Picture 4-6: Two opium smokers in an opium den, Shanghai, China in the early twentieth century



With the high popularity of opium importation and consumption, more and more people became addicted to this narcotic drug, which harmed thousands of Chinese civilians. The Chinese authorities were well aware of the evils caused by opium smoking. To fight the spread of addiction, Emperor Yongzheng issued a ban on the import and sale of opium in 1729, when Madak (a substance made from blended opium and tobacco) was made illegal. Smoking dens were then closed. Despite the edict prohibiting opium use and trade, the implementation was patchy due to the spread of illegal trades and the corruption of Chinese officials.

Before the 19th century, most of the opium consumed in China was imported from India, which was the world's largest producer. During that era, the British conquered large parts of India and invested massively in the manufacture and distribution of opium. The East India Company controlled the sale of opium in India. Because of the high demand for Chinese goods, such as silk, tea and porcelain, there was a trade imbalance between Qing Imperial China and the United Kingdom in the first half of the 19th century. In order to solve the

problem of their balance of payment with China, the East India Company began to license private traders to ship opium to China and to auction opium to independent foreign traders in exchange for silver (Ebrey 2010). Opium was transported to Chinese coasts then sold to local middlemen, who made massive profits by selling the drug inside the country. The massive importation of opium into China reversed the Chinese trade surplus, and increased the number of opium addicts. During the late Imperial China, opium was regarded as a source of internal corruption and a cause of military weakness and distraction - it encouraged too much leisure and not enough work (Zhou 2004). In 1839, the Daoguang Emperor appointed Viceroy Lin Zexu to implement a complete ban on the opium trade. Lin Zexu closed foreign trade port cities and confiscated thousands of tons of opium without offering compensation. This event was a trigger to the First Opium War (1839-1842) between the Qing Imperial China and the United Kingdom.

Cigarettes

Some scholars suggest that the ban on the opium trade in the early 20th century prompted the initial success of cigarettes in China (Dikötter et al. 2004). Within the context of the social and cultural changes in late Imperial China, opium smoking was treated as a threat that encouraged the nation's degeneration, weakness and family misfortune. Because of the spread of the anti-opium movement, cigarettes were increasingly smoked among Chinese people as an alternative. People who were undergoing chemical withdrawal might also use cigarettes as a legal replacement for opium.

Although tobacco was consumed in China as early as the 1500s, cigarettes, as the present-day form of tobacco use, were not used until the 1890s, after the invention of the cigarette machine in 1881 (Benedict 2011). It was James B. Duke (1865-1925) who invented the

cigarette-making machine in the US, and as a result the production of cigarettes increased dramatically. During that period of time, foreign exporters saw China, which had the largest population in the world (430,000,000), as a mass market. As a result, Western-style goods flooded into the Chinese market, including cigarettes.

At the end of the 19th century, machine-made cigarettes first began to be used in Chinese treaty ports. During that period, among Chinese men, cigarettes were bought primarily by the upper elite or by the urban professionals in men. Cigarettes are relatively light, handy to use, easy to store and capable of delivering nicotine straight to the lungs as the smoke can be inhaled deeply in a short time. Besides the standardised appearance, the nature of handy portability makes cigarettes popular among urban classes, who worked in factories or offices. Smokers could hold a cigarette in their mouth while doing other things with their hands. At this time, the rural poor continued smoking inexpensive pipes or hand-rolled cigarettes.

In the first half of the 20th century, China entered into period of modernization. In cities such as Shanghai, 'modern' was defined as Western, which could also be perceived as 'exotic'. For instance, urban dwellers liked tinned food, powdered milk, and even Western-style patent medicines. Inspired by advertisements and media representations of 'modern' and 'western' cigarettes, many Chinese male smokers, especially urban people, were inspired to smoke this new form of tobacco. In contrast to 'native' tobacco, such as pipe and snuff, cigarettes, as a foreign product, were regarded as a marker of modernity (Dikötter et al. 2004). Smoking foreign cigarettes was a prestigious activity, while opium and pipe smoking came to be seen as a symbol of China's 'backwardness' (Zhou 2004). Many Chinese smokers believed that lighting up shredded tobacco wrapped in fine imported paper was a symbol of modernity. As a result,

the consumption of cigarettes, particularly among men, increased rapidly in the first half of the 20th century. As the New York Times editorialized in 1925, the cigarette was:

Short, snappy, easily attempted, easily completed or just as easily discarded before completion, the cigarette is the symbol of a machine age in which the ultimate cogs and wheels and levers are human nerves (1925: 24).

Due to the supply from transnational tobacco companies and the establishment of the Chinese-owned tobacco industry, the Chinese cigarette market expanded spectacularly between 1900 and 1937. By the 1930s, mass production made cigarettes cheap and affordable. Machine-made cigarettes were widely available throughout rural China. Cigarettes could be consumed not only by modern urbanites, but also by traditional peasants. In fact, the ready-made cigarette not only took over opium but also other types of tobacco smoking, including the water pipe and hand-rolled local produced cigarettes.

After the establishment of the People's Republic of China in 1949, China has moved towards the present-day cigarette culture and machine-made cigarettes have become the most popular tobacco practice and dominate the domestic market. The mass production of machine-made cigarettes contributes to the high consumption of cigarettes, which will be discussed in the later section on tobacco production. Hand-rolled cigarettes, long-stemmed pipes and water pipes are still used, but largely in certain areas, particularly the Northeast and Southwest.

The trend of cigarette smoking in women in the 20th century experienced ups and downs. After the collapse of the Qing dynasty monarchy and the establishment of the Republic of China early in 1912, Chinese women increasingly entered into public life and became more visible. Women in this era were expected to unbind their feet, enter new girls' schools, join the industrial workforce, and enjoy leisure time at teahouses and theatres (Elisabeth 1978). Smoking

cigarettes, like unbound feet or cropped hair, contributed to a new female identity as women committed to social change, political reform and personal emancipation (Zhou 2004). The practice of smoking cigarettes in public was inspired by western countries; the suffrage movement in the US gave women a desire for equality and they used smoking in the street as a way to show freedom. For example, after the First World War, in the US, Great American Tobacco hired several young women to smoke their cigarettes (torches of freedom) as they marched down Fifth Avenue protesting against women's inequality (Brandt 1996) (see Picture 4-7). This campaign was a success as sales of cigarettes to women increased afterwards. Tobacco companies also used images of Hollywood celebrities smoking in cigarette advertisements. Tobacco companies supplied cigarettes to celebrities and often paid them to give endorsements in advertisements (Greaves 1996).

Picture 4-7: News photographs of women smoking publicly during the Easter parade

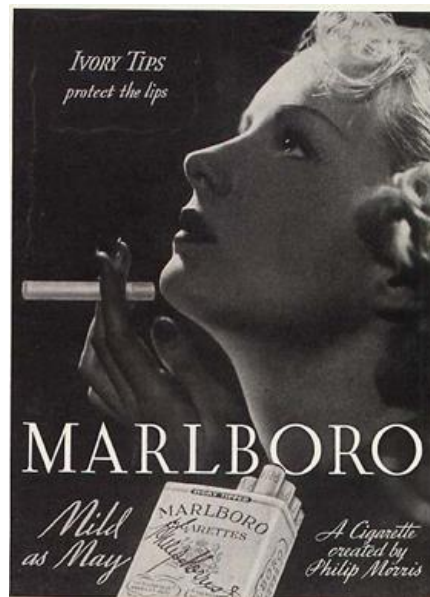


The tobacco industry has also used the supposed connection between weight control and smoking to promote women's smoking (Fukuda et al. 2005). For example, in 1925, "Reach for Lucky instead of a sweet" was one of the first media campaigns organized by American Tobacco to target women (see Picture 4-8). In the 1920s, slimness was coming into fashion along with bobbed hair and short skirts. The American Tobacco company saw the potential of selling cigarettes to women as a fat-free way to satisfy hunger (Amos and Haglund 2000). Another example is the 'Mild as May' campaign to encourage women to take up smoking cigarettes that were appropriately mild and easier to smoke (see Picture 4-9).

Picture 4-8: Lucky Strike marketing advertisement



Picture 4-9: Marlboro advertisement



During the early period of Republic of China (1912-1949), the habit of smoking cigarettes in public was first practised by women in Shanghai by celebrity courtesans (Benedict 2011). The ‘respectable’ wives and daughters of the urban elite first began to smoke cigarettes in public in imitation of fashionable Shanghai courtesans. For some daring ‘new women’, openly smoking cigarettes also served as a sign of youthful rebellion and personal emancipation just as it did for their counterparts in the West. Moreover, due to the aggressive marketing of cigarettes, tobacco companies also played an important role in promoting the image of the new Chinese women in order to increase the consumption of cigarettes in women. For example, Picture 4-10 shows the tobacco company promoted smoking as synonymous with images of modern emancipated womanhood (Benedict 2011).

Advertisements featuring fashionable courtesans also demonstrated the imported habit was trendy in big cities, such as Shanghai. As discussed earlier, women smoked pipes, but only at home. Advertising aimed to encourage women to get rid of the previous generation’s practices.

Smoking a pipe at home as a leisurely indulgence symbolized their boredom and frustration (Zhou 2004). In modern China, with the rapid development of industrialising society, women became more involved in urban public life. Smoking cigarettes in public places could be a symbol of being a 'new' woman who was not tied to the home and become a citizen.

Picture 4-10: Shanghai *Meili* and *Double Crane* Cigarettes advertisement posters in the 1920s and 1930s



In the first two decades of the 20th century, cigarette smoking by women had a positive image. However, from the 1930s, significant socioeconomic and cultural forces turned back the tide of mass marketing on cigarettes to women (Hermalin and Lowry 2010) and the image of women smoking became negative. During the *Nanjing Decade* (1928-1937)¹², China was experiencing nation-building, industrialization and modernization. Rising nationalism led to some new attitudes and a new image of the modern Chinese women, who were not only to forego the

¹² Nanjing Decade is a period when the Guomindang Party under Chiang Kai-shek, who proclaimed a unified national government with its capital at Nanjing.

wasteful practices of the previous generation but also to avoid emulating the West (Zhou 2004). The negative opinions about women smoking included the danger of tobacco for female fertility and the ideas that only sexually promiscuous women smoked cigarettes and that women consuming tobacco were backward and uncivilized. For example, a cartoon from *Shen* newspaper (*Shenbao*) published in 1912, depicts a pregnant woman with a severe stomach-ache, and the physician pulling out a pack of Green Pack cigarettes from her abdomen (see Picture 4-11). This cartoon suggests that women smokers fail to produce children because of smoking. It also suggests the adverse effects of cigarette smoking might have on a woman's reproductive health albeit in a humorous way.

Picture 4-11: A Young Miss Likes to Smoke Green Pack Cigarettes Every Day



Source: *Shen* newspaper (*Shenbao*), 24 June 1912, p.3

China was not alone in forming the negative influence of smoking on women's health. A similar movement was happening in the US, where condemnation of tobacco use focused on the issue of motherhood and the potential degeneration of the race. Tobacco was regarded as a threat to women's reproductive capacities and should never be consumed by women of child-bearing age. John Harvey Kellogg, an anti-tobacco reformer, argued that cigarettes were 'race poison'

and eugenically disastrous for women (Kellogg 1922). He predicted that cigarette smoking would 'unsex' women by producing "premature degeneration of the sex glands" and "no [white] babies will be born" at all in the year 2000 as a result of the increase of the smoking habit among white women (Kellogg 1922: 123).

In most Western countries, middle and upper-class women in the 19th century did not smoke and women smoking cigarettes was not seen publicly (Amos and Haglund 2000). In the United States in 1908, for example, New York City passed a municipal law, called the Sullivan Ordinance, which prohibited women but not men from smoking in public places, although the ordinance was vetoed by their mayor two weeks later (Borio 2007). The reason for publishing this ordinance was because smoking was regarded as a low class, immoral behaviour. 'Proper' ladies were positively offended when other females lit up in public places. Waldron in her analysis of gender differences in smoking argues that social disapproval of women smoking in the early of the 20th century was a major reason for the gender differential in smoking in Western countries: "Women who smoked were considered to be disreputable" (Waldron 1991: 993).

By the 1930s in China, cigarette smoking was coded as behaviour engaged in only by certain kinds of women, who were called the 'Modern Girl' (*modeng nvzi* or *modeng xiaojie*). Under the influence of mass media and elite discourse, the 'Modern Girl' was portrayed as a 'bad girl' who rebelled against social norms and defied the changing conventions of respectable womanhood. The image of women smokers was as flamboyant and politically apathetic. The 'Modern Girl' who smoked represented a woman who ignored the tasks of revitalizing the nation, focusing on fashion and beauty and was presumed to lack virtue. Politically loyal and morally virtuous women did not smoke. Educated modern women rarely smoked. The official data from the

1996 national prevalence survey proved the success of the anti-smoking movement by women in the late 1930s. Of women smokers between 60 to 69 years old, over 30% said that they never smoked in public and another 40% said they only sometimes smoked in public (Yang et al. 1999). Furthermore, over 20% of all female smokers in that survey reported that they smoked a Chinese pipe, which indicated the strength of the norm against cigarette smoking in women. From 1949 onwards, educated urban women who claimed identities as 'patriotic' and 'new women' chose not to smoke cigarettes. Women who smoked were labelled as bourgeois or decadent. Female cigarette smoking was no longer respectable even in private (Zhou 2004).

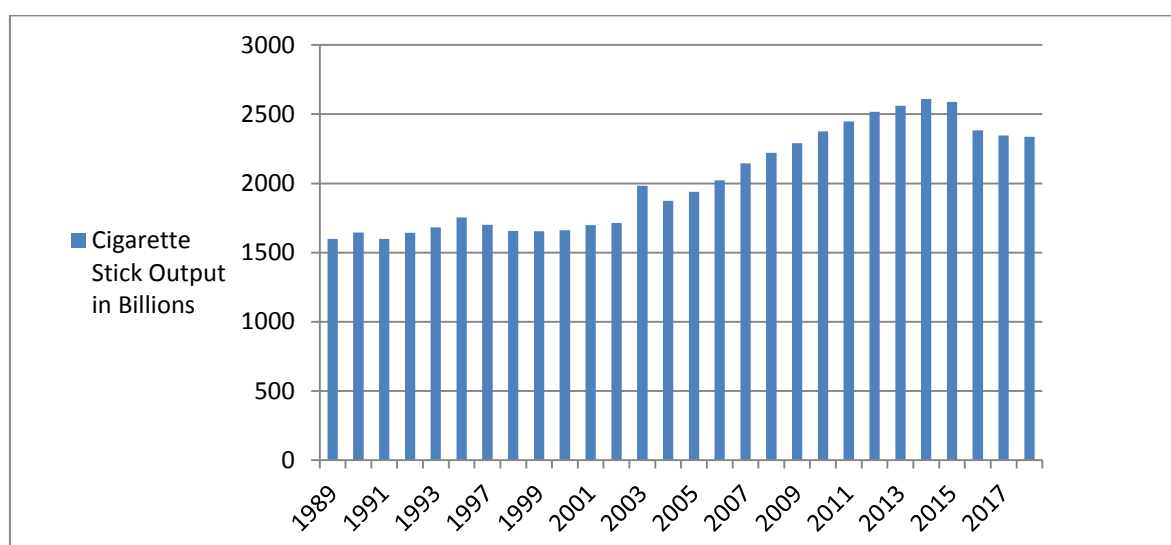
Tobacco production in China

The history of tobacco production in China can be traced back to the Chinese Civil War period (1927-1948), when the Guomindang government of the Republic of China imposed a strict economic blockade of the Communist Party of China (Kohrman et al. 2018). In response, the Communist government promoted a goal of economic self-reliance through the development of the tobacco industry. They found cigarettes a vital economic tool as local tobacco production provided profitable revenues to the Party and made a significant boost to the economy. For this reason, the Communist government built national tobacco factories and tried to establish a monopoly over tobacco by controlling the entire supply chain, from the production of tobacco to its manufacturing and sale. In order to increase economic self-reliance, the Communist authority outlawed the import of foreign brands of cigarettes, promoting government-owned cigarette manufacturing and taxation schemes. It is worth noting that the Communist authorities did not intend to ban tobacco use because of the health consequences; rather, they aimed to encourage people to switch from imported to local tobacco (Kohrman et al. 2018).

This change helped normalize cigarette smoking as respected Communist activity and this culture spread throughout China (ibid).

As noted earlier, smoking in China is historical and prevalent. The tobacco industry is owned by the Chinese government, which has a monopoly on the manufacture and distribution of cigarettes. As I shall discuss in the next section, tobacco tax makes a great contribution to government revenues annually, which is the fundamental obstacle to tobacco control (see chapter 7). The China National Tobacco Corporation (commonly known as China Tobacco), which was found in 1982, is one of the world's thirty largest companies in sales for any industry (China Tobacco 2013). The China National Tobacco Corporation produces more cigarettes now than the world's four largest international tobacco companies combined: Philip Morris International, British American Tobacco, Japan Tobacco International, and Imperial Tobacco (Euromonitor International 2016). China also produces the largest tonnage of tobacco leaf than that of the next nine largest tobacco-growing countries combined (Eriksen et al. 2013). As Figure 4-2 shows, in contemporary China, cigarette production has increased steadily.

Figure 4-2: Cigarette production in China, 1989-2018



Source: National Bureau of Statistics of China, <http://data.stats.gov.cn/search.htm?s=卷烟产量>

Tobacco control in China

Historically, China's anti-smoking movement can be traced back to the Ming dynasty (1368-1644), but this movement was not for health concerns. In 1639, Emperor Chongzhen issued a national ban on tobacco in 1639 and there was a death penalty to tobacco addicts (China Daily 2014a). Since then, many emperors implemented a smoking ban policy, which were regarded as necessary for building and developing the country. In 1930s, the New Life Movement initiated by Chiang Kai-Shek (1887-1975), the head of the Guomintang Party, sought to foster greater moral behaviour and discipline among the population and emphasized traditional Confucian values (Benedict 2011). According to this ideology, smoking pipes or cigarettes was regarded as a bad habit, similar to gambling and spitting, which damaged the health of people, especially that of women and young people. The government aimed to eliminate drugs in two years and cigarettes in six years. There was even a ban on young people smoking on the street. However, it is not easy to implement such anti-smoking policies, because of the addiction of smokers and the corruption of government officials. Since the founding of the People's Republic of China in 1949, the new Chinese government launched a series of anti-drug and tobacco policies. For instance, people involved in drug production, trafficking and selling were punished and there were vigorous inspections on growing opium poppies in farmlands.

Globally, although there had been previous warnings of smoking linked to lung cancer, it was the 1962 study, *Smoking and Health*, by the Royal College of Physicians, that first clearly established the health dangers of smoking to the public (Royal College of Physicians 1962), and in particular its link to lung cancer. The 1962 study was followed by the United States Surgeon of General's report on tobacco two years later (US Public Health Service 1964). Tobacco smoke is made up of thousands of chemicals, such as nicotine, hydrogen cyanide, formaldehyde and

arsenic (American Cancer Society 2017). More and more people were aware of the fact that many of these substances cause cancer, heart disease, lung disease, and other serious health problems. Most of these harmful substances come from the burning tobacco leaves themselves. Tobacco is both addictive and toxic when consumed. There is a time delay between cause and effect, which is why negative health consequences of smoking lie in the future.

The international tobacco-control discourse began to flow into China since the Open Door policy was started in 1978. Since then, many anti-smoking specialists and health advocates have pressured the government to introduce top-down regulatory interventions to educate citizens about avoiding risky decisions regarding smoking and to collect data on tobacco-related morbidity. Some scholars have criticised these campaigns for only focusing on the individual behaviour of smoking, such as the tobacco's toxicity, while ignoring tobacco industry interference (Kohrman et al. 2018).

As mentioned in the introduction chapter, the WHO FCTC, as the first global public health treaty, has provided institutional legitimacy for a reduction on the demand for cigarettes. Since China ratified the FCTC in 2006, the Chinese government has allocated funds for tobacco control. The aim of this subsidy system was to create a national environment for tobacco prevention and to strengthen the capacity of local regions to implement the FCTC (Ministry of Health 2007). Using the six MPOWER policy measures, I review the development of tobacco control programmes in China since 2006 (see Table 4-1).

Table 4-1: Tobacco control progress in China since 2006

Monitor tobacco use and prevention policies
<ul style="list-style-type: none"> • International Tobacco Control (ITC) Policy Evaluation Project in China between 2006 and 2015 • Global Adults Tobacco Survey (GATS) China 2010 monitored adult tobacco use and tracked key tobacco control strategies. • 2012, an Inter-Ministry Coordination Leading Group for the Implementation of the WHO FCTC established by the State Council to study and formulate the performance of tobacco control issued the “China Tobacco Control Plan (2012-2015)”. • Global Youth Tobacco Survey (GYTS) China 2014 is a school-based survey designed to monitor tobacco use among youth (aged 13-15 years) and to guide the implementation and evaluation of tobacco prevention programmes. • 2016, Healthy China 2030 strategy: target on a decrease in smoking from 27.7% in 2015 to 20% by 2030.
Protect people from tobacco smoke
<ul style="list-style-type: none"> • 2007 the revised Law on the Protection of Minors was enforced, which prohibited smoking in places where minors gather, such as schools, dormitories, the legal guardian should prevent minors from starting smoking; bans selling cigarettes to minors. • 2010, General Office of the Ministry of Education and Ministry of Health published a government opinion on further strengthening tobacco control in school. • 2011, Department of Maternal and Child Health: Decision on comprehensively banning smoking in the medical and health system in China. • 2011, China’s 12th Five-Year Plan called for smoke-free public places as part of the major national goal to increase life expectancy. • December 2013, the general office of the Communist Party of China’s Central Committee and the general office of the State Council issued a notice for “leading cadres to take the lead in a ban on smoking in public places”. • January 2014, Ministry of Education launched a Notice concerning the smoking ban in all types of school throughout the country • June 2015, Beijing control smoking ordinance bans smoking in all indoor public and working places. • March 2017, Shanghai People’s Congress adopted a strong law amending the Shanghai Regulations on Control of Smoking in Public Places. Smoking completely banned in indoor public places, workplaces and public transport in Shanghai city, as well as in many outdoor public places.
Offer help to quit tobacco use
<ul style="list-style-type: none"> • 1996, Chinese smoking-cessation clinic set up in Beijing. • March 2013, ‘Manual for Brief Smoking Cessation Intervention’ published by China Center for Disease Control and Prevention.
Warning about the danger of tobacco
<ul style="list-style-type: none"> • April 2008, the General Administration of Quality Supervision Inspection and Quarantine and State Tobacco Monopoly Administration: Notice on domestic packaging and the labelling of cigarette packaging within China.

- 2009, new text warning label on 30% of the front (Chinese) and back (English) of cigarette packages. Ban on misleading descriptors on cigarette packages & leaflets. The ban on the sale of cigarettes with tar levels over 13mg.
- 2009, the WHO, the China Centre for Disease Control and Prevention, and the World Lung Foundation organized a mass media campaign 'Giving cigarettes is giving harm' during the Chinese New Year, which sought to change the custom of giving cigarettes as gifts.
- April 2012, China National Tobacco Corporation issued a regulation to change the English warning to Chinese and double the size of the text.
- May 2012, the Ministry of Health released "China Report on the Health Hazards of Smoking". It outlined the hazards of tobacco use, the health consequences of secondhand smoke, and emphasized the importance of smoking cessation.
- January 2013, a ban on the sale of cigarettes with tar levels over 11mg was introduced.
- October 2016, the General Administration of Quality Supervision Inspection and Quarantine and State Tobacco Monopoly Administration: Notice on Inspection and Quarantine on Printing and Distributing the Provisions for Domestic Cigarette Packaging Labels. Compared to 2009, there was a new text warning 'dissuading young people from smoking and prohibiting primary and secondary school students from smoking'; increased the percentage of warning label on the front (Chinese) and back (English) of cigarette packages, from 30% to 35%.

Enforce bans on tobacco

- 2009, the Shanghai Expo organization returned the RMB 0.2 million¹³ sponsorship from the Shanghai Tobacco Company.
- 2010, the State Administration of Radio Film and Television published a Notice on the strict control of the depiction of smoking in movies and television dramas.
- 1 September 2015, an amendment to the advertising law came into effect. Tobacco advertising was forbidden in mass media, public places, outdoor and public transport. All forms of tobacco advertising targeting minors less than 18-year-old were prohibited.
- 2016, the Charity Law bans charitable donations to promote tobacco products.

Raise taxes on tobacco

- 1994, the consumption tax was 40%.
- 1998, the 40% cigarettes tax was revised into excise tax rates: 50% for class 1¹⁴. 40% for class 2 and 3; and 25% for class 4 and 5.
- 2001, an ad valorem tax was imposed on cigarettes over RMB 50 per carton for 45% and 30% for those less than RMB 50. The specific tax was imposed for all classes on RMB 0.06 per pack.
- 2009, ad valorem tax raised to 56% for cigarettes over RMB 70 per carton (class 1 and 2), and 36% for those less than RMB 70 per carton (class 3, 4, and 5). The specific tax was imposed for all classes on RMB 0.06 per pack. An additional 5% ad valorem tax at the wholesale level was introduced.
- 2015, at the wholesale level, ad valorem tax was increased from 5% to 11%. Wholesalers had to pay an additional RMB 0.1 per pack.

¹³ Exchange rate: 1 pound sterling = 8.8 RMB

¹⁴ China has five classes of cigarettes, from class 1 (the most expensive brand) to class 5 (the least expensive). These classes are categorized according to the wholesale price per carton.

As can be seen, China's top authorities have issued a number of policies to implement tobacco control. However, all these interventions emphasize the behaviour of smoking rather than the tobacco industry. This raises the question: how has China Tobacco worked to avoid being problematized under the tobacco control environment? This question is discussed in Chapter 7.

Among tobacco control interventions, a cigarette tax is often regarded as an effective approach to reduce the demand for tobacco products. Taxes on tobacco products include excise taxes, value added taxes (VAT) or general sales taxes, and import duties (World Health Organization 2010b). Of these, excise taxes are categorized into two types: the specific is levied based on quantity (e.g. a fixed amount per cigarette or weight of tobacco) and the ad-valorem is levied based on value (e.g. a percentage of the factory price or retail price). Excise taxes are regarded as the most important for reducing tobacco consumption since they are applied to tobacco products and increase the price. Adam Smith in the *An Inquiry into the Nature and Causes of the Wealth of Nations* argues that:

Sugar, rum, and tobacco, are commodities which are nowhere necessities of life, [but] which are ... objects of almost universal consumption, and which are therefore extremely proper subjects of taxation (Smith 1776: 474).

It often argued that higher tobacco taxes will reduce government revenues. However, empirical evidence shows that raising tobacco taxes provides greater tobacco revenues (World Bank 1999). This is because due to the addictive nature of tobacco products, the reduction of demanding in tobacco production is not greater than the proportionate size of the tax increase. Evidence from countries of all income levels demonstrates that price increases on cigarettes are highly effective in reducing the demand of cigarettes, increasing the cessation and preventing initiation of tobacco use (Guindon et al. 2002). On average, a 10 percent prices increase on a pack of cigarettes would be expected to lead to a reduction of around 14 percent of demand

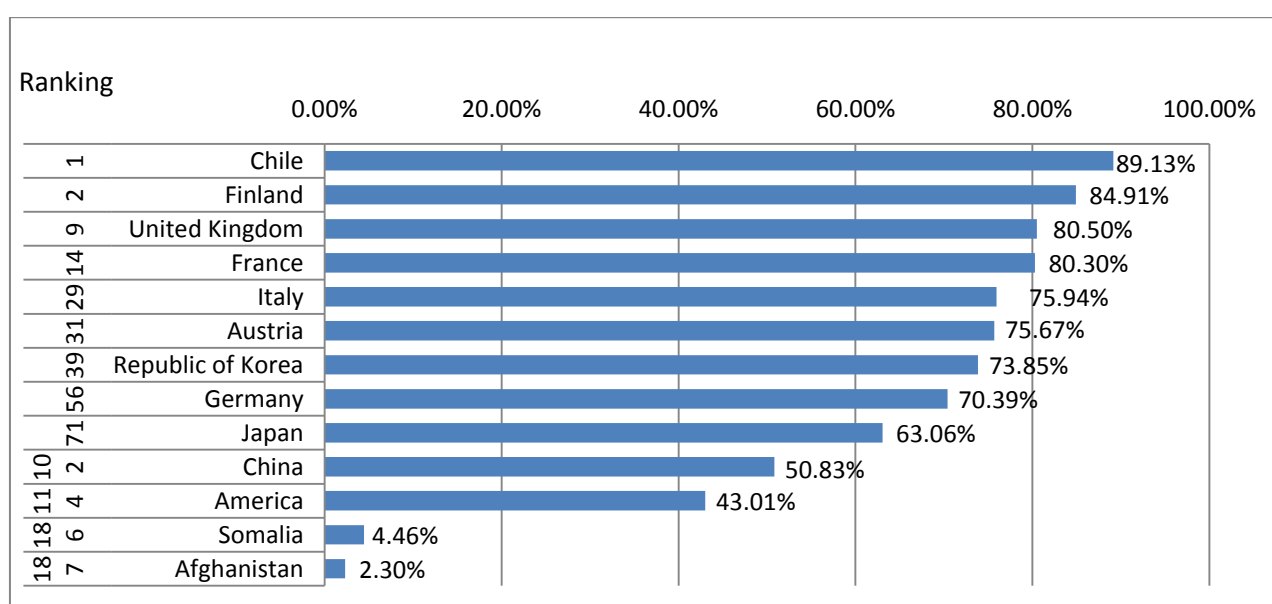
for cigarettes in high-income countries and about 8 percent in low-and middle income countries, as people are more sensitive to price changes in low-income countries. Moreover, young people are also more sensitive to price increases than adults. Based on the study by the American economist Teh-wei Hu and his Chinese colleagues, an increase in the specific excise tax of RMB 1 (US\$ 0.14) on a pack of cigarettes would help the government to earn more RMB 64.9 billion (US\$ 7.9 billion) in revenue, generate a productivity gain of RMB 9.92 billion (US\$ 1.2 billion) for the Chinese economy, save 3.4 million lives and reduce medical costs by RMB 2.68 billion (US\$ 325 million) (Hu et al. 2008).

Since 1994, China's cigarette consumption tax has undergone five adjustments (see Table 4-2). China's latest adjustment to tobacco tax was in May 2015, which increased the wholesale price of cigarettes from 5% to 11%, and levied specific taxes at RMB 0.005/stick (Zheng et al. 2016). The proportion of tax in the retail prices of cigarettes rose from 52% to 56%, and tax revenue rose from RMB 910 billion to RMB 1,095 billion. Taking the brand of *Zhonghua* (soft pack) as an example, its wholesale price is RMB 58.3/box and the retail price is RMB 70/box. A (soft) pack of *Zhonghua's* total tax (excluding related corporate income tax) is about RMB 36.98, accounting for 52.8% of the retail price. As a result, according to the data from the WHO, after one year of tax adjustment in China, in 2016, cigarette sales fell by 4.61%, the smoking population decreased by about 5.1 million, and the number of smoking attributed-deaths in the future decreased by about 1.13 million. However, as shown in Table 4-3 of the global ranking of the total tax in the price of a pack (20 cigarettes) of the most popular sold brand of cigarettes in 2016, China was ranked 102nd among all 188 countries. 51% of the price demonstrated that there is still a gap with the 75% recommended by the WHO.

Table 4-2: Adjustment in Chinese cigarette consumption tax

Time	Policy	Impact
Before 1994	Tobacco products are subject to 60% industrial and commercial tax as other commodities.	
1 January 1994	Tobacco products are subject to a 40% excise tax at the ex-factory price	The small and medium-sized tobacco factories that produce low-priced cigarettes suffered serious losses.
1 July 1998	Cigarette consumption tax was changed from a single tax rate to a three-class differential tax rate. The first-class tobacco tax rate is 50%, the second-three tax rate is 40%, and the four-five tax rate is 25%.	Small and medium-sized cigarette companies recover, and the production and sales of low class cigarettes have increased significantly.
1 June 2001	Introduction of a method of taxation based on quantity; the taxable price is changed from the ex-factory price to the transfer price; the ad valorem rate is adjusted from three classes to two classes	By 2008, the number of cigarette companies had decreased from 146 to 30, and the number of cigarette brands decreased from 1,049 to 155.
May 2009	Increase the tax rate of A Band cigars; increase 5% tax from the wholesale price; adjust the classification criteria of Class A and B cigarettes	The taxation structure is changed.
May 2015	Increase the tax rate of the wholesale price from 5% to 11%; introduce a tax based on quantity; the wholesale price increase 6%; the retail price is determined on the principle that the retail gross profit margin is not less than 10%.	

Table 4-3: Global ranking of the total tax* of price of the most sold brand of cigarettes, 2016



Source: WHO, 2017

Note: *Total tax includes excise taxes, import duties, VAT and other taxes as applicable

Conclusion

In this chapter, I first discussed the changes in family structure and gender roles in China and argued that these changes have been constantly constructed and reshaped by social, political, economic and cultural factors. This social change in family structure and gender roles has also influenced the social change of smoking habits. I then examined the historical changes in smoking in China. I argued that with the development and change of the economy, culture and politics, patterns of smoking also changed. Different types of smoking were seen as a reflection of the cultural background and social status of their consumers. Many economic, political and cultural factors contribute to the distinctively gendered pattern of smoking in China.

Pipe smoking was the traditional means of tobacco use in China. In the 17th and 18th century, Chinese people of both genders made widespread use of tobacco. Chinese women traditionally smoked tobacco, but they did so in private places, such as homes. Only in the first two decades of the 20th century did women begin to smoke cigarettes openly. This change is the result of the improvements in women's position in society. The gendered pattern of tobacco use in 20th century China was associated with the changes in gender norms.

Compared to the traditional pipe, the cigarette, as a foreign commodity, represented modern Western industrial manufacture. Marketing by tobacco industries was designed to attract increasing numbers of women to adopt cigarette smoking. As discussed earlier, due to aggressive advertising using female models, there was a short period of quite widespread female smoking adoption in China in the first two decades of the 20th century. However, there was no continuing rise in female smokers. From the 1930s onwards, fewer and fewer Chinese women began to smoke. Because of the ban on opium and a negative impact on health, smoking was regarded as a nasty behaviour and the image of smoking became negative. The

change is also associated with the improprieties of female smoking and link with 'bourgeois' girls. From 1949 onwards, the smoking rate among women sharply declined.

In contrast to the vanishing female smokers, smoking in men remained consistently high and the visibility of male smokers never diminished. When machine-made cigarettes were introduced into China, they were regarded as modern industrial products and consumed largely by Chinese men. Smoking became increasingly viewed as a masculine activity and tobacco use came to be identified as an exclusively male habit. In the next two chapters, I discuss young people's perceptions of smoking in present-day China.

This chapter then discussed the history of Chinese tobacco industry establishment and reviewed the historical development of tobacco control since China joined the FCTC in 2006. I argue that, in recent years, although tobacco control policies have been developed in various respects, the monopoly of the tobacco industry and the institution of taxation make it difficult to implement tobacco control. Tobacco still keeps making a great profit for government revenues. This chapter found that although cigarette smoking has come to be viewed as a problem for health, the industry has not changed. By highlighting the political and institutional barriers to effective tobacco control, this chapter has further illustrated the need to change the structure of the system and implement much stronger tobacco control strategies.

Chapter 5: Cigarette smoking among Chinese men

Although epidemiological studies have reported the patterns, risk factors and disease outcomes of smoking (Chinese Center for Disease Control and Prevention 2010a, Liu and Chen 2011, World Health Organization 2010a, Royal College of Physicians 2010), as discussed in previous chapters, few have discussed smoking as a social behaviour in the social-cultural context. There is therefore a need to understand the social context of cigarette smoking. As we saw in the last chapter, historically, there have been marked differences between men and women in the forms of tobacco use in China. It is important to explore how the historical context has impacted on present-day smoking behaviour and whether there are changes in gender patterns of cigarette use. In this chapter, drawing on the interviews and focus groups data, I look at the experience of cigarette smoking in Chinese men and discuss the reasons behind the high prevalence of men smokers from historical and cultural perspectives. Some theories and concepts discussed in chapter 2 provide a theoretical understanding of cigarette smoking among Chinese men. In particular I discuss the capital function of cigarettes in Chinese men's social relations and the role of face-work plays in the ritual of offering and sharing cigarettes. The consumption of premium cigarettes is also analysed in the Chinese gift economy.

The ritual of offering and sharing cigarettes

In China, there is a ritual of offering and sharing cigarettes, which means that one man pulls out a pack of cigarettes and offers one to all other men present. Qiu, a daily smoker, shared his observation on the ritual of offering and sharing cigarettes:

The traditional Chinese smoking culture is like this: take out two cigarettes from the pack, one for the person you offer, one for yourself, lighting up the cigarette for the person then lighting up the cigarette for yourself. The person who offers cigarettes

will also need to smoke. Just like a toast, offering cigarettes is a signal of respect and hospitality. The junior person provides a cigarette to the senior person. This phenomenon is a symbol and is common in Chinese society. For instance, when the junior person sees the senior person trying to take a cigarette out, he needs to say 'smoke my cigarette' immediately, then he offers cigarettes to the senior person (22-year-old, male, undergraduate, daily smoker).

Rich and Xiao (2012) defines the ritual of 'offering and sharing cigarettes' as offering and accepting cigarettes, then immediately consuming them when in various social settings. This social practice is often used as a way to show masculinity, respect, economic status, as well as to convey traditional Chinese values, such as face (*mianzi*), reciprocity (*bao*) or willingness to build social connections (*guanxi*). *Guanxi*, as discussed in chapter 2, literally means social relationship or social connection (Stockman 2013). As a way to show politeness and hospitality, cigarettes are often offered by hosts to male visitors who smoke as one respondent noted: "offering a cigarette is a way to show politeness when someone visits your house" (Hao Wang, 24-year-old, male, employee, daily smoker). One can convey greater respect for another by offering a cigarette from a fresh pack rather than an already opened one. Proffering cigarettes actively conveys goodwill and generosity rather than being a stingy person.

The insight of Pierre Bourdieu on fields (see chapter 2) provides an analytic starting point on the social function of cigarette smoking among Chinese men. Cigarettes are often used as a tool for creating and maintaining social capital, which is similar to the findings from other studies (Pan 2004, Ding and Hovell 2012). Cigarettes are also often used as a medium for starting a conversation or strengthening a friendship during social interactions. In the business world, cigarettes are also part of social practice that connects personal interactions. Businessmen are always offering cigarettes to each other when they meet and start chatting. Offering cigarettes

can be an icebreaker. It seems impolite to refuse proffered cigarettes and polite to reciprocate.

Here is what some participants had to say:

N1 in focus group 7: Smoking is a way to make friends. Usually, when two people meet, they light up cigarettes then start talking easily (16-year-old, male, high school student, non-smoker).

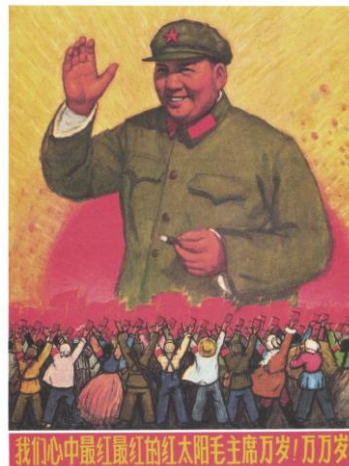
Shen: It is boring and weird if you meet someone and start talking without offering a cigarette (18-year-old, male, migrant worker, daily smoker).

Yue: When two strangers meet each other for the first time, the atmosphere is a bit awkward. Smoking is an icebreaker. For politeness purposes, offering a cigarette and smoking together could make the relationship closer (24-year-old, male, employee, daily-smoker).

Zhao Yu: The social function of cigarettes is the same as a toast. If you do not drink, it is common to offer a cigarette to someone before talking (24-year-old, male, employee, daily-smoker).

The practice of 'offering or sharing cigarettes' became a prominent phenomenon in smoking culture among Chinese men after 1949. This practice was particularly essential for the cultivation of *guanxi* during the Cultural Revolution (1966-1976). In Mao era China, cigarette smoking was regarded as masculine and was celebrated as a particularly macho thing to do by propaganda posters, because there was no commercial advertising during that time. Picture 5-1 is a poster showing the images of Chairman Mao Zedong holding a cigarette. In fact, in the Chinese Communist Party, most of the top communist officials were heavy smokers. Deng Xiaoping even listed cigarettes as one of the ten reasons for his longevity (Cheng et al. 1990). Along with high-quality alcohol, premium cigarettes were the favoured gift presented to officials. The reasons why cigarettes are only offered to men rather than women may link to the masculine image of smoking and the history of consumption of cigarettes by gender. The social unacceptability of women smoking is discussed in detail in the next chapter.

Picture 5-1: Poster translation: Chairman Mao is the reddest, reddest sun in our heart



In a discussion of smoking in China, Pan (2004) argues that whether a person chooses to smoke or not is strongly associated with socioeconomic factors. In Chinese society, smokers are most likely to be male, married, Communist Party members, permanent employees, and workers in state-owned enterprises (ibid). These socioeconomic characteristics are more heavily influenced by the traditional culture of building a social network and using connections. Networks are more important for those people because most of the benefits are obtained from the connection with their workplaces.

In my study, some interviewees said that the ritual of offering and sharing cigarettes was more likely to happen among men who work in state-owned enterprise or business. In some social settings, they have to smoke and/or to offer a cigarette to some senior people. For instance, Liu who had worked in a state-owned enterprise, described the ritual of offering cigarettes to leaders in his workplace:

I do think the work environment matters. In my workplace, it is common to offer a cigarette to colleagues or leaders...Cigarettes have a social function. For instance, when colleagues or leaders come to visit us, it is a traditional Chinese practice to offer a cigarette as a way to show respect and politeness. This norm is deeply rooted in men (23-year-old, male, employee, daily smoker).

Another daily smoker, who works in the service industry, also spoke along similar lines:

Shen: [How much you smoke] is relevant to your occupation. For those who work in nightclubs, they always carry cigarettes. It is common to offer cigarettes to clients/target clients (18-year-old, male, migrant worker, daily smoker).

In the above accounts, offering and sharing cigarettes is an accepted social practice for men in Chinese society and may even be necessary in some social situations. Within this cultural context, Chinese men experience pressure from peers who are smokers and have to smoke or pretend to smoke to avoid social isolation. Pan defines those who “only smoke around their friends or others when cigarettes are offered” as ‘social smokers’ (2004: 310). Because of the cultural pressure to conform, the social function of smoking makes it hard for Chinese men to refuse an offered cigarette. Some interviewees expressed their concerns that social connections might be lost if they were not involved in the smoking culture. For instance, Hao Wang, a marketing employee in a private company, said to me:

Smoking is a way to create atmosphere and a social tool. If your client smokes, then he offers a cigarette to you, but you refuse it because of non-smoking, you may lose a potential connection with the client (24-year-old, male, employee, daily smoker).

For a non-smoker, it is very easy to suffer the unpleasantness and even humiliation of not accepting someone’s politeness by offering cigarettes. Hence, as maintaining harmony and social order is common in Chinese collectivist society, it is hard to refuse an offered cigarette (Hwang 1987). The behaviour of offering a cigarette and accepting such an offer can be a way to maintain a harmonious long-term relationship between men (Chan et al. 2003). Furthermore, offering a cigarette or accepting an offered cigarette brings direct or indirect interaction with senior people and friends in the daily network. Refusing the offered cigarette is often interpreted as being rude, a rejection of the person’s hospitality and politeness. For example,

Wang Wei, a daily smoker, said that: “In Chinese society, even though you are a non-smoker, you still have to accept an offered cigarette.” And when the cigarette comes from a person who is senior or higher in social rank, it is even more difficult to refuse the offer: “It is impossible to reject a cigarette offered from leaders” (Liu, 23-year-old, male, employee, daily smoker). Some other interviewees spoke along similar lines:

Shen: If I know you smoke, but you refused the cigarette I offered, I would feel that you do not give me face (18-year-old, male, migrant worker, daily smoker).

Gao Shou: In Chinese society, it is polite to accept an offered cigarette. You cannot refuse it (17-year-old, male, vocational school, daily smoker).

Mianzi (face or face-work) is one of the most prominent characteristics of Chinese culture (Hu 1944, Gao 1996). It is important to protect a person’s *mianzi* or dignity and prestige, which is a way to maintain good personal and interpersonal relationships. The loss of *mianzi* simply means that a person does not deserve the honour or glory (Chan 2006). In the social practice of ‘offering and sharing cigarettes’, accepting the offered cigarette means protecting the offerer’s *mianzi*, refusing the offered cigarette means make the offeror lose *mianzi*. As discussed in chapter 2, face-work is used to manage face concerns, such as one’s own image and the other’s image during the conflict (Hu 1944, Gao 1996). Face-saving practices are a process of maintaining and protecting a person’s image. In the gift exchange, the gift imposes an identity upon the giver as well as the receiver. Consequently, the acceptance of a present is, in fact, an acceptance of identity or presenting a face. A reduced or threatened face fragments one’s identity, which poses a disadvantage to a person’s position and harmony in social interaction.

In Chinese culture, repeatedly offering a cigarette is in certain circumstances a gesture of hospitality. However, this smoking culture is changing. For example, Ming, who was a male never-smoker, shared his observations on the change of offering and sharing cigarettes between his generation and his father’s.

In my father's generation, when men met each other, it was polite to offer a cigarette. Accepting the offered cigarette is also polite. Even if you do not smoke; you still need to take the offered cigarette and hold it.....Many of my friends smoke. I feel I am unusual and embarrassed in this network. Smoking is a social act, like drinking. I do not think offering a cigarette then smoking together could be a way to show a close relationship or politeness. I insist on being myself (21-year-old, male, undergraduate, never-smoker).

Furthermore, some other male non-smokers reported that they did not feel cultural pressure to accept an offered cigarette if the cigarette was offered by a close friend. The following accounts are some of the examples.

Ge: I have had an experience of being offered a cigarette by my friends. But I refused it just because I did not want to smoke. We are close friends, and they know me very well. I did not feel sorry to say No to them (22-year-old, female, employee, non-smoker).

An: My dorm mate offered me a cigarette, but I refused it. [Do you feel sorry for refusing?] I did not feel sorry because we are classmates (23-year-old, male postgraduate, never-smoker).

According to these non-smoking young men, their attitudes and beliefs on smoking influence the decision on whether to accept an offered cigarette or not. As Zhao Yu, a 24-year-old daily smoker explained: "I think [the choice of whether to accept an offered cigarette or not] may depend on the person himself, such as self-control". Moreover, the source of the offered cigarette may also influence people's decision of whether to accept it. Although it is hard to refuse an offered cigarette from high-status people, it is relatively easy to refuse a cigarette offered by known friends. As Liu put it "It is a little bit impolite to refuse a cigarette offered by strangers. But it is okay for known friends" (23-year-old, male, employee, daily smoker).

Based on participants' views on smoking, the notions of masculinity are closely tied to smoking. Masculinities are cultural values in addition to practices (Connell 1987). Connell's research describes how men's interaction with each other, their gender-related lifestyles, cultures, group

formations and personal relations can be understood in terms of diverse patterns of 'masculinity' (Connell 1995). Connell describes three main forms of modern masculinity, those of 'hegemonic', 'complicit' and 'protest' masculinity. These three forms are related to the processes of dominance, complicity and subordination, making up the hierarchy. West, Zimmerman and Fenstermaker's work advances a new understanding of 'gender' as performance---commonly referred to as 'doing gender' (West and Zimmerman 1987; West and Fenstermaker 1995). 'Gender' and 'difference' as a routine accomplishment are embedded in everyday interaction (ibid). Drug users 'do drugs' in order to 'do gender' (Measham 2002; Miller and Carbone-Lopez 2015).

There are different kinds of masculinities at play among Chinese men. On the one hand, young men smokers justified their right or 'obligation' to smoke by expressing their stress associated with study and career, and social identity. They perceived smoking as a mean of involving in social practice and maintaining a public image of masculine. On the other hand, masculine ideals of self-control and autonomy are regarded as an important influence in young men's attempts to refuse offered cigarettes. Chinese young men have changed their smoking habits due to social norms and restrictions related to smoking in China to a certain extent. The positive and negative factors related to men's smoking were intertwined with idealized masculine provider roles and diverse Chinese cultural norms related to tobacco use. In this respect, there was likely fewer masculine pressure for men to smoke, especially given weaken smoking culture of ritual cigarette offering and sharing among young men in China.

The consumption of premium cigarettes

In China, the price of cigarettes varies and the gap between the highest price and lowest price is huge (China National Tobacco Company 2006). In my study, some interviewees described a very

interesting phenomenon among Chinese men: smokers keep two types of cigarettes (one pack of low price cigarettes, one pack of premium cigarettes) in their pocket in order to deal with different social situations. They smoke low price cigarettes when they are alone, but they offer premium cigarettes to others in certain social circumstances. The following accounts are some of the examples:

Wang Wei: Chinese people care about face. Maybe a man smokes a pack of RMB 5 [50 pence] cigarettes daily, but he will buy RMB 10 [£1] per pack cigarettes for some events. The high price of the cigarettes is a symbol of social status. Cigarettes are not only personal consumption products, but also represent face (24-year-old, male, employee, daily-smoker).

Shen: When I hang out with buddies, I smoke high price cigarettes. It is a matter of face (18-year-old, male, migrant worker, daily smoker).

The above accounts show that consumption of high priced cigarettes is linked to face and indicates social status. Face (*mianzi*), as discussed in chapter 2, is defined as the recognition by others of an individual's social standing and position (Lockett 1988). Face is especially important in Chinese society because it is not only a matter of prestige, but also represents personal identity, autonomy and integrity of personhood (Hu 1944). Premium cigarettes can be used as a form of social power. For instance, since businessmen judge people on the appearance of wealth, they also need to pay attention to the impression they create by the kind of cigarettes they offer (Wank 2000). Entrepreneurs who carry more expensive cigarettes typically gain respect and enhance their credit—and perceptions of their trustworthiness in the business community.

From the 1960s through the 1970s, China's economic system was based on rationing. Many products could only be bought by using special coupons¹⁵. Compared to low-grade cigarettes, which could be purchased at any time if they were available in state-run stores, premium cigarettes could only be purchased by using cigarettes coupons (see picture 5-2), known as *xiangyan piao*, which were issued monthly to every urban household (Wank 2000). One of the most important reasons why premium cigarettes were hard to come by was because they were largely held in reserve for those with political connections (ibid). Regular smoking of premium cigarettes could only be afforded by the middle and upper classes in Mao's period, a situation that persists up until the present day. For men, especially for the Chinese Communist Party (CCP) members and cadres, smoking was a common and even necessary way to build social and political connections. The use of cigarettes to negotiate deals and to seek access to limited goods or services was common. Therefore, it is not surprising that smoking prevalence rates among old male CCP members, senior doctors and others who held powers and influence during those years are now still high (Pan 2004).

Picture 5-2: Monthly cigarette coupons in 1965



¹⁵ Special coupons are issued by the government to cope with the shortage of material goods under the planned economy. Between 1953 and late 1980s, people live in cities could get different types of coupons to buy items, such as grain, flour, rice, food oil etc.

After 1978, the economic reforms launched by Deng Xiaoping brought about a dramatic expansion in cigarette production and consumption. The value of cigarettes as a symbolic exchange commodity decreased as rising income made even premium cigarettes more readily available to anyone with money. Specifically, urban smokers, who were mostly men, were able to buy more expensive brands and large numbers of rural smokers switched from pipe tobacco or hand-rolled cigarettes to manufactured ones. Yet premium cigarettes continued to be used in the gift economy of contemporary China. As in the past, smoking among Chinese men remains a ritualized expression of friendship and an important mode of social interaction with others.

Besides private consumption, premium cigarettes, as a social currency, are often used as gifts. Gifting cigarettes is defined as the practice of giving an entire pack or even a carton (1 carton= 10 packs) of cigarettes to recipients or to commemorate an event (Rich and Xiao 2012). Here is what two respondents had to say:

Ying: It is common to give cartons of cigarettes as gifts if you want to ask someone for a favour. This norm only exists in men (23-year-old, female, employee, occasional smoker).

N2 in Focus group 5: It is also common to gift packets of cigarettes to officials [for asking a favour]. There is a norm on what brand of cigarettes to give. This smoking culture is becoming a ritual (22-year-old, female, non-smoker).

In the gift economy, there is a concept of 'reciprocity of actions' (*bao*), which means "favours done for others are often considered what may be termed 'social investments,' for which handsome returns are expected" (Yang 1957: 291). Accepting a gift means a loss or reduction of stature and control. To restore one's face, identity and self-respect, the debt must be repaid, in order to regain the balance of relationships or to compensate for the loss sustained in the accepting of the gift. There are various means of repayment, which may take either a material

object form, such as a gift or a personal labour form, such as making furniture, or helping one's donor to accomplish a task (*banshi*). For instance, one could use one's power to give a job to the donor's son, or approve a project funding.

In fact, premium cigarettes have long been used by Chinese men to build and to maintain personal networks and to ask a favour for someone, or can even involve unethical behaviour, such as bribery (Wank 2000, Pan 2004, Millington et al. 2005, Yang 1989). In the business community, premium cigarettes are often used as part of the strategy for influencing officials (Wank 2000). Usually, cigarettes help maintain a good social relationship with officials and a means of obtaining useful information from them. The recipients who have discretionary control over the allocation of goods, opportunities and services often know what was expected in terms of reciprocity. Gifting cartons of premium cigarettes to officials can help gain the discretionary support of the officials in return.

This gifting norm initially emerged when the tobacco market was open and reformed in 1979. Since 1979, premium cigarettes, especially foreign brands, such as Marlboro, have only been available in state-owned Friendship stores (see picture 5-3) and at the overseas Chinese counters of department stores.¹⁶ In these places, goods could only be bought by using special currencies, such as foreign exchange certificates (*waihuijuan*) and overseas Chinese certificates (*qiaohuijuan*) (see picture 5-4). For foreign tourists and visitors, these special currencies were the only accepted means of payment in China between 1979 and 1995. Because of the limited access to the premium cigarettes, especially foreign brand-name cigarettes, only people who had high status could get access to these products and the high social value of the premium

¹⁶ The Friendship store was state-owned and first appeared in the 1950s. The store sold Western, imported items, such as foreign brand cigarettes, Swiss watches and high-quality Chinese art and crafts. All the goods in the store can only be bought by using foreign exchange certificates as currency and are sold exclusively to tourists, foreigners, diplomats and government officials.

cigarettes increased. Hence, premium cigarettes can signify the holders' status and power, most visibly the politically privileged class or those of commercial wealth, most visibly private business people (Wank 2000).¹⁷ In this context, people purchased premium cigarettes not for personal enjoyment but for their exchange values in gaining benefits. In addition, as cigarettes could be stored for a considerable period and were light and portable, gifting cartons of cigarettes as an exchange item is an easy means of convertibility.

Picture 5-3: People with foreign exchange certificates waiting Beijing Friendship store to open on 30 December 1993, the last day for the circulation of the foreign exchange certificates



Picture 5-4: An example of a foreign exchange certificate, equivalent to RMB 100



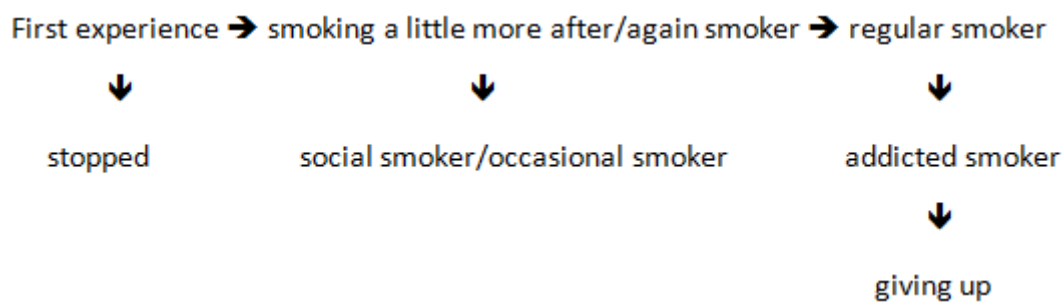
¹⁷ The 'privileged class' refers to the Party cadres and their descendants who monopolized political power.

Becoming a young male smoker

Up to now, I have attempted to analyse the reasons why offering and sharing cigarettes among men is pervasive, even among non-smokers. I argue that sharing and gifting cigarettes, as a major social practice, drives the consumption of cigarettes in China, especially among men.

Cigarette smoking is a learned behaviour, which needs the acquisition of a satisfactory smoking technique. The Surgeon General of the United States identifies several stages for young people and adolescents in developing an addiction to tobacco: 1) forming attitudes and beliefs about tobacco; 2) trying tobacco; 3) experimenting with tobacco; 4) regularly using tobacco; 5) becoming addicted to tobacco (Elders 1997). Based on these analyses and interview accounts, I have summarized the stages in the development of smoking (see Figure 5-1). Using this flow chart, this section explores how a young male become a smoker and to what extent the Chinese style smoking culture influences their smoking choice.

Figure 5-1: Stages in the development of smoking



Experimenting with smoking usually occurs in the early teenage years and is often driven by peer influence and is influenced by the meanings attached to smoking (Lorenzo-Blanco et al. 2011). Smoking a cigarette can be a symbol of rebellion and of being cool and making yourself look better. For example, non-smokers whose friends are all smokers may face peer pressure towards conformity to the group's smoking values. Peers share smoking skills and teach each

other how to smoke properly. Non-smokers are more likely to start smoking in order to be integrated into the peer group. The following accounts are some of the examples:

Pan: The first year I smoked, I did not inhale. I smoked to be cool and as a rebellion. I only puffed. Later I realize that that is not a right way to smoke (21-year-old, male, undergraduate, ex-smoker).

Gao Shou: Before I met him [a daily smoker, who taught Gao Shou how to smoke], I smoked just for fun and did not inhale. I did not have an addiction, either. But, after knowing him, he taught me how to smoke, and then I inhale when I smoke. I am addicted to cigarettes since then. If I do not smoke for a while, I want to eat something instead (17-year-old, male, vocational school, daily smoker).

Jinze: At the beginning when I smoked, I just puffed without inhaling. Later, a friend whom I always play with taught me how to smoke properly. He taught me to inhale the smoke into the lungs by taking a deep breath (24-year-old, male, employee, daily smoker).

Wang Wei: When I was young, I did not know how to smoke. Later, one of my friends taught me how to inhale and smoke properly (24-year-old, male, employee, daily smoker).

It is common for a novice to smoking not to know how to smoke. One of the main smoking skills is to inhale the smoke into the lung sufficiently for the effects of the nicotine to be experienced. This skill is often acquired from peers. Normally, smoking for the first time is experienced as physically unpleasant, and is accompanied by choking, coughing, feeling dizzy. These feelings generally dissipate within a few hours and are rarely experienced again due to tolerance and learning to inhale and exhale properly (Royal College of Physicians 2000). The following comments illustrate what the first-time smoking experience is like:

Gao Shou: The first time why I smoked was because I broke up with my girlfriend. My friend told me that smoking could help to release unpleasant feelings. Then I tried. I really felt dizzy and became intoxicated. I felt I was in my own world (17-year-old, male, vocational school, daily smoker).

Jinze: The first time I smoked, I directly laid down on the ground.I smoked before but did not really smoke, as I just puffed rather than inhaled. So the first time I had a real smoking experience it made me feel dizzy, like getting drunk (24-year-old, male, employee, daily smoker).

Given this type of unpleasant first-time smoking experiences, those who do not enjoy the physical effects may choose to give up smoking. Some of them, who do not enjoy the effects of smoking but have to smoke when hanging out with others, become social or occasional smokers. Others who continue smoking and tolerate the experience of smoking become regular smokers. For instance, some interviewees called themselves 'social smokers' who were not addicted to cigarettes. Smoking for them was associated with more 'indulgent' activities, such as socializing and drinking alcohol, rather than to avoid nicotine withdrawal symptoms. The following accounts are some of the examples:

Wang: The reason why I do not smoke is because it makes me choke. I only smoke for socializing. I do not have an addiction (22-year-old, male, undergraduate, occasional smoker).

Jinze: Some of my friends are not daily smokers. But when we hang out and drink, they have accepted an offered cigarette and smoked (24-year-old, male, employee, daily smoker).

Zuo: I have to smoke and drink for socialising. But I do not inhale when I smoke. So I do not think I am a real smoker.... I smoke because I want to be involved with my peers and show them I am cool. If I did not smoke with them, I would be isolated. I do not smoke when I am alone (22-year-old, male, undergraduate, occasional smoker).

Ge: I only smoke when I am with my friends. They are heavy smokers and can smoke a pack per day.....I do not buy cigarettes and only smoke when offered cigarettes (22-year-old, male, undergraduate, occasional smoker).

From the above respondents' accounts, it seems that developing an addiction is an important criterion for them to judge whether a person is a smoker or not. Studies show that all tobacco products contain and deliver amounts of nicotine to their users by smoking (World Health Organization 2012). Hence, cigarette smoking is an addictive behaviour but addiction to nicotine does not happen quickly, it develops gradually. It takes from several months to three

years for a person to become addicted to tobacco (Elders 1997). An ex-smoker shared his initial nicotine addiction experience in focus group discussion:

When I was in primary school, I started smoking. I felt I was addicted to cigarettes when I smoked for a period of time. I was often thinking about cigarettes and was a bit frightened. Then I tried to stop smoking and I did it. Now I do not smoke. When I hang out with my friends and they offer me a cigarette, I do not smoke..... I think why I smoked when I was young is because of curiosity and fun (N1 in focus group 7; 18-year-old, male, second-year high school, ex-smoker).

For new users, it takes time to get used to the feeling of smoking. It is only if the novice becomes able to get enjoyment from smoking that they will continue to smoke cigarettes. The physical effects (enjoyment) of smoking produced by nicotine on the brain and body systems are both stimulant and depressant. Evidence shows that nicotine from a smoked cigarette reaches the brain in as little as seven seconds after inhalation (Maisto et al. 2014). Significantly, the inhalation of nicotine by smoking provides the quickest delivery, faster than intravenous injection. This fast delivery intensifies addictive effects (O'Brien and McLellan 1996).

The social function of cigarettes in China makes a positive contribution to the increasing frequency of smoking. For instance, some participants said that they smoke more cigarettes when socializing.

Wang Wei: I smoke one packet of cigarettes per day. However, I smoke more than that when socializing... When offering cigarettes round by round, I cannot count how many cigarettes I smoke (24-year-old, male, employee, daily smoker).

Zhao Yu: I smoke less than one packet of cigarettes per day. However, if I socialize with people, it is hard to calculate how many cigarettes I smoke (24-year-old, male, employee, daily smoker).

When individuals increase the frequency of smoking, they are more likely to enjoy the physical outcomes of smoking. As a stimulant, nicotine consumption increases vigilance in the

performance of repetitive tasks and improves attention and memory (Benowitz 1996, Matta et al. 2007). In this way, new cigarette users acquire psychological needs.

Qiu: When I discuss something with someone or I am thinking, I smoke. When I play video games, I smoke as well. Smoking makes my brain clear and concentrated..... I also smoke a cigarette if I am stuck with writing essays. I light up a cigarette and go through what I have written, and then think about what to write next.... If I feel sleepy, I also smoke to refresh myself (22-year-old, male, undergraduate, daily smoker).

Shen: My job tires me. I cannot drink when I work. I use cigarette smoking as a way to have a break and to refresh myself (18-year-old, male, migrant worker, daily smoker).

When young people expect positive things from smoking, such as coping better with stress, they are more likely to smoke (US Department of Health and Human Services 2012, Arrazola et al. 2014). With increasing smoking experiences the cigarette user learns to perceive a greater appreciation of the cigarette's both the stimulant and depressant effects. In its role as a depressant, nicotine can improve mood. In my interviews, many smokers reported that they are more apt to smoke in response to stressful situations or negative moods. Smoking helps them alleviate depression, anxiety and pain, and increase pleasure. The following accounts are some of the examples:

Liu: Smoking can relieve stress. When I cannot focus on reading and feel fullness in the head, I do not know how to let it off. But smoking a cigarette can help me relax (23-year-old, male, employee, daily smoker).

Jiao: The reason why I smoke is because of study pressures and feeling bored Smoking does help me to alleviate pressure and has a narcotic effect. After playing basketball, smoking helps my muscles relax (22-year-old, male, administrator in college, daily smoker).

Shi: I do not smoke often. I only smoke when I feel depressed... I use smoking cigarettes as a way to alleviate pressure (22-year-old, male, undergraduate, social smoker).

Jiang: I do not smoke when I am busy. But I can smoke a pack of cigarettes when I am free, especially when I feel unhappy or under pressure. Smoking helps me relax (18-year-old, male, migrant worker, daily smoker).

When new users continue to smoke for a period of time, they become tolerant to nicotine. As tolerance to the stimulant and depressant effects of nicotine develops, chronic smokers probably do not continue to gain absolute improvements in the performance of tasks requiring sustained attention. Because of the tolerance, the smokers' bodies adapt to nicotine. Smokers tend to increase the amount of tobacco they use, which means that they have to smoke more cigarettes to get the same effect (West and Russell 1988).

When cigarette users become addicted to nicotine, they experience both dependence and withdrawal symptoms. Dependence is repetitive and compulsive use of drug, and withdrawal is a syndrome of symptoms that occur when a regular user abruptly stop use (American Psychiatric Association 1994). Withdrawal and dependence can be linked. People who show signs of dependence are more likely to experience withdrawal symptoms. Greater nicotine dependence has been shown to lower the motivation to stop, create difficulty in trying to stop and to increase the likelihood of failure to stop, as well as to smoking the first cigarette earlier in the day. Here is what some of the respondents had to say:

Zhao Yu: Smoking is a habit. For example, I smoke a cigarette after dinner or in the morning. If I stop smoke for a while, I feel I have lost something or forgotten to do something (24-year-old, male, employee, daily smoker).

Shen: The reason why young people smoke is curiosity rather than addiction. When they confront their smoking status after a period, they have become addicted to cigarettes (18-year-old, male, migrant worker, daily smoker).

Jinze: Different age groups smoke for different reasons. Smoking for teenagers is a symbol of rebellion rather than a need. When these teenagers grow up and confront their smoking for a while, they have dependence and smoking is a habit. When they are addicted to nicotine, it is too late to stop (24-year-old, male, employee, daily smoker).

When nicotine is not available (e.g. when a smoker stops smoking), brain function becomes disturbed, resulting in withdrawal. Withdrawal symptoms include a craving for cigarettes,

irritability, anxiety, depression, difficulty concentrating and increased appetite (American Psychiatric Association 1994). A common misconception is that smoking a cigarette, especially the first of the day, invariably feels good. However, in fact, the calming effects come from a consideration of the alleviation of withdrawal symptoms (Maisto et al. 2014). A plausible explanation for why smokers perceive feeling calmer after smoking a cigarette is mainly because smoking reverses the symptoms of nicotine withdrawal. Tobacco cravings can be elicited by factors that do not contain nicotine, including the smell of smoke, the sight of other people smoking, and tobacco advertisements.

Zhao Yu: I want to smoke when I see someone is smoking in the TV.... Smoking is a habit... At midnight, I wake up and smoke a cigarette. I think my brain knows it is time for cigarettes (24-year-old, male, employee, daily smoker).

Pan: During a period of stopping smoking, my appetite increases. I gain weight. When I want to eat, it is the time for cigarette craving (21-year-old, male, undergraduate, ex-smoker).

Besides the addictive nature of smoking, the social function of smoking not only influences Chinese men's smoking uptake, but also impedes smokers from stopping smoking. Liu, who smoked for two years, told me in the first interview that he planned to give up smoking in the near future. After five months, I talked to him again and asked whether he stopped smoking or not. He told me that he had not and that he now smokes more heavily than before:

I smoke more cigarettes than before [after starting working]. The working environment is very important [in influencing smoking choice]. Nearly all my colleagues smoke.... We often smoke and drink together (23-year-old, male, employee, daily smoker).

From the above account, it seems that workplace smoking does not help smokers stop smoking. Another interviewee also said that he tried stopping but failed because of the social function of smoking: "Because of health issue, I gave up smoking for a while. However, I felt it was hard to

chat with people without smoking in some situations. Hence, I started smoking again” (Hao Wang, 24-year-old, male, employee, daily smoker). As we have seen at the beginning of the chapter, cigarette offering, sharing and gifting have an impact on the construction of power relations among Chinese men. Although the ritual is gradually becoming less common among young generation and less socially acceptable due to health concerns (this is discussed in chapter 7) offering and gifting premium cigarettes in important social events or situations is still deemed a courtesy. Such deeply ingrained cultural practices such as gift-giving of cigarettes keep the prevalence of male smoking high and make the denormalization of smoking difficult.

Conclusions

The cigarette has become symbolic across China, signalling adherence to social norms when men go about their daily activities of work and social interactions. Male smokers and non-smokers often have little choice but to engage in that situation. Much academic research on smoking focuses on the health consequences, such as tobacco-related disease and mortality. This chapter has tried to change the focus from health by asking what the social factors and social context of smoking cigarettes are. Can sociology help to explain the large proportion of male cigarette smokers in Chinese society?

This chapter discussed how the consumption of cigarettes, especially premium cigarettes, helps to construct power relations in personal networks, especially among men. Cigarette smoking, as an overwhelmingly a male activity in the present day, remains an important social activity in nowadays China. For some men in the study smoking was an activity of considerable social importance rather than simply a pleasurable act. The offering and sharing of cigarettes has become one of the most important social practices for building and maintaining social networks among Chinese men. I argue that cigarettes, especially premium cigarettes, are seen as social

currency by Chinese men. The consumption of premium cigarettes is a symbol of social status and helps to construct power in social relations, especially among men. Gifting high price cartons of cigarettes facilitates relationship-building across daily interpersonal interactions and is a medium for asking for a favour or for securing benefits.

When compared to many other countries, especially European countries and the US, China has its own distinctive pro-smoking culture. So what exactly is this culture? I argue that Chinese men view offering cigarettes to strangers and others they are talking to as normal. Cigarettes help to facilitate social encounters between men. When meeting with acquaintances, it seems impolite if you start smoking without offering one to the others. Even if the others refuse, it is also normal to ask. It is all about cigarette etiquette. For men offering a cigarette is good manners. When men meet senior people or their boss, they offer cigarettes to him to show their respect. When men talk to somebody, they offer a cigarette to build trust. Serving cigarette happens frequently in China and is rarely seen nowadays in European countries or the US. Moreover, the cigarette brand could also represent the consumer's social status. People believe cigarettes establish their social class, with premium brand of cigarettes being a symbol of an upper-class or wealthy man or women. China has many types of cigarettes and there is a big price gap between different cigarettes brands, while in many countries the prices of cigarette are quite similar sometimes even the same. For tobacco control prevention, increasing the price of cigarettes and decreasing the price gap could be a strategy to weaken the gift culture of cigarettes in China. I argue that we need to explode the myth of tobacco as a symbol of masculinity and to make non-smoking the new 'normal' in the Chinese context.

In this chapter, I also examined the smoking process by arguing that smoking is a learned behaviour. Becoming a regular cigarette smoker involves a process: learning the technique of

smoking; learning to perceive and enjoy the effects; continuing to smoke; and then becoming addicted. The social symbolism of cigarettes and the ritual of offering and sharing strongly contribute to smoking initiation and maintenance, as well as the failure to reduce smoking among Chinese men. In other words, smoking is not just a personal behaviour; it performs a role in Chinese social relationships. To stop smoking means cutting these social ties.

The pharmacological nature of nicotine in cigarettes means that new smokers can easily become addicted and then continue to smoke and find it difficult to give up. To what extent the physical effects of tobacco influence giving up will be discussed in chapter 7. Why Chinese women rarely smoke is the subject of the next chapter.

Chapter 6: Cigarette smoking among Chinese women

In the last chapter, I examined why smoking cigarettes by Chinese men is considered as acceptable, even desirable, behaviour and reflected on how to understand the offering and sharing cigarettes in social relations. As noted in chapter 4, historically cigarette smoking was viewed as a display of masculinity, while women who smoked were often considered to be improper and distasteful. Whether and how this social unacceptability of female smoking cigarettes impacts on women's smoking choices nowadays is not fully understood. Concepts and theories of deviance and self-stigma are used to explore where the different gendered attitudes towards smoking cigarettes come from. At the same time, the discussion presented relates to the impact of changes in women's socioeconomic status on women's smoking choices. The debate on the physical pleasure of psychoactive drug use is also examined.

In this chapter, I focus on cigarette smoking among Chinese women and investigate the reasons why Chinese men and women typically reject the smoking of cigarettes by women and what their attitudes are towards those women who do smoke. I also discuss the reasons for cigarette smoking in young women and how they cope with the negative attitudes towards their smoking.

The reasons for women not smoking cigarettes

When I asked female interviewees to describe the image of female smokers, nearly all of the women non-smokers used a derogatory 'tag' to label female smokers. Their negative phrases include 'bad girl', 'does not study', 'rebellious', 'weird' or 'decadent'. It seems that young women who care about their social identity and reputation do not take up smoking in order to avoid ruining their self-image. For instance, Zhao Min, a 20-year-old never smoke explained the reasons why she did not smoke: "I find smoking repellent. I do not smoke. Moreover, I care

about how others think about me. If I smoked, people around me might look at me differently and treat me like a weirdo.” Some other female non-smokers also spoke along similar lines:

Jie: I think I should have a decent image in front of the public [not smoking] (18-year-old, female, undergraduate, never-smoker).

Ling Ge: I do not want other people in my village to gossip that I smoke. It is bad for my reputation. In fact, no women smoke in my village (18-year-old, female, student, never-smoker).

The above accounts suggest that the negative image of female smokers influence women’s smoking initiation. Social disapproval of women smoking cigarettes is much stronger in rural areas, where traditional gender norms are ubiquitous. Married women who smoke are often viewed as unfit mothers and wives. For instance, Xiao Bai, who grew up in a rural family, said that the reason why she does not smoke is because “in my rural hometown, smoking by women is unacceptable. In the eyes of old people, a women’s image is affected negatively if she takes up smoking” (23-year-old, female, migrant worker, never smoker). Some male interviewees also said they do not accept women smoking:

Zhao Yu: I cannot accept women smoking...I think it is normal for men to smoke. Maybe I am too conservative. In traditional Chinese culture, men are out to make money and be social. Women should obey the ‘three obediences and four virtues’. Few women smoke. This phenomenon may link to the culture....In China, men are breadwinners (24-year-old, male, employee, daily smoker).

Jiang: I cannot accept women smoking. Smoking is not a decent behaviour for females. Their images are ruined (18-year-old, male, migrant worker, daily-smoker).

Zuo: I hate women smoking. I cannot accept smoking or tattoos on women. This is different from Western countries, Chinese women who smoke or have tattoos are less-educated and have low moral quality (22-year-old, male, undergraduate, occasional smoker).

N5, Focus group 4: I will not choose a woman who smokes to be my girlfriend. I even do not want to talk with them. [Why?] Because if you are a hard studying student, you will not smoke. Women who smoke are those who do not study. Then I have no common interest with them (16-year-old, male, student, never-smoker).

In the above accounts, the negative image of female smokers and the social unacceptability of smoking by women are the most important reasons why women do not smoke cigarettes in China. The reasons for these two factors can be traced back to the history of smoking by gender and the change of gender roles. As discussed in chapter 4, Chinese family behaviours and values are rooted in Confucianism, which emphasises a patriarchal order over generation, age and gender (Wang 2003, Li 2000). People of the old generation are held to be superior to those of the younger and men are held to be superior to women. Achieving family harmony and prosperity is the priority goal, beyond the individual family members' interests. This long Confucian tradition with an established model of patriarchal, family-based gender relations has been put under pressure by China's rapid industrial development and with the impact of Western images of gender relations. Over the past several decades, since the New Republic of China was established by the Chinese Communist Party (CCP) in 1949, Confucian values of gender inequality have altered due to social-political campaigns promoted gender equality. Women have had increased education and employment opportunities and enhanced social status outside their homes (Stockman et al. 1995). However, within their homes, women continue to subordinate to their husband and take the main caring work for their family and children, while men maintain the head status as breadwinners and make decisions about important family issues (Judd 1994, Xu 2008).

The health concerns about smoking and dislike of the smell are other reasons why female do not smoke. Studies show that female may be more concerned than males with the aesthetic disadvantages of smoking, such as their dislike of the smell (US Public Health Service 1969, National Institute of Education 1979). In China, nearly 50% of nonsmoking women were exposed to household second-hand smoke (Zhang et al. 2013). In my interviews, most of the

non-smokers were women and all non-smokers experienced unpleasant second-hand smoke exposure and were worried about the risks of inhaling tobacco smoke to their health.

Zhao: I do not smoke because I hate the smell. I totally cannot understand why young females smoke. Do not they think the smell is unpleasant? To my knowledge, all my best female friends hate the smell.....Smoking is bad for health. I know smoking makes lungs black and gives you a shorter life expectancy (17-year-old, female, high school student, never-smoker).

Qiaong: I think secondhand smoking is worse than smoking directly. I hate smokers. Why do they destroy my health? (24-year-old, female, employee, never-smoker)

From the above accounts it is apparent that some female non-smokers had limited capacity to reduce second-hand smoke exposure. For instance, Zhao said that she and her mum had asked her father to smoke in the balcony in order to avoid second-hand smoke at home: “My mum and I are against my father smoking. I do not allow him to smoke at home. I pushed him to go to the balcony to smoke” (17-year-old, female, high school student, never-smoker). The study by Yang et al (2016) found that in some countries, gender inequality makes many women powerless to stop men smoking at social gatherings. In a social structure supporting hegemonic masculinity, women tend to adopt male smoking rituals (see chapter 5).

The new image of young female smokers

As presented in the last section, some young adults have strong negative views about female smokers. However, in focus group discussion about what they think about female smoking, it seems that smoking by women is becoming somewhat more acceptable nowadays and it is clear that different perceptions exist. Some participants accepted women smoking and believed smoking makes women look cool and independent. They mentioned that new generations of young women are becoming more equal compared with their earlier counterparts in many

areas of life. Smoking is an example. Young women have the freedom to choose to take up smoking or not.

N4, Focus group 3: I did not feel any difference between men and women smoking. Because of gender equality, both women and men can smoke. Women smoking has become normal as more and more women smoke nowadays... Although I cannot accept my girlfriend smoke. The image is bad (17-year-old, male, student, daily smoker).

N2, Focus group 3: I feel everyone is equal. As I smoke, I accept that women smoke (16-year-old, male, student, daily smoker).

N3, Focus group 3: I do not care about the image of women smoking. If I like the girl, no matter whether she smokes or not, I always like her (16-year-old, male, student, never smoker).

Wang Wei: I feel women smokers are attractive and cool. Women have equal rights to smoke and socialize, like their male counterparts (24-year-old, male, employee, daily smoker).

Pan: In fact, I feel women smokers are super cool (laugh) (21-year-old, male, undergraduate, ex-smoker).

In contrast to the male participants' views, some female non-smokers expressed their views on why they felt that more and more young females smoke. They said that the image of appearing 'attractive', 'cool' and 'mature' by smoking can motivate young women to pick up cigarettes.

Jie: Under the influence of Western culture, Chinese young people are encouraged to chase their dreams and to be themselves...There are many smoking scenes in movies. I think young girls might feel the image of girl smoking is cool and attractive (20-year-old, female, undergraduate, never-smoker).

Qiaong: I guess why women smoke is because they feel it is cool. They feel they are doing something that nobody dares (24-year-old, female, employee, never smoker).

Li: I think women who smoke treat smoking as a cool behaviour (17-year-old, female, student, never-smoker).

Liu Xu: I cannot stand women smoking. I have a female friend, who is very special. I said to her it is a bad image for a girl to smoke. However, she thinks smoking is very cool (18-year-old, female, student, never-smoker).

N6, Focus group 7: I think why women smoke is because they want to be cool or to be involved in a particular network (16-year-old, female, student, never-smoker).

Previous cultural norms have kept smoking among Chinese women at low levels, as discussed in chapter 4; nowadays, though, there is an increasing acceptance of women smoking. A three-year (2006-2009) study which explored current perceptions of women smoking in China found that norms against female smoking remain strong in China, however, the acceptance of female smoking increased significantly (Sansone et al. 2015). This growing social acceptance of women's smoking may lead to a decrease in the gender difference in smoking prevalence.

What factors have influenced the change of social attitudes towards women's smoking? There have been various social changes, including the greater importance now attached to gender equality in China, which have led to greater tolerance and social acceptability of women smoking. Since the 1990s, there has been marked economic growth and integration of China into the global economy, which has brought with it a significant change in the social position of women. Chinese women have been experiencing improvements in their economic, social, and educational status. For example, the proportion of Chinese women's enrolment in university education doubled from 23% to 51% in three decades (1980-2010) (National Bureau of Statistics 2011). Furthermore, from the late 1950s, it became normal for married women to work full-time in the state or collective work-units. Women's paid employment was considered the key driver of their liberation. Entering into social labour by earning an income gave women influence within the family and a more independent status. All these changes helped to lead to a redefinition of their behaviour in a number of areas, including smoking.

Studies show that young urbanized women are often among the first to adopt cigarette smoking in low-income and middle-income countries (Pampel and Denney 2011). In China, a study by Ho et al. (2010) focusing on rural and urban young women in China (14 to 24 years of

age) found that urban students were about twice as likely to be current smokers as rural ones. Ho et al. argue that gender empowerment (measured by economic and political participation) could be one reason why more urban women smoke than women in rural areas. As young urban people usually have more pocket money than young rural people, young urban females can more readily afford to purchase cigarettes. This greater affordability has a marked influence on tobacco consumption. Moreover, young women who live in an urban environment are exposed to a more consumer-oriented society and encounter far more tobacco advertisements. It is also easier for them to access cigarettes.

The tobacco industry, as discussed in chapter 4, has used many strategies to challenge the social taboo that respectable women should not smoke. Nowadays, in fact, these promotion strategies are being used today by the tobacco industry around the world. The tobacco industry plays a significant role in constructing the image of female smokers. The industry has tried to change social attitudes towards women smoking through its advertisements. The female images tobacco companies often include vitality, slimness, modernity, emancipation, sophistication, and sexual allure (Amos and Haglund 2000, Eriksen et al. 2013). In high-income countries female smoking is declining because of the strength of the messages around its health risks and public health policies curtailing smoking, with the habit becoming increasingly concentrated in disadvantaged groups. Given the low smoking prevalence levels in countries where it is still considered culturally inappropriate for women and girls to smoke, women and girls in many low-and middle-income countries represent a vast untapped market and are a target market of the tobacco industry.

Tobacco companies often use gendered approaches to target girls and women. Picture 6-1 shows a Chinese cigarette brand which is characterized by long, slim and colourful designs to

attract women. Many studies found that this marketing strategy influenced on smokers' consumption. For instance, one Chinese study found that over two-thirds of female smokers thought that 'light' or 'low tar' cigarettes were less harmful than regular cigarettes (Elton-Marshall et al. 2010). Another study in Chinese high-school girls found that half of the participants in focus groups believed that smoking makes women look independent, autonomous and as having charisma (Ho et al. 2007). Another Chinese study found that female students who believe that 'cigarettes made for women' (women's brands) were less harmful to health were more likely to smoking experimentation (Ho et al. 2010).

Picture 6-1: Cigarette brands, including slim version, aimed at women in China



Note: The pictures were taken on 4 February 2016 in a tobacco shop.

Becoming a young female smoker

In the last two sections, the mixed images of female smokers were discussed. But what is the smoking experience of female smokers and to what extent do the images of female smokers influence their smoking experiences?

In my study, all the young female smokers stated that their first smoking experience was with friends. They smoked more cigarettes with friends than by themselves. Hence, peer influence plays a significant role in smoking initiation. This finding does not show obvious gender difference and is consistent with the results from the Global Youth Tobacco Survey (GYTS) China 2014, which shows that 44% of the students (aged 13-15-year-old) reported that the first cigarette came from peers (China Center for Disease Control and Prevention 2014). The following extracts are from two female smokers who described their first smoking experience with same gender friends:

Ying: When I was in junior and high school, some boy students smoked, but I did not think about smoking at that time. I thought only bad students smoke....When I was at the university, some of my female friends smoked, and we always hang out together. I started smoking with them (23-year-old, female, employee, occasional smoker).

Shi San: My first smoking experience was in the vocational high school. I met a group of bad girls. They were so different from people I had met before. These girls were very open and used dirty words. I was attracted by their behaviour and wanted to be involved with them. They asked me if I smoked. I said No then they just taught me. I thought smoking with them was a way to get involved in a group (20-year-old, female, unemployed, daily smoker).

In the above two female smokers' smoking experience, initially, they were influenced by the social stigma surrounding female smokers. They regarded female smoking as deviant and did not choose to smoke. However, when they joined a group which had female smokers, the group confirmed and accepted female smoking. In other words, the other female smokers surrounding them provided them with support and understanding and did not apply deviant labels. Hence, they learned their smoking skills from the group and then joined in smoking with group members. Becker (1963) argues that a label defines an individual as a particular kind of person. Since individual identity is largely derived from how others act and respond towards a person, he or she will tend to see themselves in terms of the label. He names the process

through which people take on an identity given to them by others as a stage in a 'career'. This process is typical of deviant behaviour, as a person who is labelled as a deviant often accepts their identity. If they do, they begin to act in a manner which reflects this perception of them.

Given the addictive nature of tobacco, as discussed in chapter 5, the medical and psychological effects of smoking could have been one motivation in continuing to smoke. Not all individuals who try smoking continue as smokers, however, once an individual smokes several times they are more likely to take a smoking path and keep smoking. In my study, the psychological effects on gender differences are not obvious.

As new smokers start to smoke regularly, their body gets used to regular nicotine doses and they become physiologically dependent. They also believe smoking helps them to cope with stress and to calm nerves. Study shows that women smokers who are of a low class are more likely to use cigarette smoking as a method to regulate negative moods, for instance to reduce stress and anxiety or to relax (Graham and Der 1999). For instance, Shi San, who graduated from a vocational college and moved from a rural area to Tianjin city to work, said that as a daily smoker she used cigarettes as a way to cope with stress and unpleasant experience:

[Smoking is] a habit and a way to refresh. When I am unhappy or nearly lose my temper, I smoke. Smoking helps me cool down...When I smoke, I feel relief. When I feel pressure, I cannot shout. I just want to be alone. Smoking is not an addiction sometimes, but a tool to relieve the pressure (20-year-old, female, unemployed, daily smoker).

Some studies have distinguished between drug users according to their motivations for use, for example, experimental, recreational, spiritual or dependent (Gossop 2006). Based on the separation of nature and culture, Latour (1993) distinguishes the pleasure and addiction of drug use: pleasure is associated with the 'free' world of subjects, addiction is associated with the

realm of objects and the 'determined brain'. The ways that 'addiction' and 'pleasure' co-exist in participants' accounts. Much research working in the sociology of drug use draw on Michel Foucault's concept of 'governmentality' but neglect of pleasure (Foucault 1979, 1991 [1978]; O'Malley and Valverde 2004). Within this framework, drug use is seen to be without 'freedom' and without 'pleasure' (O'Malley and Valverde 2004). By contrast, some drug researchers such as Ettorre, Henderson and Measham have sought to link women's substance use to the pleasurable rather than the problematic aspects of their lives (Ettorre 1992, 2007; Henderson 1993, 1999; Measham 2002). Pennary challenges the media and public health discourse which identify 'drug users as uncontrolled, irrational', in demonstrating, conversely, drug users 'regulated and ordered their bodies during sessions of alcohol and party-drug use' (2012: 417, 419). Extending an idea of pleasure beyond the rational, Duff considers the physical pleasures of psychoactive drug use¹⁸ from 'context' (2008) and 'assemblage' (2012, 2013, 2014). In this sense, drugs are 'not the same thing from one network to another or from one event of consumption to another' (Duff 2013: 169). Therefore, the pleasure is not caused from drugs, but is made in these contexts.

In this context, cigarette, as a drug, is a recreational drug. Many women smoke because they enjoy it as a pleasurable sensation, as shown from the above young women smokers' accounts. Moreover, smoking is also related to the way that social separation of production from reproduction (Ettorre 1992; Leonard and Speakman 1986). A woman smoker is attempting to make a distinction between work and leisure by using smoking.

¹⁸ Psychoactive drug or substance is defined as a substance that when ingested affects mental processes (Paylor et al. 2012).

Although female smokers smoked freely with their friends, in public, they still often have strong social pressure against their smoking behaviour. For instance, Shi San described her perceived isolation from her colleagues because of her smoking status.

Shi San: I feel I am weird when I smoke because none of my colleagues smoke. In the workplace, colleagues tend to exclude me because I smoke. They look at me strangely. There is an estrangement between my colleagues and me. Most people still treat of women who smoke as bad people.

Interviewer: What do you think about their attitudes?

Shi San: I think this is discrimination. When they see I smoke they may associate smoking with moral character. They feel I am a loose girl... I think it is unfair not to allow women to smoke.

Within this environment of social disapprobation, female smokers learn how to deal with mainstream conventions and maintain their smoking. Specifically, female smokers are more likely to smoke in particular private places (e.g. hiding places, workplace corridors, homes, clubs, and pubs) with friends or by themselves rather than in public places. They do not even let their parents and friends who do not smoke know that they smoke. For instance, Shi San described how she always finds a hidden place to smoke and has not let her father know she is a smoker:

I often smoke during lunch break. Smoking should be a way to relax. But my feeling is terrible because I have to find a secret place and do not let anyone see that I smoke... I was born in a big family in a rural village. Nearly everyone knows me in the village. My reputation represents my parents. Hence, I need to find a hidden place to smoke... I never smoke in front of my father... My mum knows I smoke and she is tolerant of my smoking behaviour. But she told me not to smoke in front of my father.

Other young female smokers have similar smoking experiences:

Ying: I rarely smoke on the street... When I hang out with friends or have dinner with them, I smoke with my friends. I do not smoke if they do not smoke either... When I work, I smoke in the smoking room... I smoke more often with friends when

hanging out. I sometimes smoke alone (23-year-old, female, employee, occasional smoker).

Lan: I do not smoke on the street. I always find a hidden corner and smoke secretly and alone (19-year-old, female, student, daily smoker).

Becker (1963), as noted in chapter 2, claims that whether a person is labelled an outsider or not is based on social rules. In other words, whether a given act is deviant or not depends in part on if it violates any social rules and in part on what other people do about it. The rules are created by social groups. Applying the theory of labelling, smoking cigarettes may be considered deviant behaviour and smokers in China may be labelled deviant, particularly women. Since the late 1930s, under the traditional cultural and societal values, there has been a strong social stigma against female smoking cigarettes (see chapter 4). Nowadays, women who smoke are still often defined as deviant.

Conclusions

This chapter discusses social-cultural change in terms of smoking-related attitudes and behaviour and shows how women smoking differently from men within the wider cultural context of gendered smoking. I first discussed the reason for women not smoking. I argue that social norms against female smoking in China have remained strong, especially in rural areas. One of the most important reasons why most Chinese women do not smoke cigarettes is the widely repeated aphorism that 'good girls don't smoke'. The social stigma against female smoking is not only the main reason why young Chinese women do not smoke, but also has an impact on where female smokers smoke. Given the stigma, female smokers rarely smoke in public places and often smoke in private places with friends or by themselves. First cigarettes are usually smoked with friends and having close friends who smoke is a strong predictor of

whether a young person will take up smoking. The initiation of smoking in young women, as in young men, is heavily influenced by peers.

Although the current smoking rate for female is relatively low compared to their male counterparts, it has increased progressively among young women since the 1980s. Economic development and the subsequent rise in disposable income may allow larger portions of the population to purchase cigarettes. Urbanization brings changes in social structures and increases the freedom from rural anti-smoking norms and traditions. Changes in women's status and the greater emphasis on gender equality in China has created greater social acceptability of smoking by women. The tobacco industry also plays an important role in changing social attitudes towards women smoking by promoting the symbolic value of the cigarette for women. Through the influence of the tobacco industry's marketing, smoking is associated with gender equality and attractive body images. In tobacco control research, policy and practice, gender need to be brought into consideration if effective policies are to be introduced.

Chapter 7: Changing behaviour - blindness to risk and a critique of government policy

In the last two chapters, I discussed the reasons why there is a high prevalence of smoking in men but a relatively low prevalence of smoking in women. Smoking has long been identified as a major cause of many preventable diseases, leads to premature death, and accounts for a significant proportion of health inequalities. In this chapter, drawing on my data, I first describe young adults' knowledge of the health effects of smoking cigarettes. I then go on to explore young adults' understanding of e-cigarettes and the experience of using them. Finally, I examine the challenges in tobacco control and criticize the implementation policies.

Knowledge of the health effects of smoking cigarettes

Non-smokers often choose to abstain from smoking because of health concerns. For instance, Qian, a male non-smoker said: "I believe that smoking has a big impact on health. First, it is definitely bad for the lungs. Sometimes I am exposed to second-hand smoke for a while and my throat does feel uncomfortable" (17-year-old, male, high school student, never-smoker).

Most young smokers were aware of the risks of smoking but had limited knowledge of its health effects. They knew that smoking is harmful to health and can lead to lung cancer, but they did not have a comprehensive knowledge of other diseases caused by smoking, such as chronic obstructive pulmonary disease (COPD), heart disease and strokes. More importantly, knowledge of the dangers of smoking does not appear to have a great impact on young people's smoking behaviour. In other words, although young smokers know the negative impact of smoking on health, they do not stop smoking. The following accounts are some of the examples:

Wang: I know smoking causes lung cancer and makes teeth yellow. Smoking during pregnancy can have a bad effect on babies. But this information does not stop me from smoking. I just gain some knowledge. That's it (22-year-old, male, undergraduate, occasional smoker).

Wu: I already knew smoking is bad for health when I was young. There is a health warning statement on the pack, saying smoking is bad for health. But it does not have any impact on me. Otherwise, I wouldn't be a smoker now (18-year-old, male, high school student, occasional smoker).

Shi: Sometimes I think that those kinds of education campaigns are exaggerated to frighten smokers (22-year-old, male, undergraduate, occasional smoker).

Yue: I know smoking is bad for your health. But I don't care much about it. As far as symptoms go, sometimes I smoke heavily then have a sore throat (24-year-old, male, employee, daily smoker).

Ying: Smoking is of course bad for health, and I obviously feel that my throat is always flawed. I only stop smoking when I am not feeling well, but I will start smoking again after I am in good health (23-year-old, female, employee, occasional smoker).

Shi San: Smoking certainly has an impact on health, such as heart and lungs. I care about my health, so I do some aerobic exercise to strengthen my heart and lungs (20-year-old, female, unemployed, daily smoker).

As presented in the above accounts, some young smokers recognized the contradictory kind of benefits that smoking provided. Young smokers were aware about the smoking habit damage to their health, such as 'I know smoking is bad for health'. However, the knowledge of the health effects of smoking cigarettes did not stop them smoking. Hence, there must be other things in life got in the way of them acting on this and giving up smoking, for instance, peer pressure, stress relief and social networks (see chapter 5 and 6).

Kelly and Barker (2016) criticize some common errors made in attempts to change health-related behaviour. One error is the belief that knowledge and information are the main drive of people's behaviour. For example, many public health practitioners or behavioural science experts believe that if they tell people the negative consequences of smoking, they will change their behaviour accordingly. In reality, giving people information does not necessarily make

them change their behaviour because it is strongly socially and culturally shaped. Michie (2014) argues that as it is located in complex social environments and cultures, human behaviour is the result of the interplay between habits, automatic responses to the environments, conscious choice and calculation.

Behaviours tend to be functional for people (Kelly and Barker 2016). Smoking is both addictive and risk-taking behaviour. The negative consequences of smoking, such as increased mortality, do not show up immediately. The below accounts from two daily smokers proved that smokers prefer to enjoy the current pleasure from smoking rather than think about the long-term health harms.

Wang Wei: I am not worried about health too much. That is the thing for the future. Sometimes I am thinking I have already smoked for several years, my lung has already become black, and it is meaningless to stop smoking now (24-year-old, male, employee, daily smoker).

Shen: Now I am young, I never think about the bad effect on my health. The health outcomes will appear when I am around 40 years old when I have smoked for a long time. When I am that age, I will think about stop smoking (18-year-old, male, migrant worker, daily smoker).

Kelly and Barker (2016) argue that another common error made in trying to change health-related behaviour is the idea that 'people act rationally'. In reality, people often act irrationally. Smoking involves processes and practices ingrained in social life. Smoking is embedded in people's everyday lives, their routines and habits. Self-identity is derived from this activity. This behaviour, to an important extent, helps people define who they are. Even when people accept the health information about the risks of smoking, behaviour change can be very difficult. As

Qiu put:

No matter how popular education is, whatever health warnings or ugly pictures on the packs, it is hard to change behaviour There are many education campaigns on TV or the

Internet about smoking leading to lung cancer. Most smokers definitely know smoking is bad for their health. But when they are addicted, it is hard for them to stop smoking (22-year-old, male, undergraduate, daily smoker).

Many scholars and campaigners claim that it is necessary to have much more propaganda to let young people know the health risks of smoking and establish a strong social norm against teenagers smoking. Globally, there are youth access policies to restrict young people's access to cigarettes, including laws setting a minimum age for buying tobacco products, licensing tobacco retailers, penalties for selling tobacco products to minors, and limits on vending machine placements (Amos and Bostock 2006, US Department of Health and Human Services 2012). The assumption of these programmes is that restricting young people's access will stop them from starting to smoke and disrupt the supply of cigarettes to underage smokers. However, there are controversies about restricting youth access. One key controversy is that it is unclear whether restrictions on youth access to cigarettes and education programmes can really stop underage smokers from getting cigarettes or even encourage them to smoke by making smoking seem adult and act of rebellion (Unger et al. 1999). If young people perceive themselves as 'rebels' or 'outside the mainstream', restrictions on access and health education can make smoking seem more appealing as a symbol of rebellion against authority or adulthood (Balbach et al. 2011). In my interviews, some participants expressed their opinions on this argument. They said that young people are often rebellious, so smoking interventions targeting young people could lead them to be much more curious about cigarettes or even are more likely to start smoking. The following accounts are some of the examples:

Jinze: I don't think there should be more education campaigns on the dangers of smoking among teenagers. Teenagers are rebellious. The more control government or teachers attempt, the more rebellious young people are (24-year-old, male, employee, daily smoker).

Jiang: It is hard to control smoking among young people. They are in adolescence and rebellious. They don't even listen to their parents, let alone the public health campaigns (18-year-old, male, migrant worker, daily smoker).

Jiao: The education campaigns on the dangers of smoking should start from primary school. If it starts from junior or high school, the young people are in transition to adulthood and rebellious. The more you tell them not to smoke, the more like they will (22-year-old, male, teacher in college, daily smoker).

Moreover, facing the health risk of smoking, some smokers chose so-called 'low-tar' cigarettes because they believe these types of cigarettes expose them to less tar and are less harmful to their health than regular cigarettes.

Liu: I suggest the tobacco industry should decrease the tar content in order to reduce the harm to smokers' health (23-year-old, male, employee, daily smoker).

Jinze: Tar in cigarettes is the most harmful ingredient. The higher purity of tar cigarettes contain, the more harm it causes to smokers (24-year-old, male, employee, daily smoker).

Studies have shown that the 'Premiumization' strategy to promote the concept that the premium brands of cigarettes are higher quality and less harmful used by the China National Tobacco Corporation (CNTC) does in fact work (Campaign for Tobacco-Free Kids 2012, Xu et al. 2019). According to the accounts above, it appears that CNTC's promotion strategy has an influence on people's cigarette brand consumption choice. People have been wrongly led to believe that premium cigarettes are of better quality and less harmful. In fact, there is no scientific evidence shows that 'low-tar' light cigarettes are safer than regular cigarettes (Elton-Marshall et al. 2010).

Understanding e-cigarettes and the experience of using them

E-cigarettes arguably pose fewer health risks than smoking cigarettes, increasing smoking cessation and reducing the widespread harms of smoke tobacco (Abrams 2014, Hajek 2014).

They are often marketed by manufacturers with claims that they are a healthier alternative to cigarette smoking, that there is no second-hand smoke exposure, and that they help with smoking cessation (Grana et al. 2014, Yao et al. 2016). Although evidence of these benefits remains contested and the long-term effects are unclear (El Dib et al. 2017, Grana et al. 2013, Grana et al. 2014), many smokers are motivated to use e-cigarettes to attempt to stop smoking (Dawkins et al. 2013, Dockrell et al. 2013, Simmons et al. 2016). China, as noted, is a global production and export centre of the e-cigarette industry. Around 95% of the world's e-cigarettes are manufactured in China, mainly in Shenzhen city (Eriksen et al. 2013). Despite the high level of production, consumption of e-cigarettes in China is relatively low. This section discusses young adults' reasons and experiences of e-cigarettes use. The attraction of e-cigarettes for non-smokers is also explored.

In my study, no non-smokers expressed interest in e-cigarettes use. All young participants who expressed interest in them or had ever tried them were smokers. The main reason these young adults give for vaping was to help them stop smoking. Some of them used both e-cigarettes and conventional cigarettes.

Ge: Some people cannot stop smoking cigarettes; they use e-cigarettes for cessation (22-year-old, male, undergraduate, occasional smoker).

Hao Wang: I used an e-cigarette for a period of time. In the beginning, I was curious about how e-cigarette helped stop smoking. I saw the advertisement on TV then bought one (24-year-old, male, employee, daily smoker).

Apart from wanting to stop smoking, young people can be motivated to try to use e-cigarettes for fun and out of curiosity. The following accounts are some of the examples:

Zheng: I tried an e-cigarette once out of curiosity (18-year-old, male, high school student, daily smoker).

Jiao: In 2014, e-cigarettes are very popular. My flatmate bought one and gave it to me to have a try. I tried it and I found it interesting and then I bought one for myself (22-year-old, male, administrator in college, daily smoker).

Jinze: Some people may use e-cigarettes to be special. For example, in the pub, people vape and there is lots of smoke. Vaping might make young people who never smoke want to try e-cigarettes. Young people are curious. They may try e-cigarettes if their peers smoke (24-year-old, male, employee, daily smoker).

Qiu: I have an e-cigarette. I heard about this product from my friend. I tried his e-cigarette once and it seemed interesting, then I bought one online for around RMB 400 (22-year-old, male, undergraduate, daily smoker).

Many users did not like the flavour and did not have a pleasant experience using them and did not use e-cigarettes often. This finding is different from other studies which show that young people are attracted by flavoured e-cigarettes (Dutra and Glantz 2014, Tsai et al. 2018). Some interviewees also complained that an e-cigarette was heavy to carry and needed to be recharged frequently. None of them stopped smoking completely by using e-cigarettes.

Hao Wang: I used my e-cigarette for a month, but it did not help me stop smoking at all.... There is no nicotine in it and I still have a craving for cigarettes. Moreover, it was inconvenient to carry my e-cigarette, as it was heavy and needed to be recharged often. Compared to e-cigarettes, conventional cigarettes can be bought in the store easily (24-year-old, male, employee, daily smoker).

Jiao: I think most of the people who have smoked for a long time want to use e-cigarettes for stopping smoking. However, the refill liquids contain nicotine and can be added to e-cigarettes as much as you like. So vaping does not decrease the dose of nicotine compared to conventional cigarettes. Moreover, an e-cigarette is heavy to carry and not easy to use. This product especially does not work for elderly people, who have smoked cigarettes for ages and do not want to try a new product (22-year-old, male, administrator in college, daily smoker).

Yue: I bought an e-cigarette for smoking cessation and used it for a period of time, but it was not helpful at all. I felt I like I was inhaling air rather than smoke (24-year-old, male, employee, daily-smoker).

Shi San: I used an e-cigarette to stop smoking. But the fruit flavour was so disgusting that I did not use it anymore (20-year-old, female, unemployed, daily smoker).

Yang Wang: I used an e-cigarette for smoking cessation but it was not helpful. As an addicted smoker, I smoked cigarettes to wake myself up. But the e-cigarette did

not give the same exact sensation as a cigarette, as there was no nicotine in it (24-year-old, male, employee, daily smoker).

Wang: I used an e-cigarette which was chocolate flavour and peach flavour..... A bad feature of e-cigarettes is that they have a plastic smell which disgusts me (22-year-old, male, undergraduate, occasional smoker).

Although most of the smokers used e-cigarettes for smoking cessation, some smokers used e-cigarettes to replace conventional cigarettes when they are not allowed to smoke conventional cigarettes in public indoors. For instance, Jinze, who is a daily smoker, said that the initial motivation for him to try an e-cigarette is replacing conventional cigarette smoking at home:

I use an e-cigarette when I cannot smoke cigarettes, not for stopping smoking. My parents do not allow me to smoke when I am at home, so I smoke an e-cigarette to reduce my craving for cigarettes. A year ago, I saw e-cigarettes online. I spent over 500 RMB to buy an e-cigarette. I smoked it in front of friends to show I was vaping. I also introduced flavours to them for fun. Actually, I never think of stopping smoking. I was lying to my parents when I told them I smoked an e-cigarette to stop smoking because they did not want me to smoke cigarettes. But I was addicted to nicotine, especially when playing video games. The withdrawal feeling was really horrible. So I found e-cigarettes online, which I used at home (24-year-old, male, employee, daily smoker).

It should be noted that many countries, including the UK, outlaw the use of e-cigarettes in public places. However, China does not have a national ban on e-cigarettes in public places, although the Beijing Tobacco Control Association has planned to promote the introduction of e-cigarettes into its tobacco control policies (Xinhua 2018). In Guangdong province, it is not permissible to smoke on a train or in a no-smoking area of trains or stations and this includes e-cigarettes. However, in most places of China where smoking cigarettes is banned and smokers want a nicotine hit they may use e-cigarettes.

Several empirical researches conducted in Chinese young people and adults, investigate the awareness and current use of e-cigarettes (Wang et al. 2018; Zhao 2019; Wang et al. 2019). Results show that e-cigarettes were widely known and popular among Chinese adolescents

aged between 12 and 18. There was a significant association between e-cigarette use and smoking cessation behaviour. Chinese adults were aware of e-cigarettes, while use was relatively low and most current users also smoked tobacco. Among smoking-related factors, cigarette smoking (ever and current), use of other tobacco products, second hand smoke exposure and previous attempts to quit smoking were significantly associated with higher current e-cigarettes use in adolescents.

In my study, interviewees also talked about their understanding of the safety of e-cigarettes compared to conventional cigarettes. Some believed that “vaping is less harmful than conventional cigarette smoking” (Liu, 23-year-old, male, employee, daily smoker). They thought e-cigarettes only contain nicotine which is addictive yet does not cause cancer, but not tar. The following accounts are some of the examples:

Jinze: Using e-cigarettes is a healthy hobby. E-cigarettes are not purely harmless, but vaping is much much less harmful than smoking.... Cigarettes have nicotine, which is addictive. Cigarettes also have tar and carbon monoxide, which are the unhealthy ingredients. But e-cigarettes do not have these unhealthy ingredients. Look at these liquid bottles, one says 6mg/ml nicotine content and one is 3mg/ml. At the beginning of using e-cigarettes, I used 12 and 6mg/ml. After half a year, I decreased the nicotine content, from 12, 6 to 3mg/ml. I did feel a big change in my body. After the first week of using it, I did not have phlegm anymore..... I checked online, which said that e-cigarettes are not good for the body but are not harmful either (24-year-old, male, employee, daily smoker).

Ge: E-cigarettes are less harmful than conventional cigarettes. However, generally speaking, both of them are bad for your health (22-year-old, male, undergraduate, occasional smoker).

However, some smokers are more vigilant about e-cigarette ingredients and constituents. They do not have much information about exactly what they are and whether they are harmful. Some interviewees believed e-cigarettes are at least as dangerous as smoking.

Wang: I think e-cigarettes are harmful.... Users do not know what the liquid is (22-year-old, male, undergraduate, occasional smoker).

Jiao: I feel e-cigarettes are unsafe. The device has a battery. The liquid contains addictive ingredients, which maybe are less harmful than conventional cigarettes (22-year-old, male, administrator in college, daily smoker).

Wang Wei: I think an e-cigarette is much unhealthier than a conventional cigarette because the liquid is chemical rather than nicotine (24-year-old, male, employee, daily-smoker).

Studies show that smokers are often motivated to use e-cigarettes because they believe that they are less harmful than traditional cigarettes (Campaign for Tobacco-Free Kids 2019). This awareness is often used by e-cigarette' manufacturers to claim that there is no nicotine and only water vapour inside e-cigarettes. However, the fact is that the aerosols do contain nicotine and are a source of second-hand exposure to nicotine and other toxins (Schripp et al. 2013, Czogala et al. 2013). According to a latest in vitro study published in *Thorax*, vaping damages immune cells in the lung, demonstrating that e-cigarettes are not 100% risk-free, although they are less harmful than ordinary cigarettes (Offord 2018).

In recent years, there have been reports and news of e-cigarettes exploding and causing serious injuries (BBC 2019a, The Guardian 2016). Battery explosion is caused by faulty batteries or because the batteries were not handled as they should be. Another concern about e-cigarette is whether second-hand e-cigarette vapour is harmful. Although e-cigarettes do not create smoke like tobacco cigarettes, they do give off vapour that may contain harmful substances (American Cancer Society 2019). A latest study provides clinical evidence that vitamin E acetate most likely caused US vaping illness (Blount et al. 2019). Another latest study finds that the level of some harmful components in e-cigarettes is even higher than in traditional cigarettes (Zhang et al. 2018). However, the scientific evidence on the harm of being exposed to second-hand e-cigarette vapour is still unknown. Hence, the harm of e-cigarettes should not be

underestimated. It is important to explore people's concerns about the safety of e-cigarettes and their experiences using them.

The phenomenon of the relatively low rates of cigarettes smoking in the US and Europe can be used to explain why e-cigarette use is popular in these countries. With more people realizing the harms of smoking and the government imposing tobacco control strategies on the market, the tobacco industry is investing research and development programmes to find substitutes for tobacco cigarettes to make a profit (Lundh et al. 2012). For instance, Philip Morris claims that the aim is to stop selling cigarettes as soon as possible and the company promises to develop and commercialize better alternatives (or so-called reduced-risk products) for smokers (BBC 2018). E-cigarettes are definitely a good choice for such companies. Tobacco industries also use mergers and acquisitions to expand into e-cigarettes. For example, in December 2018, Altria, a US tobacco company, acquired Juul (the main US producer of e-cigarettes) in order to expand their market (Financial Times 2018). Hence, it is necessary for the central government to establish a regulatory system on e-cigarettes, including continuing monitor e-cigarettes use, ban sales to children, preventing e-cigarette marketing, prioritising smoking cessation (Xu et al. 2016; Feldman and Yue 2015; Zhao et al. 2019; Jha 2019; Wang et al 2019).

Tobacco control regulation in China

China has in recent decades made some changes in tobacco control policies as I noted in Chapter 4. In this section, interviewees' understanding and perceptions of tobacco control are presented.

Smoke-free laws

When asking interviewees about their knowledge of tobacco control policies, smoking-free laws were mentioned the most. The term 'smoke-free' has been in use for decades to refer to stopping people smoking in public places and workplaces in order to protect others from exposure to second-hand tobacco smoke. Article 8 of the WHO FCTC makes it clear that country should provide protection "from exposure to tobacco smoke in indoor workplaces, on public transport, indoor public places and, as appropriate, other public places" (2003c: 8). In my study, all of the interviewees supported smoke-free bans and thought it was necessary to provide a smoke-free environment in public places. When talking about their own second-hand smoke exposure experiences, they were upset by environmental smoking exposure, especially in small developing cities or rural areas. Moreover, they rarely experienced any monitoring or fines for smokers who violated the bans. When talking about their opinions on the implementation of the smoking ban in public places, most of them said there were no-smoking signs in public places, yet complained that the enforcement did not work well. There were neither fines for smokers who smoked in public places (e.g. bars, restaurants and indoor workplaces) nor any monitoring. The following accounts are some of the examples:

Zhao: Many places have banned smoking, like taxis, the metro, hospitals and shopping malls... But enforcement is bad. No fines, no monitors. Smokers still smoke in public places (17-year-old, female, high school student, never-smoker).

Man Ling: I heard there is a smoking ban in public places in Tianjin. You are not allowed to smoke in any public place with a ceiling. But the implementation does not work at all. There are no smoking signs on the wall but nobody pays any attention to them. There is no monitoring at all (20-year-old, female, undergraduate, never-smoker).

Ling Ge: No smoking signs are everywhere. But if customers smoke in restaurants, the business staff will not try to dissuade them from smoking (18-year-old, female, high school student, never-smoker).

Zheng: I feel the smoke-free ban is implemented well in Beijing. No smokers smoke in Beijing restaurants. But in Tianjin, smokers smoke in restaurants... I think if the

finances are high enough, nobody would dare to smoke in public places (22-year-old, male, undergraduate, daily smoker).

Ge: I think the implementation of smoke-free law does not work at all. Non-smokers do not stop smokers who smoke in public places. Smokers just ignore no smoking signs in public places (22-year-old, male, undergraduate, occasional smoker).

China does not yet have a comprehensive national smoke-free law; there are only some local-level regulations. The effectiveness of the implementation in different cities is different. The latest two smoking control ordinances in Beijing in 2015 and in Shanghai in 2017 are considered to be the strictest smoke-free legislation at the city level and are fully compliant with Article 8 in the WHO FCTC (Yang et al. 2015). Under the rules, anyone who violates the bans must pay RMB 200 fines. The previous fine, seldom enforced, was just RMB 10. Anyone who breaks the law three times should be named on a government website. And businesses can be fined up to RMB 10,000 for failing to stop customers smoking on their premises. The ban prohibits smoking in all indoor public places and in places of business. Smoking rooms at airports were to be eliminated. After one year, a study evaluated the implementation of the 2015 Beijing ordinance and showed that the smoke-free environment around public places and primary and secondary schools was significantly better than one year before (*PeopleWeekly* 2016). The best smoke-free places were hospitals and the most obvious improvement places were Internet rooms and café bars, although in public transport stations the ordinance was not fully implemented.

Smoking cessation aids

The offer of smoking-cessation assistance is regarded as one of the fundamental WHO strategies to reduce global tobacco use (WHO 2008). The WHO FCTC recommends countries taking effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence, such as pharmaceutical products, counselling services on cessation of

tobacco use and telephone hotline (ibid). In my study, smokers have a weak awareness of smoking cessation aids and little experience in accessing any cessation approaches. For instance,

Ge said:

I do not trust any telephone quitline, clinics, whatever. I have never heard of it. I do not think the aid can really help me stop smoking. Stopping smoking is really a matter of using willpower (22-year-old, male, undergraduate, occasional smoker).

The discussion of the role of e-cigarettes as conventional cigarettes alternatives was presented earlier. Here, I focus on smoking-cessation clinics. In general, clinics play an important role in providing smoking-cessation services yet there are few in China. Wang et al. (2015) conducted an investigation and analysis of the current status of smoking cessation clinics in China in 2013. The results showed that the numbers of smoking cessation clinics in operation in China decreased by 53%, from 201 in 2010 to 94 in 2013 (Wang et al. 2015). Most clinics were located in developed cities, such as Beijing, Shanghai and Guangzhou province. Doctors said that it was difficult to maintain current smoking cessation clinics because there were few outpatients. In Beijing, the awareness of smoking cessation clinics was not high, 48% of smokers knew of this service and most of them (72.2%) had heard of the clinics from public campaigns (ibid). The reasons why smokers did not go to clinics were they did not consider nicotine addiction a disease (46%) or they did not think clinics would be helpful (18%)(ibid).

Moreover, some medical personnel lack the awareness or capacity to provide cessation advice. For example, a study in Beijing showed that about one-third of the physicians did not receive training on smoking cessation counselling (Zhang et al. 2005). Some other studies showed that physicians lack of interest to learn about tobacco and its health effects (Cui et al. 2007, Sen et al. 2006, Wang et al. 2006). As a result, one-fifth of physicians never or seldom inquired about patients' smoking status (Cui et al. 2007, Liu et al. 2007). The reasons doctors gave for not

asking patients if they smoked included beliefs that patients would not take their advice seriously and that smoking was irrelevant to current illness (Cui et al. 2007, Jiang et al. 2005). Smokers also complained that the cessation programme was not available or affordable because the cost was excluded from Chinese health insurance. Another smoking-cessation service in China is a smoking telephone quitline. In 2013, the China Health Counselling Hotline began extending a cessation consultation service to ten cities in China. However, the use of smoking telephone quitline is relatively infrequent (Chen et al. 2015).

Cigarette packaging

According to Article 11, the WHO FCTC recommends countries to implement plain (standardized) packaging of tobacco products and states that large and clear warnings should appear on both the front and back of cigarette packets (World Health Organization 2003a). Some studies have evaluated the effects of standardized packaging and found that graphic health warnings or pictures have a greater impact than words alone in increasing people's awareness of the harms of smoking and reducing its appeal (Wakefield et al. 2015, White et al. 2015).

In my study, interviewees mentioned their attitudes towards the cigarette packaging of Chinese and foreign brands. They said that Chinese brands had only health warning sentences on the packs, while foreign brands of cigarettes were disgusting with ugly pictures on the packs. They did not buy such packs. However, neither health warnings nor ugly pictures make them want to stop smoking. The following accounts are some of the examples:

Shen: I knew there was a health warning on the pack of cigarettes, saying 'smoking is bad for health', 'stopping smoking is good for health'... I never buy the foreign brands that have ugly pictures on the packs. But most of the Chinese brands have delicate packages. Sometimes I would like to buy brands that have beautiful packages (18-year-old, male, migrant worker, daily smoker).

Ying: I know on the pack of Chinese brands of cigarettes there is a warning sentence saying ‘smoking is bad for health’. I know Thai brands of cigarettes have ugly pictures, which make me feel disgusted (23-year-old, female, employee, occasional smoker).

Shi San: The ugly picture on the pack of cigarettes definitely has an impact on me. I feel disgusted and I do not buy those brands of cigarettes (20-year-old, female, unemployed, daily smoker).

Many countries, such as Australia, the UK, and Thailand, have introduced standardized packaging, which includes pictorial health warnings (see Picture 7-1). In China, however, only text warnings (e.g. smoking causes cancer; smoking is harmful to your health) are included on cigarette packs. Moreover, in many countries, it is illegal to display tobacco products at the pints of the sale in stores, although it is not in China (see picture 7-2). Data shows that 64% of current Chinese smokers said that they were not influenced by the text warning packaging on Chinese brand cigarettes in their decisions about smoking (Chinese Center for Disease Control and Prevention 2010a). State Tobacco Monopoly Administration (STMA) officials are strongly against the use of graphic warnings on packs and argue that this type of pack is incompatible with Chinese cultural traditions, such as gifting premium cigarettes (Burki 2016).

Picture 7-1: Branded cigarette packs in China and Thailand



Note: Cigarette pack in China is on the left, in Thailand is on the right

Picture 7-2: Display of cigarettes in a supermarket Tianjin



Note: The picture was taken on 17 January 2016

The price of cigarettes

In my study, smokers were asked about their attitudes towards the price of cigarettes in China. Most of them said that Chinese cigarettes were inexpensive, compared to foreign brands. The 2015 adjustment to tobacco taxation is the latest national tobacco tax reform in China (Zheng et al. 2016). Interviewees were asked their experience of the increased price of cigarettes. Young adults thought that although the price had increased, they still could afford to buy them. Because of the increase in the prices and the range in prices, some of them shifted to cheaper brands. No smokers said that they thought about stopping smoking because of the price increase. Here is what they said:

Liu: Compared to some other countries, like Japan, the price of cigarettes in China is very cheap. Some brands of packs of cigarettes just cost RMB 2, which is too cheap (23-year-old, male, master graduate, daily smoker).

Shen: Last year, there was a RMB 1-2 increase per pack. It has little effect. If the price increased by double, I would consider stopping smoking because it is too expensive... I think increasing the price may have more influence on young people

as they do not work and have no income (18-year-old, male, migrant worker, daily smoker).

Gao Shou: Even though the price increased, I buy cheaper brands instead of stopping smoking (17-year-old, male, high school student, daily smoker).

Shi San: The price increased by like RMB 1 per pack. [Does it affect you?] More or less. I bought cheaper brands of cigarettes but did not decrease my consumption (20-year-old, female, unemployed, daily smoker).

Zhou: Although the price increased, let's say from RMB 10 to RMB 20, there are still cheaper brands of cigarettes. Now, most people can afford the price of cigarettes and they do not care about the RMB 10 increase (18-year-old, male, high school student, daily smoker).

Jinze: I know the price increased by like 10%. I can afford it. Living expenses increased as well. I think this slight increase may influence young people much more because they have limited pocket money (24-year-old, male, employee, daily smoker).

According to the accounts from smokers, they thought the price increase was too small and they still could afford to purchase cigarettes. Goodchild and Zheng's study (2018) assessed the impact of the 2015 Chinese tobacco tax increase on cigarette prices, sales volumes and the potential impact on smoking prevalence. They argue that although the price of cigarettes increased, cigarettes remain affordable in China and may become more so over time due to continued growth in people's income.

Increases in tobacco taxation have been widely regarded as one of the most effective measures for reducing tobacco consumption (WHO 2008). Higher taxation increases the retail prices for cigarettes, reducing their consumption, discouraging potential smokers from starting smoking, and encouraging smokers to stop smoking. This strategy is particularly effective among young people. Since young people are among the most price-sensitive, high tobacco taxes makes cigarettes much less affordable for them. According to Article 6 of the WHO FCTC, the WHO recommends at least 70% of the retail price of cigarettes comes from excise tax, while the total tax rate would be about 51% at the retail price level in China (World Health Organization 2003a,

World Health Organization 2017). Hence, taxes on tobacco products are not levied as much as is recommended. Compared to some developed countries, the price of cigarettes in China is still very low and the retail prices range variously from RMB 2.5-100 (£0.3- 12) per pack (Goodchild and Zheng 2018).

In 2003, under the WHO's constitutional authority and cooperation with the international community, the landmark global health treaty, FCTC was developed to curb the global tobacco epidemic. China signed and then ratified the FCTC in 2003 and 2006, respectively. China's acceptance of this global health norm occurred for various reasons (Jin 2014). Firstly, signing and ratifying the FCTC improved China's international image and recognition and showed the world its commitment to support the WHO, especially after the country was criticized for its irresponsible cover-up of the SARS crisis in 2003. Secondly, China could maintain the monopoly status of the CNTC in the domestic market by blocking trade liberalization in tobacco products. Thirdly, it was the Department of Industrial Development, not the State Tobacco Monopoly Administration that represented China when the decision was made to join the FCTC negotiation conference. As a result, no conflict of interests existed in the negotiation process.

The FCTC, as an internationally —binding convention, is a source of policy transfer for developing countries in anti-smoking strategies (Jin 2014). Policy transfer is defined as “a process in which knowledge about policies, administrative arrangements, and institutions in one political setting is used in the development of policies, administrative arrangements, and institutions in another political setting” (Dolowitz and Marsh 1996: 344). Kingdon and Thurber (1984) argue that policy transfer is more likely to occur when three streams concur: an available policy solution; attention to the problem; and politics. Based on the WHO FCTC, the WHO has introduced the MPOWER package of tobacco demand reduction measures aimed at

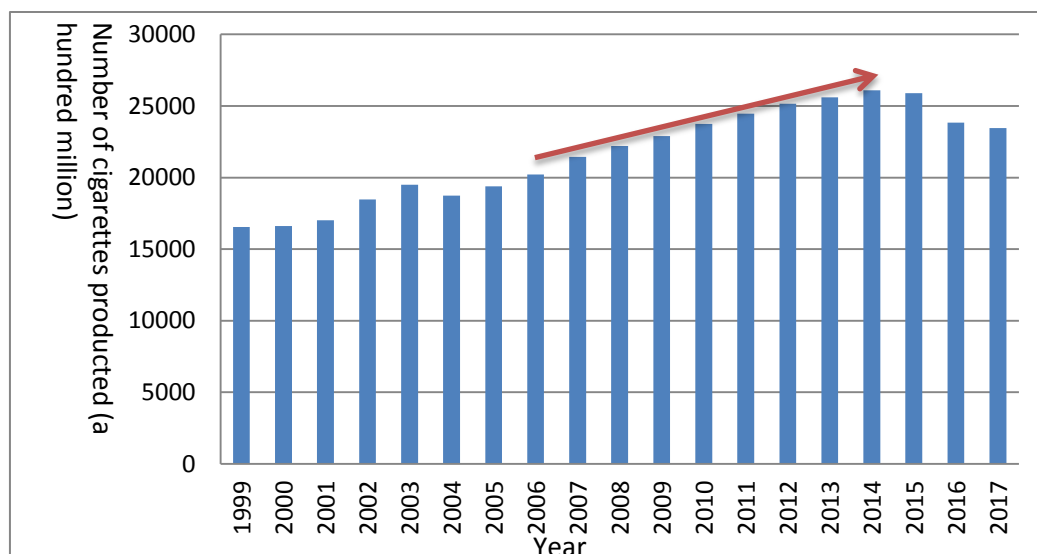
decreasing the tobacco epidemic. It seems that China has lagged behind some other developing countries in the transfer of FCTC policies (Yang et al. 2010).

The difficulties in implementing tobacco control policies in China

As discussed in the last section, although China has progressively started to control tobacco use in different ways, it is clear that it has not completely translated the WHO FCTC policies into national policies. Scholars generally agree that domestic structure and domestic norms matters in the diffusion of international norms/policies (Keohane et al. 1996, Obinger et al. 2013) and the policy change is highly influenced by political factors within the state (Crosby 1996). In terms of China's implementation of the policies, the weak enforceability of the WHO FCTC can be attributed to the fact that it is only a 'soft law' and the WHO does not have coercive power to impose FCTC policies on its members. Although China ratified the FCTC, subsequent enforcement of the regulatory standards is weak because of other domestic factors (Jin 2014).

The main factors that act against China's tobacco control policy are economic considerations (Chen 2007, Hu et al. 2006, Hu et al. 2007, Hu et al. 2016). China has the largest tobacco industry in the world and its state-owned tobacco companies operate 38% of the world's cigarette production and sales (Euromonitor 2010). In fact, since 1978, with the reform and the opening of the Chinese economy, the national tobacco industry developed rapidly (Yang et al. 2015). As shown by the red arrow in Figure 7-1, after China ratified the FCTC in 2006, China's tobacco production has actually increased gradually since then.

Figure 7-1: Annual cigarettes production by the China National Tobacco Corporation between 1999 and 2017



Source: Yang et al., 2015

Before the 1980s, local governments, rather than the central government, dominated the management of China's tobacco industry. Since the establishment of the STMA and the CNTC in the early 1980 and the adoption of the central-local tax distribution system (*fenshuizhi*) in 1994, the management and business sharing in the tobacco industry between central and provincial government changed; the central government now manages most aspects of China's tobacco industry. Generally, tobacco tax revenue is divided between central and local governments (Li 2018). There are three types of revenue income that contributed by the tobacco industry: 1) tax revenue; 2) profits; and 3) other types of taxes and fees.

Table 7-1 illustrates the distribution of tobacco-related tax revenue in China in 2009. Table 7-2 shows the distribution of tobacco-related tax revenue between the central and local governments. The largest portion of tobacco-related taxes, 54.2%, was from the tobacco consumption tax (RMB 208 billion), which accounts for the largest portion of the total tobacco-related tax revenue (RMB 385 billion), and goes entirely to the central government. The central

government also receives 75% of the valued-added tax, the second largest portion of tobacco-related taxes (22.7%) and total corporate income tax, the third largest portion of tobacco-related taxes (12.6%). Some other relatively small amounts of tobacco-related taxes, such as the urban maintenance and construction tax, the tobacco leaf tax, wholly go to local government. Even though the central government collects the major percentage of all tobacco-related taxes, the minor tobacco-related taxes that go to local government can still be a major income for certain provinces, such as Yunnan province, which is the epicentre of tobacco production. Tobacco is the biggest industry in Yunnan and tobacco taxes make up nearly half of local government revenue (Wright and Katz 2007). The contribution of the tobacco industry to local government revenue is also huge.

Table 7-1: Tobacco-related tax revenue in China, 2009

Tax type	Amount of tax collected (RMB billion)	Percentage of total
Tobacco consumption tax	208.4	54.2%
Value-added tax	87.3	22.7%
Corporate income tax	48.3	12.6%
Urban maintenance and construction tax	19.4	5.0%
Tobacco leaf tax	8.1	2.1%
Tobacco business personal income tax	4.0	1.0%
Other taxes [*]	9.1	2.4%
Total	384.6	100.0

^{*}Other taxes include tobacco production-related property taxes, stamp duty, urban land use tax, and land value-added tax.

Source: Wang Li et al., *Zhongguo shuiwu nianjian 2010 (Tax yearbook of China, 2010)* (Beijing: Zhongguo shuiwu chubanshe, 2010), 552-95. Calculated and tabulated by Cheng Li.

Table 7-2: The distribution of tobacco tax revenue between China's central and local governments

Tax revenue for the central government	Tax revenue shared by the central & local governments	Tax revenue for local governments
Tobacco consumption tax	Valued-added tax (75% for central and 25% for local)	Tobacco leaf tax
Corporate income tax (for firms founded after 2002)	Corporate income tax (for firms founded before 2002, 60% for central and 40% for local)	Urban maintenance and construction tax
	Tobacco business personal income tax (60% for central and 40% for local)	Cigarette sales tax
		Tax surcharge for education

Source: The-wei Hu, ed., *Zhongguo yancao shuishou: lishi yan'ge, xianzhuang ji gaige* (Tobacco tax in China: Past development, current status, and prospects for reform) (Beijing: Zhongguo shuiwu chubanshe, 2009), 63. Tabulated by Cheng Li.

Picture 7-3: A tobacco farm in Yunnan province



Note: The picture was taken on 28 August 2015

As a very important source of revenue for both the central government and local governments, government policy-makers have been reluctant to initiate tobacco control policies using economic means. They have been particularly worried about the negative economic consequences of implementing tobacco control policies on government revenues, tobacco

farmers' income and the tobacco industry employment rate. However, the economic arguments have been rejected by some scholars (Gu et al. 2009, Sung et al. 2006, Yang et al. 2010, Yang 2011). Data demonstrate that the economic benefits from tobacco industry should not be used as an excuse to hinder tobacco control process, as the ratio of the cigarette industry's contribution to central government revenues has decreased continually, from 11.4% in 1995 to 7.6% in 2005, while the medical and labour-loss costs of tobacco use has increased more than twice, from RMB 98.2 billion in 1998 to RMB 251.6 billion in 2010 (Hu et al. 2008, Tao 2005).

Some economic scholars have studied the economic cost of smoking-attributable disease (Sung et al. 2006, Lian Yang et al. 2016, Goodchild and Zheng 2018) and the negative impact of the tobacco industry on the country's economic development (Hu et al. 2008)¹⁹. Data show that the year 2000 was a turning point at which the medical and labour costs of tobacco use surpassed the economic profits from tobacco use (see Table 7-2) (Tao 2005)²⁰.

Table 7-2: The Medical and Labour-Loss Costs and Economic Profits from Tobacco Use (1998-2010)

Year	Medical and Labour-Loss Costs of Tobacco use	Economic Profits from Tobacco Use	Net Profit
1998	98.2	102.7	4.5
1999	104.7	106	1.3
2000	117	114	-3.0
2001	126.6	125.1	-1.5
2010 *	251.6	238.3	-13.3

Source: Tao, 2005

Notes: *Estimated. Unit: RMB 1 billion

¹⁹ Economic costs are defined as either 'direct costs' such as hospital fees or 'indirect costs' representing the productivity loss from morbidity and mortality

²⁰ Medical and labour-loss costs of tobacco use include medical expenditures, production loss due to mortality and morbidity, and external cost.

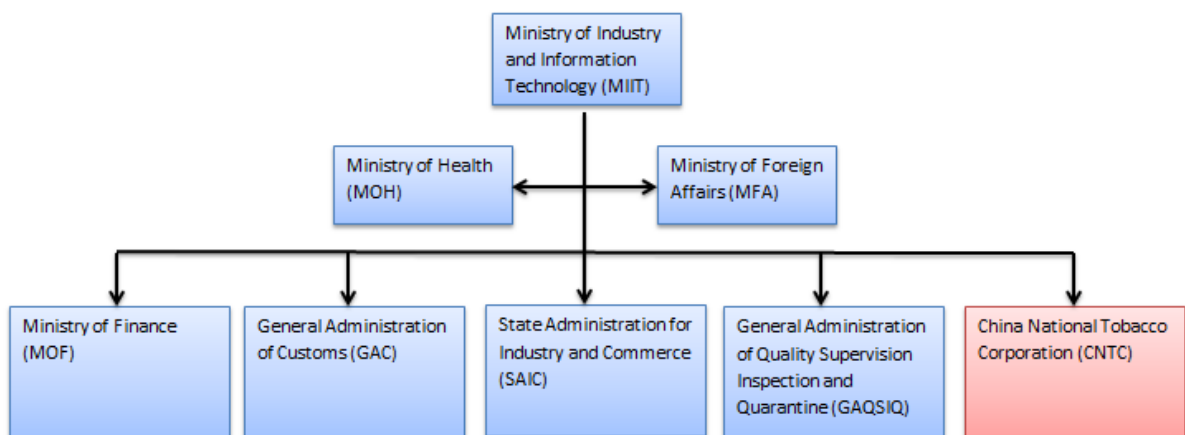
A study found that households who have smokers have a clear reduction in spending on other household necessities, such as food, housing, and education (Hu et al. 2008). Moreover, in China, the costs of smoking cessation medications are not included in national health insurance, which means that smokers have to pay the cessation costs by themselves. Another study conducted by Te-wei Hu's research team found that medical expenses due to smoking have increased the poverty level of the Chinese population in both cities (5.8 million people) and rural areas (6.3 million people) (Hu et al. 2008). They argue that if the prevalence of smoking were decreased by half, 28 million people could move out of poverty. Hence, smoking will have, and is already having, a negative impact on the Chinese economy by reducing the productivity, present and future of its citizens because of the reduction in human capital investment (e.g., in educational expenditures).

Unlike other large privatized tobacco industries, such as British American Tobacco, Japan Tobacco International, the CNTC is state-owned. The STMA is responsible for policy and enforcing regulations, such as governing warnings on cigarette packaging. In fact, the STMA, as a government administrative sector, controls the CNTC in name only; these two organizations share the same management staff and are performing both the governmental functions of management and supervision, and the commercial interests of the tobacco industry (Yang et al. 2015).

After China ratified the WHO FCTC in 2006, the State Council approved the establishment of the Inter-Ministry Coordination Leading Group for the Implementation of the WHO FCTC (hereinafter referred to as the Leading Group) in April 2007 (Yang and Hu 2011). The Leading Group consists of 8 departments: the Ministry of Industry and Information Technology (MIIT); the Ministry of Health (MOH); the Ministry of Foreign Affairs (MFA); the Ministry of Finance

(MOF); the General Administration of Customs (GAC); the State Administration for Industry and Commerce (SAIC); the General Administration of Quality Supervision; Inspection and Quarantine (GAQSIQ); and the CNTC. As Figure 7-2 shows, the Ministry of Industry and Information Technology was appointed to lead the implementation of the WHO FCTC in China, not the Ministry of Health.

Figure 7-2: Inter-Ministry Coordination Leading Group for Implementation of the WHO FCTC



Source: Yang et al., 2015

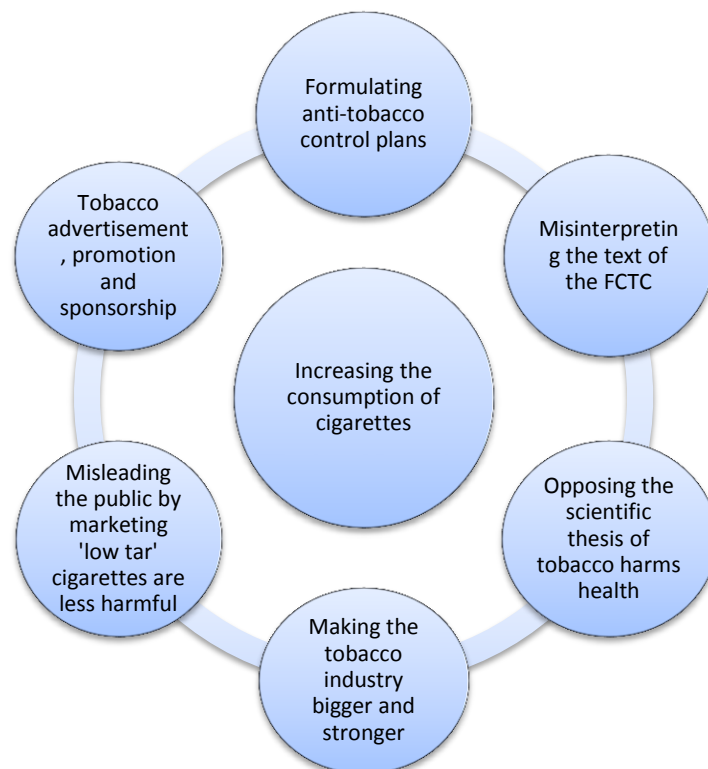
According to the WHO FCTC, “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry” (World Health Organization 2003c). China’s tobacco industry, the CNTC, is a legitimate group member in the leading group. However, this role is in direct conflict with its role as the state-owned company responsible for the commercial interests of the tobacco industry (Yang et al. 2015). Specifically, in the *Outline of the Medium and Long-Term Science and Technology Development Plan of the Tobacco Industry (2006-2020)*, it is clear that the aims of the tobacco industry are “to improve the overall competitiveness of China's tobacco industry and strive to promote the level of brand

development” (China Tobacco 2006). Undoubtedly, this aim of increasing the consumption of cigarettes is contrary to the tobacco control goals of decreasing the consumption of cigarettes.

Compared to multinational tobacco companies, which have to lobby to impede tobacco control policies, the CNTC is a part of the government and is an insider in the tobacco control process.

The CNTC has made great efforts to hamper tobacco control policies and processes, including: misinterpreting the text of the FCTC; opposing the scientific thesis that tobacco harms health; formulating anti-tobacco control plans; misleading the public by marketing ‘low tar’ cigarettes as less harmful; developing tobacco advertisements; promotion and sponsorship; and making the tobacco industry bigger and stronger (Yang and Hu 2011). As shown in Figure 7-3, all these strategies aim to increase the consumption of cigarettes. The details of each anti-tobacco control strategy are discussed now.

Figure 7-3: Anti-tobacco control strategies



Source: Yang and Hu, 2011

In February 2002, a research group supported by the CNTC was established to counteract the FCTC by producing a report, called *The Prevention Plan for WHO FCTC and the Impact on China's Tobacco Industry* (Zhou 2006). The aim of this project was to “serve the development of enterprises and promote the sustainable, stable, coordinated and healthy development of China tobacco industry” and “to create a more relaxed public environment for the sustainable development of China’s tobacco industry” (ibid: 5). A report based on this project argued that the FCTC had a large negative influence on China’s tobacco industry. This report also provided strategies for the tobacco industry on how to resist the implementation of the FCTC.

During the process of translation of the FCTC into Chinese, the CNTC also had a negative impact by misinterpreting the text of the FCTC and insisting on using an inaccurate translation of some words to weaken the tone of the tobacco control policies (Yang and Hu 2011). For instance, when translating the text “‘comprehensively’ prohibiting tobacco advertisement, promotion and sponsorship,” the CNTC suggested using the word ‘广泛的 *guangfande* (wide) rather than ‘全面的 *qunmiande*’ (comprehensive). The CNTC also suggested using the word ‘宜 *yi*’ (be beneficial) rather than ‘应 *ying*’ (should) in the texts about suggestions on what governments should do.

Furthermore, China tobacco companies reject the scientific evidence that smoking causes harm and encourage the public to continue smoking by arguing it is a personal right (Yang and Hu 2011). In the past fifty years, many scientific studies have established that smoking and second-hand smoking lead to tobacco-related diseases and death. However, the CNTC denied that second-hand smoking harms individuals by claiming “the amount of exposure to tobacco smoke, the difference in personal physical condition will have different results. Only through comprehensive, more specific research, scientific can fair results be achieved” (Zhou 2006: 7).

The China tobacco company also said that smoking is a normal adult behaviour; there was no need for teenagers to stay away from tobacco because they are allowed to smoke when they became adults (Zhou 2006).

From the tax aspect, although taxes on Chinese cigarettes were increased several times, the price did not increase very much. For instance, the CNTC required local tobacco companies to produce certain amounts of low-level cigarettes and subsidized them to compensate for the relatively low profit (Tobacco China 2003). Hence, the increase in the low-level cigarettes price did not have much impact on people's purchasing choice, especially for rural people, who are the main consumers of cheap cigarettes. Another case was the publication in May 2009 of a *Notice on Adjusting the Consumption Tax Policy of Tobacco Products*. In this document, there was an increase in the tax on class 1 cigarettes from 45% to 56%, and on class 2 from 30% to 36%. But at the same time, the notice changed the RMB 50-70 types of cigarettes from class 1 to class 2, which meant the tax did not increase but decreased, from 45% to 36% (Dong and Bai 2009).

Since the 1980s, the content of tar in Chinese cigarettes has been decreased from 27mg to 15mg. The CNTC markets 'low-tar' cigarettes to mislead the public (Leavell 1999). Substantial scientific evidence has established that lowering the tar content in tobacco products does not make any difference in decreasing the harm caused by smoking (US Department of Health and Human Services 2010). Hans Troedsson, the WHO's Chief Representative in China responded in a statement that healthy tobacco products do not exist: "The so-called low-tar cigarettes are as harmful as other tobacco products. All tobacco products, including so-called 'low-tar' cigarettes, cause death" (Xin 2008). Furthermore, the CNTC use fraudulent social welfare projects to produce cigarette advertisements and to carry out promotion and sponsorship activities. The

CNTC uses the 'corporate social responsibility (CSR)' tactics to improve its corporate image with the public and press. For instance, in September 2010, China Tobacco sponsored 42 primary and middle schools and around 40 libraries (China Tobacco 2010). They were allowed to use 'tobacco' to name the school, which was called 'tobacco hope' school. They also sponsored sports matches to advertise their brands, such as *Honghe* (Red River) car racing match.

The MIIT officials tried to stop the use of pictorial warning packaging on Chinese brands of cigarettes by claiming that putting pictorial warnings on cigarette packages do not fit with Chinese gifting culture (China Association on Tobacco Control 2014). In 2009, the CNTC began its 'Premiumization' strategy designed to promote the concept that higher class cigarettes are higher quality and less harmful (Campaign for Tobacco-Free Kids 2012). Xu et al.'s study (2019) reveals that this promotion had an impact on the rising trend in Chinese smokers' choice of 'less harmful', 'higher quality' and 'affordable' cigarettes, particularly premium brand cigarettes.

When assessing the efficacy of tobacco control in China, it is necessary to examine more robustly the means by which processes of governmentality work to create and problematize the implementation of tobacco control. My interviews with young smokers have elicited the struggle of 'moral predicament', which has also been discussed in Kohrman's ethnography work with dying smokers (Kohrman 2010). On the one hand, the government in China started to make an effort to help people stop smoking. For instance, since the 1980s, the government has been formally carrying out tobacco control by legal interventions and public health educations. On the other hand, there is an economic incentive for the state to let the tobacco industry flourish in order to generate jobs and revenues. As discussed in chapter 5, cigarette smoking among Chinese men has been configured as masculinity and incorporated with social practices. The Chinese smokers (mostly are men) habitually offer and share cigarettes with friends,

acquaintances as a way of building and reinforcing *guanxi* (relation), however, at the same time, are regretted smoking kill them. There is a contradiction between protecting one's biological life by stopping smoking and living on one's social and cultural life by smoking. Hence, Chinese government needs to rethink the current strategies regulating cigarettes drawing on sociological approaches.

Conclusions

This chapter has analysed people's knowledge about the health effects of smoking cigarettes and their perceptions of tobacco control in China. I argue that it is not easy to change smoker's behaviour even when they have knowledge of health effects of smoking. It sometimes seems that public health policy is driven by the assumption that if we run campaigns using simple words or provide public information and knowledge, people will understand about the choice they have and then change to a healthier way of living. Sometimes we forget to understand the factors that lead to the behaviour in the first place. Looking back to understand human conduct and unravelling the causes of behaviour is likely to be generate more effective and fundamental policies. I argue that it is not just individual behaviour which drives smoking epidemics; rather such behaviour takes place in social environments. Social, political and economic factors influence people's health awareness and whether they change their behaviour to more healthy ways of living. Hence, efforts must take account of the social context and the political, economic and cultural forces which act directly on people's health.

This chapter also sought to understand why people use e-cigarettes. The findings revealed that there is little attraction of e-cigarettes to non-smokers. All interviewees who smoke had heard of e-cigarettes and some of them had tried e-cigarettes, while none of them continued to use e-cigarettes. Curiosity and ideas that they would help them to stop smoking are the two main

reasons why they tried e-cigarettes. Reasons why they did not continue using them include dissatisfaction with products and safety concerns. China has no regulations on e-cigarettes, including on manufacturing, distribution, sales, health warning and advertising. The lack of regulation raises concerns about product safety and marketing for young people's initiation to smoke.

In this chapter, I also examined the obstacles in implementation tobacco control in China by using both the bottom-up approach from the individual level and the top-down approach from political, economic levels. It has been argued that the significant factors that undermine China's tobacco control are the high smoking prevalence among men, the widespread social acceptability of male tobacco consumption and the economic benefits to the state of tobacco production and sales. This study has explicated how these factors create difficulties in implementing tobacco control policy in China.

Public policy-making process is embedded with the influences of the social context.

International norms cannot be transferred into domestic laws unless they have been institutionalized at the national level. Social problems do not receive much attention from the state unless they are the most important and urgent. In terms of China's tobacco control, there is a conflict and tension between pro-tobacco forces from the tobacco industry and the anti-tobacco forces from public health advocates. The WHO FCTC is a 'soft' international convention, which cannot be used to coerce its signatories to transfer FCTC policies into domestic laws.

Whether or not the signatory states adequately implements the FCTC policies is determined by internal factors within states. In developed countries, the denormalization of smoking and low acceptability of smoking is conducive to enforcing effective tobacco control policies. However, in China the social context is not favourable for tobacco policy change. The economic profit

from smoking is decreasing and the public cost of smoking is increasing. Hence, the government needs to pay much more attention to tobacco control, as it is not only an important public health strategy but also a poverty reduction strategy.

Chapter 8: Conclusion

This thesis has looked at young Chinese adults' cigarette smoking trajectories and their attitudes towards the effectiveness of tobacco control policy. I focused on several themes: the history of social change in smoking; the reasons behind the significant gender gap in smoking prevalence; how the consumption of cigarettes helps to construct power relations among Chinese men; and how the social norms against women smoking lead to the low level of women who smoke. At the policy level, I reviewed the development of tobacco control policies in China and discussed the obstacles and reasons for the difficulties in implementing tobacco control strategies. In addition, I explored at young adults' understandings and experiences of e-cigarettes and examined whether they might re-normalize tobacco use, thereby changing social norms about smoking.

In this chapter, I discuss the key findings of the study and relate these findings to what is already known about young adult smoking use and tobacco control policies in China. I then review the strengths and limitations of the study. I also make some recommendations for policy improvements.

A history of smoking in China

Gender is a key dimension of social relations and personal life. As a system of relations, gender is constituted in an historical process. Social change has influenced family and gender values and this differs across generation, regions, and gender in China. I argue that the gender difference in smoking prevalence should be understood in the specific sociocultural contexts governing Chinese families and gender values across time and place. The changing nature of

women's, as well as men's tobacco use must be located within the context of broader socio-economic change in the 20th century.

Traditional forms of tobacco use (e.g. pipes, water pipes) did not have strong gender unacceptability before the 20th century. It was common for men to smoke pipe in social settings. Smoking pipe tobacco was also a reputable practice for women of all social classes, although refined ladies kept their smoking hidden from public view (Benedict 2011).

The gender history of cigarette consumption in the 20th century China is complicated. During the 20th century, China experienced the collapse of the last imperial Qing dynasty (1644-1912) and the establishment of the Republic of China in 1912. When machine-rolled cigarettes first began to appear in China in the 1890s, the use first emerged in the upper male elite or male urban professionals who could afford them. Cigarettes were very different from pipe smoking as they were expensive and had to be purchased in the market rather than using family planted tobacco leaves at home. As such, cigarettes, as Western-style goods, were a symbol of affluence and modernity and began to replace pipe smoking almost entirely.

Women also gradually switched from tobacco pipes to cigarettes and female cigarette smoking became more publicly visible. Under the social improvement of women's status and the influence of tobacco advertisements, new women used smoking cigarettes as a way to show independence and freedom from oppression. However, in the 1930s, cigarette smoking among Chinese women started to decline over time, even as cigarettes become popular among many men. Throughout the 20th century, cigarettes increasingly became proscribed for women and the image of female smokers gradually became more negative. As data is limited, it is a challenge to explain the reasons behind the prevention of women from initiating and continuing cigarette use. Economic factors were important. Many women simply did not have

the income or control over the family resources to purchase cigarettes. Relatively few women worked outside the home. In addition, the negative gender image of female smokers and the political propaganda about women's identity also affected female smoking behaviour in the early 20th century. Women who smoked were considered to be of low class or to have loose morals. There was a link between non-smoking and perceptions of femininity, and also concern about the harmful effects of smoking on women's health, particularly on reproduction. All these factors may have led to a decline in female smokers.

By the late 1950s, the health risks of smoking, evidenced by the marked statistical correlation between tobacco consumption and lung cancer, were beginning to emerge forcefully into public consciousness. Since then, smoking and the associated burden of disease have been discussed extensively among health professionals around the globe.

When discussing tobacco control in China, it is important to identify the history of tobacco manufacture and supply. The history of China Tobacco Company can be traced back to the 1930s. During that time, the Chinese Communist Party established its own tobacco industry for economic needs. In contemporary era, the China National Tobacco Corporation (CNTC) was found in 1982 and it is the largest tobacco company in the world, producing one third of the world's cigarettes. As tobacco industry is owned by the Chinese government, China's tobacco control processes have lagged behind many other countries and strategies and measures on tobacco control need to be strengthened.

Cigarettes in Chinese men's social interaction

As the largest country in the world by population, China also has the largest population of smokers and most of them are men. Pierre Bourdieu's (1985) theory on fields and types of

capital was used as an explanatory framework in analysing men's smoking in China. I argued that the social function of cigarettes in Chinese men's social interactions makes a significant contribution to the very high prevalence of smoking in men.

Guanxi (relations) play an important role in Chinese society. In *guanxi* (relations), gifts are often used as a symbolic capital of *mianzi* (face), gratitude, moral advantage and reciprocity (Yang 1989). Gift economy theories explain the social ritual of gifting premium cigarette in Chinese society. This study has shown how premium cigarettes are frequently regarded as a form of social currency and are used as gifts. This culture can be traced back to the early decades of the New Republic of China in the 20th century when it first developed. During this period, premium cigarettes were scarce and only high social class people or officials could afford them. Hence, the consumption of premium cigarettes had significant social meaning: contributing to *mianzi* (face) and social identity in men.

Besides gifting cigarettes, this study also found that cigarettes are often used for offering and sharing, which play an important role in constructing power relations among Chinese men.

According to the accounts from the young adult male participants, there is a ritual of offering and sharing cigarettes: one man pulls out a pack of cigarettes and offers a cigarette, preferably an expensive cigarette, to other men, who could be friends, new colleagues or senior individuals. This social practice has been taken for granted and is considered normal among Chinese men. Offering cigarettes to men is a way to show goodwill and respect. Accepting the offered cigarette is also important as a way to show politeness. Offering cigarettes to each other and then starting a conversation is normal behaviour in China and can strengthen a relationship. Furthermore, it is considered impolite to refuse an offered cigarette. Because of the social connections that have developed around gifting cigarettes, men are concerned about

losing such connections if they are not involved in this smoking culture. Hence, the cultural pressure to conform is another reason why it is hard to refuse an offered cigarette.

Moreover, I argued that socioeconomic status, such as jobs and working environment, play an important role in influencing Chinese men's smoking choices. In common with the findings of other studies (Pan 2004, Rich and Xiao 2012, Chu et al. 2011), giving high price packets of cigarettes facilitates relationship building across daily interpersonal interactions and special social occasions, such as those involving state-owned companies or businesses. A business community can be likened to a field consisting of relations between entrepreneurs, regulatory agencies and labour oriented to the creation of commercial profit. Premium cigarettes constitute capital that businessmen use to gain other's support for profit.

This study also identified stages in the development of smoking: early smoking experiences; continuing smoking; regular smoking; and giving up. During this trajectory, a young man might stop smoking after trying the first cigarette. Others might also become social smokers or occasional smokers in the 'continue smoking' stage. For them, the social functions of cigarettes make a positive contribution to the increasing frequency of their smoking. The social environment normalizes smoking, not only reinforcing the difficulty of refusing an offered cigarette but also playing a negative role in stopping them from smoking. Many studies have analysed the learning of cigarette smoking behaviour from a pharmacological perspective and argued that it takes time for a smoker to become addicted to cigarettes. (Benowitz 1996, Matta et al. 2007). Smokers initially experience unpleasant effects from smoking and then learn to enjoy its physical effects, such as the stimulant-depressant actions of nicotine, dependence and withdrawal symptoms (US Public Health Service 1988, Royal College of Physicians 2000). However, I argue that the social symbolism of cigarettes and the ritual of offering and sharing

cigarettes also contribute to smoking initiation, maintenance and the failure to stop smoking in men. For social smokers, smoking is not only a personal behaviour but a social practice. The cigarette is a tool for creating or maintaining social relations.

The social unacceptability of women's smoking

In present-day China, nearly all men smoke whether for enjoyment or building social relations. In contrast, very few women do. This study has explored the sources of these different gendered attitudes towards smoking cigarettes and how these differences influence women's smoking choices. Smoking is stigmatized among Chinese women, an attitude rooted in Confucian gender roles. Gender culture is produced in various social settings and changes with the development of political, economic and cultural factors. The theory of social stigma is used to understand the experience of stigmatization in female smokers.

Compared to men, in China, there is a strong social unacceptability of female smoking cigarettes. The research indicates that one of the most important reasons why Chinese women do not smoke cigarettes is the widely repeated aphorism in traditional society in the 20th century that 'good girls don't smoke', something especially emphasized in rural areas. From the accounts of young adult participants, both men and women, negative images of female smokers still exist in Chinese society. Young women who want to protect their self-image and reputation do not choose to smoke. Given the social stigma, female smokers rarely smoke in public places and if they do smoke, they often smoke in private places with friends or by themselves.

However, nowadays, the social and cultural constraints that previously prevented many Chinese women from smoking are weakening somewhat. Many interviewees said that more

and more young women smoke and they do so visibly in public places. The change in social attitudes towards smoking by women is influenced by many factors, including tobacco marketing, globalization and changes in women's socioeconomic status. Women have been extensively targeted by tobacco marketing. The Chinese tobacco industry uses advertisements associating cigarettes with independence, social desirability, and weight control. These ads often feature slim, attractive and athletic models to promote their cigarettes as slimming. Tobacco industries also produce 'pink' and 'fragrance' packs to attract women. Smoking as a social symbol and currency among Chinese men can also have an impact on gender status and the image of women smokers. Unlike men, who use smoking as a way to build social networks, women tend to smoke less or not at all in order to enhance their symbolic capital of femininity and to avoid social stigma.

The ineffectiveness of tobacco control policies in China

Most of the participants in this study knew that cigarettes are harmful, although they lacked a comprehensive understanding of the health risks of smoking. This weak awareness of the health risks was associated with lack of health education programmes in schools and public society. From young adult smokers' accounts, many do not worry too much about the health consequences of smoking. Because the health consequences usually emerge after a long period of smoking, young smokers decide to take the risk.

This study also discussed young adults' understanding of e-cigarettes and the experience of using them for stop smoking. None of the non-smokers expressed an interest in trying e-cigarettes. All e-cigarettes users or triers were those who smoked conventional cigarettes. The main reasons given for using e-cigarettes were their potential as a smoking cessation aid and simple curiosity. However, those who tried them found they were unpleasant and none of

them stopped smoking successfully by using e-cigarettes. Participants were unsure whether using e-cigarettes was less harmful than traditional cigarettes. Some believed that they were less harmful than conventional cigarettes, but, others doubted the safety of the liquid ingredients and were concerned about the safety of using the equipment.

This study reviewed the development of tobacco control policies in China since 1970s and argued that tobacco control has made some improvements in certain areas, such as greater protection of people from second-hand smoke, increasing the price of cigarettes (although the increase is not enough), more warnings about the health risk of smoking, and prohibiting the advertising and sponsorship of tobacco in many contexts. However, as we have seen, the percentage of smokers in China, especially among men, is still very high. In particular, compared to international conventions on tobacco (e.g. the WHO FCTC) and other countries' regulations, in China, there is a big gap in regulation and in people's awareness of tobacco prevention strategies. These gaps include the still relatively low price of cigarettes, the lack of plain tobacco cigarette packaging, weak smoke-free regulations and monitoring, and the lack of smoking cessation services.

China's tobacco control policies are progressing slowly because there are major obstacles to tobacco control. The key reasons for the ineffectiveness of tobacco control policies were analysed from economic, political and social perspectives. Firstly, as the tobacco industry is owned by the Chinese government, tobacco production and consumption makes a great contribution to government revenues every year. Progress in smoking control has been slowed down because of the priority given to the economic gains from the production and sale of tobacco. Secondly, documentary evidence has shown that the China National Tobacco Corporation (CNTC) has undermined political and legislative progress on tobacco interventions.

The CNTC, as a business corporation, has a direct conflict of interest with implementing tobacco control strategies. Thirdly, the strong smoking culture in China, especially the gift giving of cigarettes among Chinese men, has also blocked progress in tobacco control.

Although China is the biggest producer of e-cigarettes and more than 90% of e-cigarettes globally are produced in China, e-cigarettes have not been widely with only 6% of them being sold on the domestic market and 84% being exported. In other words, the population of cigarette smokers is big but e-cigarette use is low. Hence, the potential of the market is huge. This is because of the high cigarette smoking rate among men, the strong smoking culture and the state monopoly of the tobacco industry. However, undoubtedly, China is a big potential e-cigarette market and needs constant attention from researchers.

Strengths and limitations of the study

Strengths

It is well recognised that a focus on changing behaviour remains a dominant and often appealing approach to develop health policies. Current public health efforts in China toward tobacco control and smoking-related diseases focus almost exclusively on education about physical harms and smoking behaviour control. There is a lack of research looking into smoking as a social behaviour from a sociological perspective in the Chinese context. This study makes a sociological contribution to public health and provides an insight to consider how we can best control tobacco use from a public health perspective drawing on sociological approaches. Specifically, the study tries to understand smoking behaviour and how cigarettes are regarded as a symbol of social status and how they are used in social interactions among Chinese men. It also examines to what extent the gender inequality is reflected in women smoking.

Furthermore, with regards to tobacco control, this study evaluates the biases in regulation and the conflicts of interests, which put economic benefits rather public health as a priority. This study found that health knowledge about smoking is not the main driving behavioural change; smoking is functional behaviour for smokers. In order to decrease smoking prevalence, I argue that changing in smoking is a process embedded in complex social environments and cultures. Smoking behaviour is not only personal choice, but also related to personal connections with each other and identity and image in Chinese society. The detail policy implications for future tobacco control are discussed in next section.

Moreover, inspired by Michel Foucault's work (1979, 1991 [1978]), this study contributes to the growing body of research on governmentality and considers governance of tobacco control in present-day China. Throughout this thesis, I have asserted that the recent regulation of tobacco and promotion of public health interventions to denormalise smoking offer an example of new governmental efforts to assure the life of the population by shaping the conduct of individuals and certain targeted subpopulations.

China is becoming an ageing society, which means the demographic dividend is diminishing. Facing the fact that smoking prevalence among Chinese young adults has increased, supporting young people to not smoke will have both health and labour force benefits. As I noted in the introduction, much of the published research on smoking in young people has used quantitative data to examine the patterns and characteristics of smokers (Siziya et al. 2008, Huiyan Ma et al. 2008, Brook et al. 2006, Kalesan et al. 2006, Scalici and Schulz 2014, Chen et al. 2008, Su et al. 2015). There remains a lack of research and understanding as to how young adults themselves understand their and others' smoking behaviour and what non-smokers think about smoking. I have used the interviews to explore young people's attitudes and

experience of smoking and of using e-cigarettes---a topic on which there has been little research in the Chinese context. The study sought to extend our limited understanding of young people's reasons for smoking or not in Chinese society. Young participants showed mixed attitudes towards the tobacco control strategies targeting young people. Some of them said that it was necessary for states to make a significant effort in educational campaigns. However, the others said that the strong denormalization of smoking as a tobacco control approach would encourage young people's curiosity about cigarettes, then taking up smoking later. Moreover, gendered analyses and approaches to tobacco control are uncommon in low-income and middle-income countries. This study also argues for gender analyses in tobacco control and demonstrates how this should be used to design of the health promotion approaches targeting young women. Policy implications are discussed in next section.

Limitations

The research has some limitations. Firstly, mainland China has a vast territory, cultural diversity, and large differences in economic and social development. The fieldwork was conducted only in my hometown, Tianjin, a big city in the northern part of China. I used snowball sampling and personal network to access participants. My relatives and friends helped me considerably in finding eligible participants. Thus, in a particular geographic context, the results cannot be generalized to the overall population of China. Further studies are needed in other regions, building on the important issues suggested by this study.

Secondly, although smoking is prevalent among Chinese men and is increasing among young women, smoking is not a healthy and desirable habit which the smokers can talk proudly about to others, especially strangers. Therefore, when sharing their smoking experiences, there is a possibility that the participants talked about what 'should-be' instead of the facts. There might

have been a tendency for participants to hide their real thoughts or 'deviant behaviour' while emphasizing the 'right behaviours'. For women smokers in particular, social pressures may deter them from providing accurate information about their tobacco use. They might also be cautious about being involved in research due to lack of knowledge about the implications of research participation and sensitivity about the topic. However, based on remaining aware and managing to minimize social desirability bias, my judgement is that the data from the fieldwork, including field notes as well as interviews, focus groups, were reliable materials to establish young adult's smoking experience and their attitudes towards tobacco control policies in China. More quantitative research is needed for a comprehensive discussion.

Policy implications: recommendations for future tobacco control

The high smoking prevalence that continues in Chinese men and the crucial obstacles to the implementation of the FCTC in China shows that it is necessary to improve future tobacco control policies from political, economic and cultural perspectives. In China, the social function of cigarettes produces an environment that makes the reduction of smoking a difficult task, especially among men. Given that smoking is gender-related, future tobacco control projects also need to take into accounts gender issues in tackling smoking rates. This study also suggests that there is a gap between international rules and current interventions in China, with tobacco control strategies not being regulated and implemented comprehensively. My recommendations are given below.

Overall, it is necessary to implement a more aggressive tobacco control strategy, consistent with the FCTC provisions. Tobacco control must be made a major public health priority. So far, most people in China are only aware that tobacco industry makes a significant economic contribution to government revenue, they neglect the medical and labour costs of tobacco use.

The health consequences of smoking and tobacco-related diseases have a negative impact on the productivity of labour. For this reason, tobacco companies cannot use government income as an excuse for undermining the implementation of tobacco control strategies anymore. The achievements of tobacco control relating to wellbeing and economic development need to be given attention by the government. The price of tobacco products of all classes needs to be increased significantly, especially the cheapest brands of cigarettes. A considerable tax increase on cigarettes would decrease cigarette consumption, save lives, reduce medical care costs, increase labour productivity, and increase government revenues. It is also important to narrow the price gap between the lowest and highest price of cigarettes.

As discussed in Chapter 7, the current system of tobacco tax revenue distribution between China's central government and local governments makes the tobacco industry tremendously important for government revenues. The large profit from the tobacco industry has slowed the tobacco control process. Hence, it is necessary to reform tax sharing between the central and local government and to provide help for tobacco leaf farmers to switch to alternative crops.

Another crucial need is to restructure the tobacco industry and minimize its adverse impact on tobacco control process. As mentioned before, the CNTC is one of the eight departments in the Leading Group for the Implementation of the WHO FCTC, which has a conflict of interest in implementing tobacco control strategies. The tobacco industry emphasizes the impact of tobacco smoking on economic profits but lacks real concern about the impact on health. The government needs to separate the government administration function from the CNTC commercial interests and to restrict tobacco industry interference in public health policy. The CNTC should not be involved in implementing tobacco control interventions and regulations.

A major obstacle to tobacco control is the contradictions within the state institution. The State Tobacco Monopoly Administration (STMA) has a dual role as a regulator and operator of the country's tobacco industry. On the one hand, the government is responsible for promoting and managing China's tobacco market. On the other hand, the government is also responsible for fulfilling China's obligations to implement the WHO FCTC. The central position of the STMA and the institutional marginalized role of the Ministry of Health (MOH) in tobacco control policy making needs to be changed. Tobacco control should solely fall under the jurisdiction of the MOH. The MOH should take the central role in the tobacco policy-making process and the lead role in enforcing national tobacco control strategies. For example, Brazil, India and South Africa, the UK and the USA have a powerful MOH that initiated comprehensive anti-tobacco policies (World Health Organization 2008b, Cairney et al. 2011).

From a legal aspect, although some laws include tobacco control clauses, a national tobacco control law in China is needed to provide a legal basis for the systematic implementation of the tobacco control policies. A national tobacco control law makes tobacco control a high priority public issue and provides legal evidence for monitoring and punishment.

China also needs to reach the standards of WHO FCTC labelling of tobacco packaging. Pictorial health warnings on packages play an effective role in increasing smokers' awareness of the dangers of smoking and reduce the motivation to smoke. Many countries have introduced plain tobacco packaging, such as the UK, France, Australia, Ireland, Japan and South Korea. In Chinese society, plain tobacco packaging and large graphic warnings could also make packs of cigarettes less attractive as gifts and reduce and denormalize cigarette gifting.

It is also important to increase public awareness of the dangers of cigarette smoking and second-hand smoke. The offer of smoking-cessation service is needed to develop for the

decreasing numbers of smokers. So far, these services are not included in national health insurance. The medical costs from smoking-related diseases can lead smokers into poverty. If the cost of cessation medications were covered by national medical insurance, it would encourage smokers to ask for help to stop smoking. In addition, doctors could be encouraged to ask and record patients' smoking history and provide smoking cessation counselling resources.

The regulation and surveillance of e-cigarette devices are urgently needed. The state should have greater control over the e-cigarette market and prevent youth access to them. As discussed before, the definition of e-cigarettes (tobacco product or pharmacy product) matters in the shaping of public policy, especially regulation. The government needs to regulate product quality and to provide up-to-date accurate information about e-cigarettes' benefits and risks. Nowadays, Chinese people can get easy access to buying e-cigarettes online and most e-cigarette liquids contain flavour chemicals. The state must act to stop adding flavours that have made e-cigarettes so popular with young people, as they threaten to erase the progress in reducing young people tobacco use. Looking at the marketing strategies made by e-cigarette manufacturers, better regulation of the content on e-cigarette manufacturers' websites is also needed. Regulators should prohibit marketing claims until the health benefits and efficacy in smoking cessation have been adequately addressed. Furthermore, more longitudinal studies are needed to examine the latest patterns of e-cigarettes use (e.g. class, age, gender, and smoking status) and long-term health effects.

A revolutionary change in the social norms related to smoking is needed. In the Chinese context, tobacco control strategies derived from the WHO FCTC should be combined with culture-specific approaches. I argue that smoking cultures pose challenges for tobacco control and contribute to the high percentage of male smokers. It is important to change the smoking

culture in China and denormalize smoking in public places. Because of the social acceptance of the culture of smoking and the strong social functions of cigarettes among men, Chinese people are tolerant of second-hand smoke exposure. Many smokers and non-smokers think that smoking is normal and cigarettes are regarded as a tool for socializing and a symbol of social status. This study, along with others (Pan 2004, Ding and Hovell 2012), found that smoking culture contributes to starting up and continuing smoking, the low reduction in smoking, and the high chances of relapse, especially among Chinese men, although it has not received enough attention from policymakers. With regard to social class, studies show that men in low socio-economic jobs (e.g. machine operators, agriculture workers and leaders of organizations) are more likely to smoke cigarettes in China (Chinese Center for Disease Control and Prevention 2010a). Hence, future anti-smoking campaigns and propaganda could particularly focus on these groups of people and try to denormalize the offering and gifting smoking culture. Social debates should be carried out about the use of possible alternative gifts and the negative social habits of offering and sharing cigarettes.

For Chinese women, the traditional image of women smoking as being socially unacceptable contributes to the low female smoking rate. However, because of tobacco marketing, globalization and the improvement of women's socioeconomic status, there could be an increase in the number of women smokers. This suggests that women ought to be targeted in future interventions. Women-specific health education campaigns are needed. Interventions that directly target female smokers have the potential to provide enormous benefits to their health and to the health of the next generation by increasing the quality of the reproduction of labour. Information about the impact of tobacco smoke on the reproductive system and pregnancy can be emphasized in tobacco control campaigns and can also be printed on cigarette packs, as occurs in other countries.

Tobacco control policy should also differ between adults and young people. The government needs to create intervention strategies targeting young people. Comprehensive smoking bans in schools need to be implemented strictly. It is also necessary for schools to set up tobacco control education courses and to make clear what the health risks are in detail and how to refuse the first cigarette. The misleading idea that smoking is a way to show masculinity, adulthood or to rebel needs to be changed. The state needs to pay attention to the negative impact of tobacco advertising targeting on young people. For parents, celebrities and school teachers, they should set a good example for young people and avoid smoking in front of them. The traditional public health campaigns, such as preventing smoking uptake by young people, increasing their knowledge of the hazards of tobacco and interventions with teachers and parents (e.g. smoke-free schools) remain important.

In China, it is still impossible to discuss making smoking history because of the large population of smokers and strong smoking culture. There is no evidence to show that the consumption of cigarettes or the numbers of smokers decreased obviously after China's adoption of the WHO FCTC in 2006. Hence, we should encourage greater implementation of tobacco control policies, encourage assertive response to tobacco industry activities, and inform the design of more effective health strategies. To monitor the impact of the tobacco control policy interventions on cigarette consumption, data on tobacco production, trade and sales should be routinely collected and reported. The implications for strategies aimed at protecting young people from starting smoking and reducing smoking among young people, particularly the need for more gender-sensitive approaches are important.

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Appendix 1: Demographic form

1 Age:

2 Gender:

3 Occupation:

4 What does your father do:

5 What does your mother do:

6 Education levels:

7 Do you smoke? Yes No

8 How many adults living in your home:

Their relationships with you:

9 Number of smokers living in your home:

Their relationships with you:

10 How many children living in your home:

How old are they and their relationships with you:

11 Do any of your close friends smoke?

Your name:

Telephones:

The Chinese version of the demographic form

基本信息表

1. 年龄:
2. 性别:
3. 职业:
4. 文化程度:
5. 父亲职业:
6. 母亲职业:
7. 你是否吸烟? 是 否
8. 你是否与父母一起居住? 是 否
9. 家中有几口人, 与你的关系?
10. 家中有谁吸烟?
11. 你的好朋友是否吸烟? 是 否

谢谢你的回答☺

姓名:

联系方式:

Appendix 2: Interview guideline

General information on smoking behaviours

1. Could you tell me something about your smoking experience?

(Such as, do you smoke, have you ever tried a cigarette or an e-cigarette, why do you start smoke, how long have you smoked, why numbers of cigarettes smoked, in what circumstances do you smoke or not smoke, etc)

2. Can you tell me about smoking in your family?

(Who smokes, how long have they smoked, numbers of cigarettes smoked, in what circumstances do they smoke or not smoke, etc)

3. What is the level of smoking in your peer group?

(Do they smoke, who smokes---boys or girls, numbers of cigarettes smoked, in what circumstances do they smoke or not smoke, etc)

Attitudes towards smoking behaviour

1 Why did you become a smoker or why did you not?

2 If you are a smoker, how does smoking make you feel?

3 Are your parents, relatives living with you or close friends aware you smoke? If yes, what do they think about your smoking? If they do not, why do you keep it from them?

4 How do you feel about your parents smoke if they do?

5 How do you feel about your relatives living with you smoke if they do?

6 How do you feel about close friends smoke if they do?

7 Men are more likely to smoke than women, why do you think this is?

8 What do you think about e-cigarettes?

Knowledge of the effects of tobacco smoke on health

1 What do you know about the effects of tobacco smoke on health?

2 How did you get that information?

3 Did you know that smoking is harmful to non-smoker's health? What effects have you heard about?

4 If you are a smoker, how long can you keep do not smoke?

5 Do you feel you are addicted to cigarettes? If so, have you ever planned on stopping? Why or why not? If you do not consider yourself addicted, why do you think so?

6 Have you ever tried stopping? If yes, why did you do so and how was the outcome? If not, why did not you do so?

7 Have you been advised to stop smoking by anyone (e.g. doctors; dentists; family members; friends; teachers)?

Understanding of tobacco control policies

1 What do you know about the tobacco control policy in China?

2 How did you learn about this?

3 Do you think the tobacco control policy in China is implemented effectively? Why?

4 To what extent do you think tobacco control policies influence young people's smoking?

5 What type of anti-smoking campaign do you think is the most effective?

The last question

Do you have any other thoughts on smoking in China?

Appendix 3: Interview Information Sheet

Title of Study: The experiences of young adult smokers and non-smokers: motivation and attitudes towards tobacco control policy in China

You are being invited to take part in this research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand. Please also feel free to discuss this with your friends and relatives if you wish. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

What is the purpose of this study?

The purpose of this study is to look at how Chinese young adults perceive smoking behaviour and their attitudes towards tobacco control policy in China.

The main goals of this research study are to:

- Describe the experiences of Chinese young adults in smoking, both cigarette and e-cigarette use.
- Look at interactions between young adults and family members or peer groups in dealing with smoking behaviour.
- Find out what young adults know about public health issues in smoking and tobacco control policy, and what their attitudes are towards them.
- Provide recommendations for the development of intervention programs on tobacco control aiming to protect the health of young people.

Who is doing the study?

The study will mainly be conducted by Ms Tong Pei, who grew up in Tianjin China and is now studying in the UK. Ms Pei is a PhD student in Sociology at the University of Essex, in the UK. Her supervisor is Professor Joan Busfield, at the University of Essex, UK.

What will happen to you if you decide to be in this study?

You will be invited to take part in an interview or a focus group, and be asked to talk about what you think about young people smoking and about tobacco control policy in China. The interview will last around one hour. A short form covering demographic details will need to be filled in after the interview. Please note that being in this project is up to you, and you do not have to take part. You are free not to answer any questions you do not wish to answer, and if you start to take part in this project, you can change your mind later on. If you want, you can also ask me to delete certain things that you have told me. Participating or not participating in the study is up to you and you can also withdraw at any time.

What are the possible risks of being in the study?

There are minimal levels of risk involved if you participate in the study. You may feel some emotional discomfort if you hide your smoking from your parents. However, the information you share is entirely confidential.

What are the possible benefits of being in the study?

There are no direct benefits to you for participating in the study, although you will have the chance to talk about what you think about the findings from this study. You will provide the researchers with valuable knowledge about the young people's perception on smoking and tobacco control policy, which will be helpful in developing anti-smoking programs to protect the health of young people.

What information do I keep private?

I would prefer to tape-record the interview, but no-one will be identified by name on the tape. The tape will be kept as an electronic file and will be coded and secured using password protection. Any tapes will be destroyed when the research project is completed. If you would prefer not to be tape-recorded, I will take notes of the interview. The information recorded is confidential, and no one else except my research supervisor at the University of Essex in the UK will have access to the information documented during your interview. A copy of the final report of the study will be sent to you if you want to see the results of the study. This report will be in English, but the primary researcher will send a short summary of the research in Chinese.

If you have any questions or problems, whom can you call?

If you have any questions about this study, you can call the primary researcher, Ms Tong Pei at 44 (0)7842789639 or by email tpei@essex.ac.uk.

You may also contact my supervisor, Professor Joan Busfield at 01206-873399 or by email busfj@essex.ac.uk.

Chinese version of the Information Sheet

研究项目介绍

项目名称：年轻成年吸烟者与非吸烟者的经历，动机以及对于中国控烟政策的态度

引言：

我诚挚地邀请您参加我的研究项目。在您决定是否参加之前，您一定很想了解该项目的一些情况，下面是项目的大致介绍，请仔细阅读。如有不明白的地方欢迎随时提问。您也可以和朋友或家人商量后决定是否参加。我想强调的是，如果您不愿意，您完全可以不参加该研究，参加不参加完全是您的自由。

该研究的目的是什么？

该研究主要是探讨中国年轻人如何认知吸烟行为以及对于目前中国控烟政策的看法。具体来说，研究有以下目的：

- 1.了解中国年轻成年人吸烟的经历，包括香烟，电子烟
- 2.探讨中国年轻成年人在吸烟经历中与家人，朋友的协调互动
- 3.了解年轻成年人对于吸烟有害健康的安全意识与认知，以及对于中国控烟政策的态度
- 4.为今后针对青少年的中国控烟政策提供建议

何人在进行该研究？

我是主要研究员，叫裴彤，天津人。现在在英国埃塞克斯大学社会学院读博士，我的第一导师是Joan Busfield 博士，她是英国埃塞克斯大学社会学院教授。

如果您参加该研究，会请求您做什么？

我会与您预约访谈或者小组讨论，了解您对于年轻成年人吸烟以及中国控烟政策的看法。采访大概会进行20-40分钟。一个简单的基本信息表需要您在采访或小组讨论后填写。当然，参不参加这项研究完全是您的自由，在访谈过程中您有权拒绝回答任何问题。如果您开始决定参加该研究，其后也有权改变主意，您可以在任何时候退出。您也可以要求我将您所提供的所有信息消除。总之，参不参加完全是您个人的权利，参加后退不退出也完全是您的自由。

参加该研究会会有什么风险？

该项目风险极小。如果您是一名隐瞒父母吸烟经历的吸烟者，在采访过程中，您所提到的所有内容都会被保密。

参加该研究会会有什么好处？

该研究并不给参与者带来任何直接的好处，虽然您有机会说出您对年轻成年人吸烟的看法与中国控烟政策的态度。您这些宝贵的信息有助于中国控烟政策的制定与改进，保护青年人的健康。

我如何处理您的资料信息？

我们会保护您的隐私。我会录下采访内容，然后形成文字，但这些内容仅供研究所用，资料不会外泄。录音会被加密保存，研究结束后销毁。如果您拒绝录音，我可以做笔记。如果您想知道研究结果，我会在研究结束后寄送一本研究报告给您，这个报告是英文的，但我会附一份中文摘要。

如果您有问题，和谁联系？

如果您对该研究存在疑问，您可以直接和我联系，我的电话是 18622899380，也可以电子邮件和我联系，我的邮箱地址是：tpei@essex.ac.uk。您也可以和我的导师联系，她的电话是 0044 01206-873399。她的电子邮箱是 busfj@essex.ac.uk。

谢谢阅读！

Appendix 4: Interview Consent Form

Title of the project: The experiences of young adult smokers and non-smokers: motivation and attitudes towards tobacco control policy in China

Name of the principal investigator and contact details:

Tong Pei

University of Essex

Wivenhoe Park

Colchester CO4 3SQ

Email: tpei@essex.ac.uk Telephone number: 44 (0)7842789639

My name isI give my consent to take part in this project in the titled 'The experiences of young adults smokers and non-smokers: motivation and attitudes towards smoking and tobacco control policy in China', and have been given a copy of this form for my own information. I understand that:

1. I agree to take part in the above research. I have read the participant information sheet. I understand what my part will be in this research, and all my questions have so far been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.
3. I have been informed that the confidentiality of the information I provide will be safeguarded.
4. I have been provided with a copy of this form and the participant information sheet.

Name of participant:Date:Signature.....

Name of person taking consent.....Date:Signature.....

Researcher's signature: Date:Signature.....

Chinese version of the Interview Consent Form

同意书

项目名称：年轻成年吸烟者与非吸烟者的经历，动机以及对于中国控烟政策的态度

主要研究人员联系方式：

裴彤

University of Essex

埃塞克斯大学

Wivenhoe Park Colchester CO4 3SQ

邮编：CO4 3SQ

英国

Email: tpei@essex.ac.uk

电话：(英国) 44 (0)7842789639 (中国) 18622899380

请在下面的
框内打
勾

1. 我同意参加这个研究项目。我已经阅读研究项目介绍。研究者也给了我时间让我考虑。

我也询问了不明白的地方，研究者给了比较满意的回答。

2. 我知道参加不参加这个研究项目完全凭我的个人意愿。要是我愿意，我可以随时退出

参加，退出后我的个人利益不会受到任何损害。

3. 我了解我的个人信息都讲被保密并不会外泄。

4. 我有一份研究项目介绍和同意书。

参加者姓名

日期

签名

同意参加者姓名

日期

签名

研究者

日期

签名

Appendix 5: Detailed personal information of the 45 interview participants

Participant	Age	Gender	Occupation	Education	Father's occupation	Mother's occupation	Close friends' smoking status	Who smoke in your family excluding you	Have ever tried smoking	Smoking status
ZHAO	17	Female	High school student	High school	Taxi driver	Clerk	No	Father	No	Never-smoker
QIAN	17	Male	High school student	High school	No	Housekeeper	Yes	No one	No	Never-smoker
SUN	18	Male	High school student	High school	N/A	N/A	Yes	Father	No	Never-smoker
LI	17	Female	High school student	High school	Worker	Worker	No	Father	No	Never-smoker
ZHOU	18	Male	High school student	High school	Self-employed entrepreneur	Self-employed entrepreneur	Yes	No one	Yes	Daily smoker
WU	18	Male	High school student	High school	Retire	Retire	Yes	Father	Yes	Occasional smoker
ZHENG	22	Male	Undergraduate student	Undergraduate	Clerk	Clerk	Yes	No one	Yes	Daily smoker
WANG	22	Male	Undergraduate student	Undergraduate	N/A	N/A	No	No one	Yes	Occasional smoker
ZUO	22	Male	Undergraduate student	Undergraduate	Tobacco seller	Tobacco seller	Yes	No one	Yes	Occasional smoker
YANG	23	Male	Undergraduate (preparing Master application)	Bachelor	Freelancer	Freelancer	Yes	No one	No	Never-smoker
LIU	23	Male	Unemployment	Master	N/A	N/A	Yes	Father	Yes	Daily smoker
AN	23	Male	Postgraduate student	Postgraduate	Civil servant	Teacher	Yes	Father	No	Never-smoker
SHI	22	Male	Undergraduate student	Undergraduate	Teacher in high school	Civil servant	No	Father (he has tried quitting but failed)	Yes	Occasional smoker
GE	22	Male	Undergraduate student	Undergraduate	Worker	Worker	Yes	No one	Yes	Occasional smoker
QIU	22	Male	Undergraduate student	Undergraduate	Clerk in the press	Clerk in the press	Yes	Father	Yes	Daily smoker
PAN	21	Male	Undergraduate student	Undergraduate	Freelancer	Retire	Yes	No one	Yes	Ex-smoker
JIANG	18	Male	Migrant Worker	Junior high school	Freelancer	Freelancer	Yes	Father	Yes	Daily smoker
SHEN	18	Male	Migrant Worker	Junior high school	N/A	N/A	Yes	No one	Yes	Daily smoker
Xiao Bai	23	Female	Migrant Worker	Junior school	Worker	Worker	No	Father	No	Never-smoker

Gao Shou	17	Male	Vocational High school student	Vocational high school	N/A	N/A	Yes	Father	Yes	Daily smoker
Jian Chen	16	Male	Vocational High school student	Vocational high school	Farmer	Farmer	Yes	Father	Yes	Daily smoker
Fan	16	Male	Vocational High school student	Vocational high school	N/A	N/A	Yes	mother	Yes	Occasional smoker
Jiao	22	Male	Teacher in college	Bachelor	N/A	N/A	Yes	Father	Yes	Daily smoker
Jinze	24	Male	Clerk in insurance	Bachelor	sailor	Teacher in kindergarten	Yes	Father, quit	Yes	Daily smoker
Ying	23	Female	Clerk in national company	Bachelor	Worker	Worker	Yes	Father	Yes	Occasional smoker
Zhao Min	20	Female	Second year undergraduate	Undergraduate	Teacher	Teacher	No	Father	No	Never-smoker
Gao Yang	21	Female	Third year undergraduate	Undergraduate	Civil servant	Civil servant	Yes	Father	No	Never-smoker
Qi Ru	21	Female	Third year undergraduate	Undergraduate	Self-employed entrepreneur	Self-employed entrepreneur	No	Father	No	Never-smoker
Man Ling	20	Female	Third year undergraduate	Undergraduate	Policeman	Employee in national company	No	No one	No	Never-smoker
Ming	21	Male	Third year undergraduate	Undergraduate	Engineer	No job	Yes	Father	No	Never-smoker
Jie	18	Female	First year undergraduate	Undergraduate	Doctor	Doctor	No	No one	No	Never-smoker
Shi San	20	Female	Unemployment	Vocational college	Self-employed entrepreneur	Saleswoman	Yes	Father	Yes	Daily smoker
Wang Wei	24	Male	Clerk in private company	Bachelor	Worker	Worker	Yes	No one	Yes	Daily smoker
Zhao Yu	24	Male	Clerk in private company	Bachelor	Farmer	Farmer	Yes	No one (Father is a quitter)	Yes	Daily smoker
Hao Wang	24	Male	Clerk in private company	Bachelor	Self-employed entrepreneur	Self-employed entrepreneur	Yes	Father	Yes	Daily smoker
Yang Wang	24	Male	Clerk in private company	Vocational college	Worker	Worker	Yes	Father	Yes	Daily smoker
Liu Xu	18	Female	High school student	High school	Village cadres	No job	Yes	Father (he failed quitting)	No	Never-smoker
Ling Ge	18	Female	High school student	High school	Farmer	Farmer	No	No one (Father is a quitter)	No	Never-smoker
Guo Chun	20	Male	Employee	Vocational college	Farmer	Farmer	Yes	No one	Yes	Occasional smokers

Huang Zheng	21	Male	Employee	Vocational high school	Farmer	Farmer	Yes	Father	Yes	Daily smoker
Qiaong	24	Female	Employee	Vocational college	Self-employed entrepreneur	No job	Yes	Father, brother, (they are try quitting)	No	Never-smoker
Yue	24	Male	Employee	Junior school	Self-employed entrepreneur	No job	Yes	Father	Yes	Daily smoker
Li Yu	24	Male	Employee	Junior school	Farmer	Farmer	Yes	Father, mother brother	Yes	Daily smoker
Can	16	Female	High school graduate student	High school	Factory director	N/A	Yes	Father	No	Occasional smoker
Lan	19	Female	First year undergraduate	Undergraduate	Bank manager	Banker	Yes	No one (Father is a quitter)	Yes	Daily smoker

Appendix 6: Ethical approval form



University of Essex

Application for Ethical Approval of Research Involving Human Participants

This application form must be completed for any research involving human participants conducted in or by the University. 'Human participants' are defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and fetuses, human tissue and bodily fluids, and human data and records (such as, but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements). Research must not commence until written approval has been received (from departmental Director of Research/Ethics Officer, Faculty Ethics Sub-Committee (ESC) or the University's Ethics Committee). This should be borne in mind when setting a start date for the project. Ethical approval cannot be granted retrospectively and failure to obtain ethical approval prior to data collection will mean that these data cannot be used.

Applications must be made on this form, and submitted electronically, to your departmental Director of Research/Ethics Officer. A signed copy of the form should also be submitted. Applications will be assessed by the Director of Research/Ethics Officer in the first instance, and may then be passed to the ESC, and then to the University's Ethics Committee. A copy of your research proposal and any necessary supporting documentation (e.g. consent form, recruiting materials, etc) should also be attached to this form.

A full copy of the signed application will be retained by the department/school for 6 years following completion of the project. The signed application form cover sheet (two pages) will be sent to the Research Governance and Planning Manager in the REO as Secretary of the University's Ethics Committee.

1. Title of project: The experiences of young adult smokers and non-smokers: motivation and attitudes towards tobacco control policy in China

2. The title of your project will be published in the minutes of the University Ethics Committee. If you object, then a reference number will be used in place of the title.
Do you object to the title of your project being published? Yes / No

3. This Project is: Staff Research Project Student Project

4. Principal Investigator(s) (students should also include the name of their supervisor):

Name:	Department:
Tong Pei	Sociology
Professor Joan Busfield	Sociology

5. Proposed start date: 01/07/2016

6. Probable duration: 1 year

7. Will this project be externally funded? Yes / No
If Yes,

8. What is the source of the funding?

China Scholarship Council (CSC)

9. If external approval for this research has been given, then only this cover sheet needs to be submitted
 External ethics approval obtained (attach evidence of approval) Yes / No

Declaration of Principal Investigator:

The information contained in this application, including any accompanying information, is, to the best of my knowledge, complete and correct. I/we have read the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and accept responsibility for the conduct of the procedures set out in this application in accordance with the guidelines, the University's *Statement on Safeguarding Good Scientific Practice* and any other conditions laid down by the University's Ethics Committee. I/we have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my/our obligations and the rights of the participants.

Signature(s):Tong Pei.....

Name(s) in block capitals:TONG PEI.....

Date:24/06/2016.....

Supervisor's recommendation (Student Projects only):

I have read and approved the quality of both the research proposal and this application.

Supervisor's signature:.....

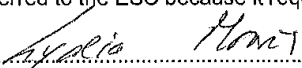
Outcome:

The departmental Director of Research (DoR) / Ethics Officer (EO) has reviewed this project and considers the methodological/technical aspects of the proposal to be appropriate to the tasks proposed. The DoR / EO considers that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.

This application falls under Annex B and is approved on behalf of the ESC

This application is referred to the ESC because it does not fall under Annex B

This application is referred to the ESC because it requires independent scrutiny

Signature(s):.....

Name(s) in block capitals:LYDIA MORRIS.....

Department:Sociology.....

Date:29.6.16.....

The application has been approved by the ESC

The application has not been approved by the ESC

The application is referred to the University Ethics Committee

Signature(s):

Name(s) in block capitals:

Faculty:

Date:

Details of the Project

1. **Brief outline of project** (This should include the purpose or objectives of the research, brief justification, and a summary of methods but should not include theoretical details. It needs to be understandable to a lay person, i.e. in everyday language that is free from jargon, and the reviewer must be able to understand what participants will be asked to do.).
- The purpose of this study is to look at how Chinese young adults perceive smoking behavior and their attitudes towards tobacco control policy in China.
- This study will be based on semi-structured interviews and focus groups.
- 40 Chinese young adults aged 16-24 years will be asked to participate in an interview and be asked what they think about young people smoking and tobacco control policy in China. Several focus groups will also be hold.
- A small number of young people's parents (if the young person agrees), teachers and stakeholders will also be interviewed on their perceptions on young people's smoking behavior and attitudes towards tobacco control policy in China.

Participant Details

2. Will the research involve human participants? (indicate as appropriate)
- Yes No
3. **Who are they and how will they be recruited?** (If any recruiting materials are to be used, e.g. advertisement or letter of invitation, please provide copies).
- Chinese young adults aged 16-24 years, their parents and teachers will be recruited word of mouth and snow-balling.
- Stakeholders will be recruited by letter of invitation. Please see the attachment, an example of invitation email for staff working in the World Health Organization China Representative Office.
- Will participants be paid or reimbursed?
- No.
4. Could participants be considered:
- (a) to be vulnerable (e.g. children, mentally-ill)? Yes / No
- (b) to feel obliged to take part in the research? Yes / No

If the answer to either of these is yes, please explain how the participants could be considered vulnerable and why vulnerable participants are necessary for the research.

Chinese young people who are aged under 18 could be considered vulnerable. As minors, they have to get consent from their parents before participating in this research. Moreover, some young people, who hide smoking from their parents, may worry about talking about their smoking experience-in case their parents learn about it.

These potentially vulnerable participants are necessary for the research. Based on the data from the Global Adults Tobacco Survey China (2010), there is a dramatic increase in young male smokers aged between 15-19 years and 20-24 years. It is important to explore why young people start smoking in early adolescence, in order to help health authorities develop strategies on reducing smoking consumption. I will make it clear that what they say will not be disclosed to their parents.

Before accessing participants aged under 18, I will send an informed consent form to their parents. An Information Sheet will also be sent to both parents and young people to explain the purpose of this study. The information sheet will also explain that participants do not have to answer any questions that they do not wish to and may ask to stop the interview at any time. All information in the interview is confidential, and no one else except my research supervisor, Joan Busfield at the University of Essex, UK will have access to the information during the interview.

Informed Consent

5. Will the participant's consent be obtained for involvement in the research orally or in writing?¹
(If in writing, please attach an example of written consent for approval):

Yes No

If in writing, please tick to confirm that you have attached an example of written consent

Consent should be obtained before data is collected. How will consent be obtained and recorded? Who will be giving consent? Please indicate at what stage in the data collection process consent will be obtained. If consent is not possible, explain why.

Before the interview, I will provide participants with an Information Sheet which explains the purpose of the research, who is doing the study, what will happen to participants if they decide to be in this study, what the possible risks of being in the study are, what the possible benefits of being in the study are, how I keep their privacy and whom they can contact if they have questions.

Once participants have read this Information Sheet and agreed to be interviewed, I will provide them a Consent Form to sign. Participants aged under 18 will be asked to get a signed consent form from their parents.

The hard copy of written form will remain on file as evidence of consent – both Information Sheet and Consent Form are attached. Verbal consent will also be sought at the commencement of

¹ If the participant is not capable of giving informed consent on their own behalf or is below the age of consent, then consent must be obtained from a carer, parent or guardian. However, in the case of incompetent adults, the law in the United Kingdom does not recognize proxy consent by a relative. In addition, the University Ethics Committee is not able to provide ethical approval for such research. It needs to be approved by a Health Research Authority National Research Ethics Service Research Ethics Committee.

each interview and recorded as part of the interview itself.

Please attach a participant information sheet where appropriate.

Confidentiality / Anonymity

6. If the research generates personal data, describe the arrangements for maintaining anonymity and confidentiality or the reasons for not doing so.

The confidentiality of people interviewed or recorded is highly valued and will be protected. Real names or addresses will not be used in any project reports, or given out to any members of the public.

If interviewees are willing I will tape-record the interview, but no-one will be identified by name on the tape. The tape will be kept as an electronic file and will be coded and secured using password protection. All tapes will be destroyed when the research project is completed. If participants would prefer not to be tape-recorded, I will take notes of the interview. The information recorded is confidential, and no one else except my research supervisor, Joan Busfield at the University of Essex, UK will have access to the information documented during the interview. I will give participants an opportunity to review their remarks at the end of the interview at which point they can ask to modify or remove portions of those if they do not agree with my notes or if I did not understand them correctly. I am happy to return transcripts of tapes for comment to ensure they accurately reflect conversations held.

Data Access, Storage and Security

7. Describe the arrangements for storing and maintaining the security of any personal data collected as part of the project. Please provide details of those who will have access to the data.

No copies of these tapes or transcripts will be made and the records of this study will be kept strictly confidential. Research records will be kept in a locked file and all electronic information will be coded and secured using a password protected file. No one else except my research supervisor, Joan Busfield at the University of Essex, UK will have access to the information documented during the interview.

The materials and tape recordings made as part of the research will be used only for educational/scholarly purposes and will be destroyed on completion of the thesis.

It is a requirement of the Data Protection Act 1998 to ensure individuals are aware of how information about them will be managed. Please tick the box to confirm that participants will be informed of the data access, storage and security arrangements described above. If relevant, it is appropriate for this to be done via the participant information sheet

Further guidance about the collection of personal data for research purposes and compliance with the Data Protection Act can be accessed at the following weblink. Please tick the box to confirm that you have read this guidance (http://www.essex.ac.uk/records_management/policies/data_protection_and_research.aspx)

Risk and Risk Management²

8. Are there any potential risks (e.g. physical, psychological, social, legal or economic) to participants or subjects associated with the proposed research?

Yes No

If Yes,

Please provide full details of the potential risks and explain what risk management procedures will be put in place to minimise the risks:

9. Are there any potential risks to researchers as a consequence of undertaking this proposal that are greater than those encountered in normal day-to-day life?

Yes No

² Advice on risk assessment is available from the University's Health and Safety Advisers (email safety@essex.ac.uk; tel 2944) and on the University's website at www.essex.ac.uk/health-safety/risk/default.aspx.

If Yes,

Please provide full details and explain what risk management procedures will be put in place to minimise the risks:

10. Will the research involve individuals below the age of 18 or individuals of 18 years and over with a limited capacity to give informed consent?

Yes No

If Yes, a Disclosure and Barring Service disclosure (DBS check) may be required.³

11. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of the Faculty Ethics Sub-Committee and/or University Ethics Committee.

No.

³ Advice on the Disclosure and Barring Service and requirement for checks is available: (1) for staff from Employment Compliance Manager in Human Resources (email lauren@essex.ac.uk; tel 3508) and on the University's website at <http://www.essex.ac.uk/hr/policies/docs/CRBdocumentpolicy.pdf>; (2) for students from the University's Academic Section.