

# Tobacco smoking among Peking University students – smoking as a resistance, lack of information on health problems, or a societal norm?

A case-study in Peking University  
with students aged 18-28

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## **Abstract**

Within last four decades, smoking has become a major problem for the Chinese People's Republic (hereafter: China) as there are annually approximately 1.2 million smoke-related deaths. There are several bans by the national and local governments that have been introduced during the last decade (in years 2008, 2011 and 2014) and bans thus can be said to have a certain tradition. The purpose of the thesis was to understand why the students of Peking University disobey the general smoking ban for public spaces in Beijing. Most academic literature regarding smoking has concentrated on health hazards and habits, but has so far neglected the roots of the reasons why the smoking bans are not working in Beijing. Thus, this thesis investigated in particular the young people's reasons of smoking despite of a smoking ban in public places. Relying on twenty semi-structured interviews, the study found that although there are students who would fight against authority to maintain their rights as smokers, the main reason why students smoke under the smoking ban is because of the cultural background of tobacco-friendliness that has an effect on their mindset, surrounds them in society and clouds their awareness on health hazards caused by smoking.

**Key Words:** tobacco smoking, health, Chinese students, Peking University, smoking ban

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# 1. Introduction

## 1.1. Context of the research

There are 1.1 billion adult smokers worldwide and 80% of them are from developing world (Boutayeb, 2006, cited in Qian, 2010: 2). Smoking is seen as one of the largest issues in today's China, with around 320 million smokers, which counts as about 20% of Chinese population, making the country the largest cigarette consumer in the world (Liu & Chen, 2011: 1218). In 2010, 52.9% of men and 2.4% of women were smoking and 70% of Chinese people were exposed to second-hand smoke (Huang, Zheng and Emery, 2013: 1). Hence, in 2005 China ratified the WHO's Framework Convention and Tobacco Control (FCTC) in order to decrease the number of smokers and tobacco-related deaths per year (*ibid.*: 1).

However, the history of smoking bans in Beijing date back to 1995, when local government started promoting health, social morality, and reducing the harm caused by smoking (Beijing.cn(C)). The first public areas that were covered with the ban were medical institutions, schools and cultural activity areas like theatres, libraries and museums to name a few. The additions to the smoking ban of 1995 were made in 2008, 2011 and 2014 (Lancet, 2011: 180). These following bans included post-secondary educational facilities, sporting facilities, public transportation, catering facilities and many more to the list of public places where smoking is not allowed. Moreover, the bans also forbade tobacco advertisement, started controlling tobacco usage in several media channels, and increased the fines for violating the law (Beijing.cn(B), Beijing.cn(E), Beijing.cn(F), Beijing.cn(D)).

Despite all these measures that were enforced by the government, the citizens of Beijing continue to smoke. Part of this wider group is smoking university students, who are the future of the nation. Therefore, this thesis explores the reasons why the tobacco-ban for public space is not functioning among the university students, who have better knowledge on smoke-related diseases such as stroke, lung cancer, heart attack, and the harm of secondary smoke than people with lower level of education (Yang et al., 2010: 437-439).

## **1.2. The aim of the research**

The majority of the studies on tobacco smoking (hereafter: smoking) in China focuses on adolescent people or smokers in the age of 15-65+. This study narrows down the focus on young adults between the ages of 18 and 28, because they are neither secondary school children nor fully-employed adults, but in between those two different groups. Secondly, the majority of researches focus solely on the health hazards caused by smoking, or people's smoking habits. The current study, however, focuses on the reasons why smoking ban for public space is not working among university students. Thirdly, although smoking is not as important issue as many others, such as the continuance of economic growth, fighting corruption, environmental issues caused by rapid industrialization and economic growth, and the relationship with neighbouring countries; societal, financial and health issues rank rather high in the concern-list of Chinese government.

Therefore, the aim of the research is to indicate the reasons why the smoking bans in Beijing are not working, and some students of Peking University continue smoking under the ban of smoking in public places. This sample is rather small and its observations are limited to the group of students. However, this study can shed some light on young people's smoking behaviour. This study emphasizes on finding out whether continuous smoking marks (un)conscious resistance to authority, is caused by limited knowledge on health hazards, or whether it is due to the influence of society. In order to reach these goals, I built on Michel Foucault's theory of 'bio-politics' to understand how the government tries to shape citizens' (smoking university students) behaviour; James Scott's theory of 'everyday resistance' to understand the students' reasons of disobeying the law, and Carol Lee Bacchi's "what's the 'problem' (represented to be)?" approach to understand the discourse about policies.

## **1.3. Research question**

The main research question is "Why do Peking University students ignore the general public place smoking ban in Beijing?"

This question will be answered through the sub-questions of:

- Does Peking University's students' behaviour mark everyday resistance to authority?

- Are the students' disobeying acts caused by lack of knowledge on health risks?
- What kind of role do the cultural traditions have on students' habits?

#### **1.4. Disposition**

The thesis consists of seven chapters. In the first chapter I outline the context of the thesis, introduce the aim of the research and present the research question. In chapter two I examine the background of smoking tradition in China to demonstrate that it is not a recent phenomenon. I also view the background of smoking bans, and show the current situation in China with the health issues, while outlining the conflict that smoking ban rises. In chapter three I present the methodological choices made for the thesis, and describe the research design and data collection. Moreover, I explain the ethical considerations of the research and outline the validity and reliability of the thesis. In chapter four I present the theories of 'Bio-politics' and 'Resistance to authority', and an approach called "what's the 'problem' represented to be?". In the fifth chapter I introduce the empirical data received from the interviewees. In chapter six I analyze the gathered data with the theories. In the seventh chapter I draw conclusions of my research findings and give suggestions for future research.

## **2. Literature review**

This chapter brings out some of the important scholars that have already observed and researched smoking in China. In my research I have taken their knowledge and results and continued the studies about smoking in nowadays China. The following demonstrates the history of tobacco in China from the 16<sup>th</sup> century to current situation in China. Moreover, this chapter explains the general conflict between the ban and its implementation, and the history of smoking bans in Beijing. The reason, why this chapter is longer than traditional literature review chapter, is because the historical background of the tobacco smoking and smoking bans in Beijing provide the context for the whole research. The aim here is to explain that smoking is not a 21<sup>st</sup> century phenomenon, but instead cultural tradition that has imbued to the Chinese society. Therefore, it is important to discuss the background, before I can start with the analysis of the 21<sup>st</sup> century issue.

### **2.1. Brief History of Smoking in China**

One of the scholars who has done research about the history of tobacco in China is Timothy Brook (2004), the author of “*Smoking in Imperial China*”. According to him, tobacco smoking in China was rare in 1573, but in 1662 through Portuguese and Spanish merchants smoking culture imbued to the country. Farmers started to grow tobacco instead of grain, because it was worth more. Simultaneously, Chinese merchants took control over the tobacco market. At the beginning the larger emphasis was on marketing tobacco, and afterwards it became more a household commodity. During the rise of tobacco popularity in the 17<sup>th</sup> century, both men and women smoked. However, women as a tender gender, and older men used longer pipes because of tobacco burning temperature and its effects to their body (*ibid.*: 84, 89). During 18<sup>th</sup> and 19<sup>th</sup> century, smoking was associated with the elites, and it was something through which social interaction took place, and social status was marked. Tobacco imbued to the culture, as even little girls from wealthy families were imposed to the idea of smoking, as they had a place for pipe and tobacco in their purses (*ibid.*: 88-89).

Another author focusing on modern China is Zhuo Xun (2004), who describes the rapid changes in the tobacco field. He argues that around 1900s, a belief spread across China that women

possessed virtue and men had vices, which indicated men's smoking habit as one of the vices (*ibid.*: 166). Despite the fact that smoking cigarettes became an indicator of freedom for women and they could smoke, educated modern women in China rarely smoked. The topic is further elaborated by Carol Benedict in her book "*Golden-Silk Smoke. A History of Tobacco in China, 1550-2010*", where she explains how the elite status of cigarette smoking faded, as mass-production made cigarettes affordable to everybody (2011: 241). Mass-production needed mass-advertising, and therefore cigarette makers came up with new methods such as "catch-phrases, identifiable logos and trade-marks, the celebrity endorsement, the appeal to social status, and the need to retain its everlasting attraction" (Xun, 2004: 167).

Already at the beginning of the 20<sup>th</sup> century, smoking foreign cigarettes was depicted as a prestigious activity. Pipe smoking, and opium smoking, that was said to be 'destroying the country from the inside' as China was the leading opium consumer in the world, became a sign of backwardness (Xun, 2004: 160, 164). As a counterpoise were foreign cigarettes that were the symbol of modernity, because they were elegant to smoke, fashionable and convenient to carry. Cigarette cards (advertisements that were used to stiffen the cigarette package) became something called *object d'art*, when people started collecting them. This phenomenon also ensured that children, who collected those cards, would often start smoking when they grew up (*ibid.*: 165-166). In competition with foreign brands, Chinese cards were often illustrated by patriotic slogans. During that time cigarette advertising grew rapidly, as did their popularity. This phenomenon distracted Chinese people away from opium, which benefitted the country (*ibid.*: 166).

The popularity of cigarettes continued to grow during Mao Zedong's time. Between 1949-1979 government did not issue any health warnings on smoking, and smoking was not seen as something elite. Chinese careless attitude towards smoking risks has historically been amplified by their smoking leaders. During 1960s smoking was necessary for party cadre, because it helped to build social and political connections (Benedict, 2011: 245). Deng Xiaoping, who was a heavy smoker, claimed that smoking was one of the reasons behind his longevity (he lived to be 92 years old) (Xun, 2004: 167). Although the first mention of tobacco smoking being a health risk was in 17<sup>th</sup> century, it was soon forgotten, and the warnings of health hazards returned only in larger amount in 1980s (Brook, 2004: 87).

In 1950s, premium cigarettes became the best gift to officials in order to receive a necessary service or goods (Benedict, 2011: 245). In 1960-1970s, cigarettes were common gift as a wedding present along with Mao's Little Red Book (Xun, 2004: 167). During 1980-1990s, the value of cigarettes as a special gift decreased, because the rising wealth made premium cigarettes affordable to masses larger than ever before. The other reason was the mass production of cigarettes with the increase in annual growth from 5.1% between 1952-1970 to 12.3% between 1980-1990 (Bramall, 2000 cited in Benedict, 2011: 247). Moreover, people could afford more expensive brands and peasants switched from long pipes to factory-made cigarettes. In the mid 1990-s, the number of smokers grew rapidly, because of increasing economic prosperity, limited public health measures, and poor anti-tobacco legislation in China (Peto, Chen, Boreham, 2009 cited in Qian, et al., 2010: 2).

## **2.2. Current situation in China**

On overall, 21<sup>st</sup> Century China is a smoking-friendly environment, where cigarettes are a part of social life. They are an act of hospitality: it is polite to offer cigarettes to guests and also to accept them, if offered, because it strengthens personal relations (Yang, et al., 2006 cited in Qian, et al. 2010: 9). Moreover, cigarettes continue the Mao Zedong era traditions of being one of the most popular choices of gifts. As an example, during my interview process I received a gift consisting in a coffee mug, a lighter and a pack of cigarettes. Several decades ago, one could buy train tickets, food and medicine with it; and today one could buy drivers' licences and diplomas, to name a few (Xun, 2004: 167).

Currently, Chinese farmers grow one third of the world's tobacco crop, employing sixty million Chinese citizens whose livelihood rely on tobacco industry. As a result, China produces 2.2 trillion cigarettes per year (Benedict, 2011: 241-242), which constitutes 2.66 million tons of tobacco in a year of 2011 (Zhang, Ou & Bai, 2011: 1165). Qian, et al. (2010) have researched the trends of smoking in China between 1993-2003, and accordingly to the data presented in the article one third of worldwide smokers live in China out of which more than 300 million are men and around 20 million are women. This statistics results in more than one million smoke-related deaths per year in China (Mackay, Eriksen, Shafey, 2006 cited in Qian, et al.,2010: 2) which is predicted to grow to 2.2 million by 2020 (Abdullah, Yang, & Beard, 2010 cited in Pratt, 2011:

319). From that number, every tenth death is caused by second-hand smoke, because there are currently 740 million passive smokers, with 89% in restaurants, 58% in office buildings and 35% at schools, hospitals and public transportation (*China Daily* 2013). Moreover, statistics show that less educated people tend to smoke more (70% of male and 8% of female in 2002) than more educated people (45% of male and 1% of female in 2002; Benedict, 2011: 241-242). Moreover, those households who spend more on cigarettes tend to spend less on education and healthcare (Xin, et al., 2009 cited in Qian, et al. 2010: 9).

Meanwhile, among young adults, smoking is being portrayed as something that is cool (Xun, 2004: 167). Mass media is filled with images with celebrities smoking. During Mao era films and propaganda posters only portrayed urban factory workers, People's Liberation Army soldiers or male officials, but never smoking women. At the same time, peasants were displayed with their long pipes (Min, Duo and Landsberger, 2008 cited in Benedict, 2011: 244). Moreover, smoking can also be a display of wealth as people judge one's wealth through the brand of cigarettes one smokes (Xun, 2004: 167). Cigarettes like Little Panda, Big Harvest and Yellow Panda go as cheap as 50 USD cents a pack, but rich entrepreneurs prefer the gold-filtered Fu Rong Wang brand, which costs 34 USD a pack (Jacobs, 2008).

Wealthy or not, the main reason that people start smoking, is because their friends and peers do (Benedict, 2011: 244). Matthew Hilton (2004) has studied the connections between smoking and sociability, and he found that media often portrays smoking as something that people do alone with slogans like "a lone man's companion, a bachelor's friend, a hungry man's sleep, and a chilly man's fire" (*ibid.*: 126). But these 'Marlboro man' type of smokers appear when the habit of smoking forms and addiction of tobacco attaches. Before that, smoking is still a social act that is being picked up in group of friends, school-mates, workers, family. Chinese traditions of sharing, offering and accepting only deepen smoking tradition, as they become social rituals (*ibid.*: 126).

### **2.3. The smoking bans**

For acquiring the accurate information about the smoking bans in Beijing, I have used the official Beijing website ([beijing.cn](http://beijing.cn)). The first ban for public spaces in Beijing was created at the

end of December of 1995, when the General Assembly of the Tenth People's Congress Standing Committee in Beijing decided to protect people's health, promote social morality and to reduce the harm caused by smoking (*Beijing.cn(C)*). This smoking ban included following public areas: medical institutions, clinics and wards zones, nurseries and kindergartens, primary and secondary schools, meeting rooms, various cultural activity areas like theatres, libraries, museums, public transportation waiting rooms, stores and financial institutions to name a few. The ban also stated that education, culture, healthcare, and media should promote the smoking ban in public places and the fact that smoking is harmful to health.

During 1996-1997, some restrictions were implemented to decrease smoking in public areas, but that had no larger impact on cessation (Tomlinson, 1997 cited in Qian, et al., 2010: 8). Among physicians, more than 50% are smokers, making it hardly realistic to promote cessation (Lancaster & Fowler, 2000 cited in Qian, et al., 2010: 9). One of the keys to decrease smoking could be proper education that is currently absent in China. Even in 2014, only 25% of adult Chinese had 'comprehensive understanding' about the health hazards of smoking and 30% understood the hazards of secondary-smoking, according to WHO representative of China (Flanagan, 2014).

Another addition to smoking ban legislation is from 2008 when Beijing's Municipal People's Government 2<sup>nd</sup> executive meeting added secondary vocational schools, universities and other teaching institutions, postal service rooms, public transportation, sport gyms and sport games' seating areas to non-smoking areas. In addition, the law stated the creation of smoke-free units within the areas where smoking was not banned (*Beijing.cn(D)*). The law also required that smoking should be pictured as harmful to health in radio, television, newspapers and other media forms, in order to create smoke-free environment awareness.

In May 2009, Chinese government increased tobacco retail prices by 3.4%, although it has not influenced the consumers' behaviour (Hu, Mao, Shi, 2010 cited in Qian, et al., 2010: 10). In contrast, the larger tax increase on tobacco products in Hong Kong has decreased the number of smoking men by 20% (Zhu, Young-soo & Beaglehole, 2012: 779). In major cities, cessation clinics have been opened, although support does not reach rural areas (DH, 1998 cited in Qian, et al., 2010: 10). Support hotlines tend to stay rather rare occasion, but on the other hand, tobacco control funding is increasing (Ledford, 2008 cited in Qian, et al., 2010: 10). As a member of

WHO, China agreed to label cigarette packages with warning labels of smoking hazards. However, those policy implementations have been low, and therefore with little effect (DH, 1998 cited in Qian, et al., 2010: 10). The ban for smoking in public places does not mean that the government would lose its revenues. Instead, if tobacco retail price increased by 10% in tax, consumption would be reduced by 1.05% (1017 million packs a year), but Chinese government's revenue would nevertheless increase by \$3.6 billion (30 billion yuan) (Chen, 2007: 730).

In 2011, a law that prohibits smoking in indoor public places was added to revised "Public places, health regulations implementation details" that originates from 1995 (*Beijing.cn(E)*). That law required 'no-smoking signs' to be displayed in public area, the removal of cigarette vending machines and the creation of outdoor smoking areas. Another improvement was in the penalty system which increased the fines up to 30 000 yuan. Owners and managers of public enterprises could face criminal charges if they fail to avoid or stop smoking in their venues, which could lead to revoking their businesses' health permits and therefore ceasing their right to function. In addition, State Administration of Radio, Films and Television (SARFT) of China required a strict control over movies and television shows to limit the smoking scenes and forbid the cigarette advertisement on television (*Beijing.cn(F)*). The rules go into details with no available images of tobacco brands on screen, no minors present of smoking scenes, and smoking scenes must be revised before filming in order to reduce the smoking scene duration and frequency.

In 2014 Beijing implemented stricter policies to control smoking due to the World Health Organization's Framework Convention on Tobacco Control (FCTC) (*Beijing.cn(B)*) that would take effect on the 1<sup>st</sup> of June 2015. The goal is to educate citizens more about the health hazards caused by smoking, increase the smoke-free areas in public domains and follow up with control over these policies by law enforcement officers and health inspectors. In addition, smoking in public areas would be controlled by surveillance cameras. With this new policy the fines would increase from 10 yuan to 200 yuan for individual penalty and from 5000 yuan to 3 000 000 yuan for corporate penalty.

To sum up, China's tobacco control policies still remain weak and it is because of two reasons. Firstly, weak support from the government and strong resistance from the tobacco industry. Secondly, China's medical community is ineffective in tobacco control: medical students lack the curricular exposure to health hazards caused by smoking and there is only little number of

clinics offering smoking cessation; furthermore, 40% of male healthcare professionals smoke (GATS China Report, 2010 cited in Liu & Chen, 2011: 1219).

**Table 1.** The smoking bans in Beijing

| Year | Measures  |
|------|---|
| 1995 | Smoking banned in medical institutions, clinics and wards zones, nurseries and kindergartens, primary and secondary schools, meeting rooms, various cultural activity areas like theatres, libraries, museums, public transportation waiting rooms, stores and financial institutions to name a few. Promotion of smoking ban and smoking hazards in education and media. |
| 2008 | Smoking ban expanded to secondary vocational schools, universities and other teaching institutions, postal service rooms, public transportation, sport gyms and sport games' seating areas. Creation of smoke-free areas, where smoking is not banned. Rising awareness of the harmfulness of smoking in media. Minor increase in tobacco tax.                            |
| 2011 | Creation of outdoor smoking areas, 'no-smoking' signs required in public areas, removal of cigarette vending machines, increase in fining-system, forbidding of tobacco advertisement.  |
| 2014 | Education of citizens on smoking hazards, strengthen implementation of the law and surveillance, increase in fining-system.   |

#### **2.4. The conflict between manufacturing and the ban**

In China tobacco smoking is rapidly increasing not only among men, but also among underage people and women, despite the fact that there are national laws that prohibit advertising tobacco products on film, television, radio, in newspapers and magazines. Local jurisdictions, on the other hand, regulate outdoor advertising, through which some of them ban advertising, though majority of them still allow it. Therefore, tobacco companies are using that opportunity to advertise their products at the point of sale, through sponsored events and branded schools, on billboards, online, and through affiliated companies that are named the same as various tobacco brands (*Tobacco Control Laws*, 2005).

In the increasing amount of cigarettes consumed and the rate of smoking-related illnesses lies the conflict: Chinese central and local governments are manufacturing the cigarettes as well as preventing and curing the illnesses of tobacco-related diseases. The top party members, who are responsible for the control of the Public Health Ministry are often involved with the tobacco industry (Mosettig, 2012). Which means that the tobacco companies possess the power to buy

local cadres, so they could force policies that benefit the tobacco companies, and persuade the farmers to grow more tobacco (Abdullah, 2000: 433).

Majority of those cigarettes consumed in China are being produced by China National Tobacco Corporation (CNTC) (Hu, et al., 2006 cited in Qian, et al., 2010: 2). CNTC earned a profit of \$118 billion in 2011, which counts as 7% of country's revenue, while the tobacco industry employs 60 million Chinese citizens (Bloomberg, 2014). \$118 billion is more than the revenues of the next three largest tobacco companies in the world combined (Flanagan, 2014). Similarly to national government, local authorities earn 7-10% of their yearly revenue from producing and selling tobacco products (Flanagan, 2014). After China became a member of World Trade Organization, foreign tobacco brands have infiltrated to Chinese domestic market (Hu, et al., 2006 cited in Qian, et al., 2010: 2).

## **2.5. Health issue**

The idea behind the bans is to improve the health of Chinese citizens, and to decrease the diseases and deaths caused by smoking (*Beijing.cn(C)*), because currently there is a person dying in China after every 30 second due to smoke related disease (WHO [online]). Industrialized states have increased the awareness of the health risks, increased tobacco taxes, improved the use of pharmacotherapy and other methods to quit smoking, and implemented smoking bans in public places. To catch up with developed countries Chinese government has to take more serious actions in order to accomplish the FCTC policies to decrease the number of people who are smoking tobacco (Gallus, et al., 2006, Stead, et al., 2008, Hopkins, et al., 2001 cited in Qian, et al., 2010: 2).

The bans are argued to be important steps towards improving the health of Chinese people, as smoking is heavily affecting Chinese citizens, being a major cause behind disability, premature death and loss of productivity (USDHHS, 2004, DH, 1998, Murray & Lopez, 1997 cited in Qian, et al., 2010: 2). Major diseases include chronic obstructive pulmonary disease, lung cancer, and pulmonary tuberculosis (Abdullah, Yang, & Beard, 2010 cited in Pratt, 2011: 319). It is predicted that 33-50% of male smokers will die due to smoking related cause by 2030 (Liu, et al., 1998 cited in Qian, et al., 2010: 2). Currently, China has 10 years shorter life span than other

G20 countries, while 260 million Chinese suffer from chronic diseases that are caused by smoking (Mosettig, 2012). The average number of cigarettes smoked per day by regular smokers has risen from one in 1952 to around 15 per day in 2010 (Hu, 2008 cited in Benedict, 2011: 242). Simultaneously, only 11% of smokers successfully quit smoking, while 82% have not even thought about quitting (GATS China Report, 2010 cited in Liu & Chen, 2011: 1218). Those, who quitted, did that due to cited illness (40.6%), in order to prevent illness (26.9%), for financial reasons (10.9%), because of family disapproval (5.3%), or physician's advice (4.8%). Majority of quitters were older people due to bad health condition and middle-age people, who wanted to prevent illness (Critchley, et al., 2004 cited in Qian, et al., 2010: 6).

There are two main reasons of relapses in smoking: physiological or psychological addiction (53.8%), and the influence of friends (30% for men and 13% for women). Relapses mostly occur among young urban people (Peto, Chen, Boreham, 2009 cited in Qian, et al., 2010: 7). Despite the fact that the number of smokers decreased between 1993 and 2003, the number of heavy smokers increased who now make up over half of the smokers. Meanwhile, lighter smokers quit more easily than heavy smokers, who can afford more cigarettes due to Chinese economic growth (Guindon, Tobin, Yach, 2002, Hu & Mao, 2002 cited in Qian, et al., 2010: 8). The number of smokers is influenced by the lack of knowledge on health hazards of tobacco smoking, as only one out of four Chinese are aware of the health risks caused by smoking (GATS China Report, 2011 cited in Zhu, Young-soo & Beaglehole, 2012: 779).

Yang et al 2010 (Yang et al., 2010: 437-439) found on their cross-national study that although awareness of smoking hazards has improved a lot within the last 15 years, it still stays at poor level. There were 5832 urban residents and 7522 rural residents among the respondents. The study showed how education levels influence people's awareness – only 12.5% of people with primary education thought that second-hand smoke can cause heart and lung diseases among children and adults (*ibid.*: 439). Awareness of smoking hazards was higher among men than women, urban than rural population, among higher than lower educational level, among healthcare professionals than other type of workers, among non-smokers than smokers (*ibid.*: 440).

**Table 2.** Percentage of Adults  $\geq 15$  Years Old Who were Aware that Smoking Can Cause Stroke, Heart Attack, and Lung Cancer, by Smoking Status and Selected Demographic Characteristics-GATS China (Yang et al., 2010: 439).

| <b>Demographic Characteristics</b> | <b>Stroke</b> | <b>Heart Attack</b> | <b>Lung Cancer</b> | <b>All Three Diseases</b> |
|------------------------------------|---------------|---------------------|--------------------|---------------------------|
| <b>Residence</b>                   |               |                     |                    |                           |
| Urban                              | 33.8          | 47.5                | 87.6               | 29.2                      |
| Rural                              | 21.6          | 31.1                | 68.9               | 17.9                      |
| <b>Education Level</b>             |               |                     |                    |                           |
| Primary School or Less             | 18.1          | 26.5                | 58.1               | 15.7                      |
| Secondary School                   | 25.7          | 37.1                | 78.7               | 21.5                      |
| High School Graduate               | 33.3          | 47.6                | 87.1               | 28.9                      |
| College Graduate or Above          | 47.8          | 58.2                | 94.0               | 41.6                      |
| <b>Career</b>                      |               |                     |                    |                           |
| Agricultural Worker                | 19.4          | 27.9                | 62.9               | 16.1                      |
| Machine Operator                   | 26.5          | 38.7                | 83.9               | 20.8                      |
| Leaders of Organization            | 43.3          | 54.9                | 89.6               | 39.2                      |
| Medical Personnel                  | 60.1          | 75.9                | 98.6               | 55.8                      |
| Teacher                            | 44.9          | 50.5                | 94.4               | 34.7                      |
| <b>Overall</b>                     | <b>27.2</b>   | <b>38.7</b>         | <b>77.5</b>        | <b>23.2</b>               |

**Table 3.** Percentage of Adults  $\geq 15$  Years Old Who were Aware that Second hand Smoke Can Cause Heart Disease in Adults, Lung Disease in Children, and Lung Cancer in Adults, by Smoking Status and selected Demographic Characteristics-GATS China (Yang et al., 2010: 440).

| <b>Demographic Characteristics</b> | <b>Heart Disease in Adults</b> | <b>Lung Disease in Children</b> | <b>Lung Cancer in Adults</b> | <b>All Three Diseases</b> |
|------------------------------------|--------------------------------|---------------------------------|------------------------------|---------------------------|
| <b>Residence</b>                   |                                |                                 |                              |                           |
| Urban                              | 36.1                           | 64                              | 66.5                         | 32.9                      |
| Rural                              | 20.1                           | 39.9                            | 40.8                         | 17.6                      |
| <b>Education Level</b>             |                                |                                 |                              |                           |
| Primary School or Less             | 14.6                           | 27.4                            | 26.4                         | 12.5                      |
| Secondary School                   | 25.8                           | 49.8                            | 50.1                         | 23.2                      |
| High School Graduate               | 35.6                           | 63.2                            | 66.1                         | 32.1                      |
| College Graduate or Above          | 46.3                           | 78.1                            | 80.9                         | 43.5                      |
| <b>Career</b>                      |                                |                                 |                              |                           |
| Agricultural Worker                | 16.9                           | 33.4                            | 33.5                         | 14.9                      |
| Machine Operator                   | 25.8                           | 56.3                            | 56.3                         | 22.6                      |
| Leaders of Organization            | 40.6                           | 69.0                            | 72.0                         | 38.8                      |
| Medical Personnel                  | 66.0                           | 85.2                            | 80.1                         | 62.3                      |
| Teacher                            | 48.1                           | 80.1                            | 80.6                         | 46.7                      |
| <b>Overall</b>                     | <b>27.5</b>                    | <b>51.0</b>                     | <b>52.6</b>                  | <b>24.6</b>               |

However, the awareness of smoking is low even among male healthcare professionals, as 40% of them also smoke and medical students are not provided with the correct amount of curricular information about the health risks of smoking (GATS China Report, 2010 cited in Liu & Chen, 2011: 1219). In addition, Yang et al. (Yang et al., 2010: 439) found as well that only 62.3% of medical professionals know about the health hazards caused by second-hand smoke. Moreover, several medical professionals smoke in front of their patients, and 29% of non-smoking professionals still accept cigarettes as gifts. Nevertheless, the doctors, who smoke, are less likely to advise on smoking cessation (Zhou, et al., 2007 cited in Liu & Chen, 2011: 1219).

### **3. Methodology**

#### **3.1. Meta-theoretical choices**

The aim of the thesis is to understand the reasons why the general public space smoking ban is not functioning properly among the students of Peking University. From the ontological stance, this thesis follows constructionist approach, which states that social phenomena with its meanings are constantly executed by social actors, and therefore, are continuously revised (Bryman, 2012: 33). According to Moses and Knutsen (2007: 11) constructivist approach recognizes that the same problem may be perceived differently, because of the individual and social characteristics that influence the perception of the world. As my personal characteristics, experience and background have influence on the research, the data cannot be objective.

From the epistemological stance, the thesis follows interpretivist approach, which states that the author of a research gives everything in the world a subjective meaning (Bryman, 2012: 28). Hence, another researcher with different sample and methods can produce different results. Therefore, I am not trying to reveal a definite truth, but rather provide only one angle of the concept.

#### **3.2. Research design**

For the research design I adopted a qualitative approach, which suits best to explore people's everyday behaviour (Silverman, 2010: 6) and in particular I chose case study design which aims to understand a certain phenomenon in depth (Bryman, 2012: 12). Therefore, I conducted formal and informal semi-structured interviews to gather primary data. Case study design was also chosen to improve the knowledge of a complex social phenomenon with its distinctive behaviours, changes and processes (Yin, 2009: 4), but simultaneously to also understand the small fragment of university youth smokers. In addition, case study is well adaptable for the research, as it is seeking to find out the 'why' behind this social phenomenon, and it does not require any control by the researcher over the event, while being contemporary (*ibid.*: 8). The reason, why China and Peking University was chosen, was due to my personal interest in a rapidly developing country with new social patterns emerging constantly.

When conducting interviews, I began with initial participants who contacted me through an advertisement I uploaded to local University website (<http://bbs.pku.edu.cn/>). There were five students who contacted me, and later helped me to broaden my study as they guided me to other students with relevant characteristics. This method brought me nine additional interviews. In order to increase the validity of the research and broaden the sample I also approached smoking students in the Peking University campus and conducted six informal interviews. As a result primary data was collected through 20 interviews with Peking University students between 28.02.2014-01.04.2014.

### **3.3. Data collection**

In this research I used the interviews with Peking University students as primary resource, and the data from the interviews is provided and analyzed to find trends in chapter five. In addition, I also used books, academic publications, websites and newspaper articles as secondary resources to obtain information about the historical background of smoking in China and the current situation. During the 6-week fieldwork in Beijing, I conducted a total of 20 interviews, out of which 14 were formal and 6 were informal. The selection was based on three criteria – interviewees must be students from Peking University, must have elementary English level and they must have smoked at least a cigarette during a month prior to interview. I conducted all the interviews in English, because I do not speak Mandarin Chinese. An interpreter was used with six respondents to explain the meaning of my questions and their answers if it was needed. All of the interviews were conducted in English and recorded.

The interviews were semi-structured, as I used the same questions with all the participants, but not in a certain order. That helped me to ask sub-questions to focus on any certain area that the students wanted to speak more about. Two of the students required the questions to be sent beforehand, and all the interviewees allowed me to record the conversation for the research purpose. In accordance to respondents' English level and openness to discuss the topic, the length of the interviews was between 25-65 minutes. Interview process consisted of 19 questions, which divided into three categories: social background and influence, health awareness, and smoking ban. I recorded all the interviews, and did additional notes during the

interviews. Afterwards, I listened to recordings to write down the detailed answers to questions and find quotes suitable for the research.

The group of respondents was diverse – there were young students (18-23) who were enrolled as BA students, but also older students (24-28) who were enrolled as MA and PhD students. Out of 20 interviewees 17 were male and three were female, which happens to be similar to the trend according to which 52.9% of Chinese men and 2.4% of women smoke (Huang, Zheng and Emery, 2013: 1). From the twenty respondents seven were from Beijing and 13 were from other provinces. The interviews were conducted in the University campus, in the Student Housing and in a bar, wherever it was more convenient for the interviewees.

### **3.4 Authenticity**

Since the research was conducted among university students while excluding working or unemployed Chinese citizens of the same age group, the thesis is not trying to display an overwhelming picture of smoking habits among Chinese people. Rather, its emphasis is set on the academically more educated group, because their attitudes would be influencing other societal groups as they would become politicians, doctors and civil servants, to name a few. The sample for this research is very small and its insights are limited to a group of Peking University students. Although the number of interviewees is marginal, Yin (2009:15) argues that using any sample with a theory would be sufficient to draw conclusions, even if subjective ones. Hence, to understand and analyse the collected data, Foucault's theory of 'bio-politics', Scott's theory of 'resistance to authority', and Carol Lee Bacchi's "what's the 'problem' represented to be?" approach are applied. Although Bryman (2012:70) argues that case study findings cannot be generalized, Silverman and Marvasti (2008: 134) argue that generalizability is present in every case.

One of the issues with the interviewees might be their responses to the questions. Firstly, because I am a foreigner, and there might be trust issues, they might have changed their answers to show a better image of themselves, Peking University and/or China. Secondly, several interviewees noted that 'smoking is cool' meaning that their answers might be influenced by the desire to be seen as 'cool'.

### **3.5 Ethical considerations**

Before the interviews I explained to the students the situation, and therefore, all interviewees were aware of participating in an interview that would lead to an analysis in a research. Hence, all the students participating in my research gave their informed consent (Bryman, 2004: 511). In addition, the students agreed on the conversation being recorded. Two participants out of 14 formal interviews requested the questions to be sent beforehand, and I granted their wish. As for some, smoking is a sensitive topic, and therefore, I do not use any names to guarantee participants' anonymity (*ibid.*: 513). I also made sure that interviewees understand that their names would not be used in this research and the process is nothing required, but voluntary.

## 4. Theoretical Overview and Analytical Framework

In order to understand the reasons why university students continue smoking under the smoking ban in China, I chose to focus on the theories of ‘bio-politics’, ‘resistance to authority’, and “what’s the ‘problem’ represented to be?” approach.

### 4.1 Bio-politics

According to Foucault (1990: 140) *Bio-power* is power that disciplines subjects by legitimizing that power with the pretext in order to protect overall life and well-being. Bio-power is based on a variety of societal norms, values and routines that will be affirmed to individual bodies. Foucault (*ibid.*:139) argues that the emergence of bio-power in Europe goes back to the 18<sup>th</sup> century, when the concept of body evolved. *Bio-politics*, which is bio-power of authorities that formulated into series of interventions and regulatory controls (Rabinow, 1984: 262), started to take control over the human body, as it was seen as a machine. Authorities acquired an access to human body through taking charge of life (Foucault, 1990: 143). Human body is being regulated by controlling every stage of life from birth to death, including health (*ibid.*: 140). These norms and values allegedly secure our life. Instead of individualization, this process is a treatment of ‘massification’ of the bodies (Foucault, 1979: 138).

Great example of the bio-governance in China can be seen through Chinese government implementing laws that have restrictions for citizens’ bodies with its population and birth control politics that began in 1950s (Greenhalgh, 2010: 3). Similarly, smoking bans in 21<sup>st</sup> century are being used as a part of bio-politics to control the human body and to protect Chinese citizens by restricting the physical space where one can and cannot smoke. However, the bio-power is not fully used, as China is using weak implementation on the smoking ban, because the leading cadre of Public Health Ministry who are responsible for the smoking bans are also involved in the manufacturing of cigarettes (Mosettig, 2012). Similarly, China’s bio-power to maintain and improve citizens’ health is a constant problem, as smog covers Beijing and toxic particles in the air often reach the level of serious health hazard. However, this is the subject of another research.

In general, when a government releases law, it should also monitor if the law is implemented or not. People regularly understand that and start to practice self-surveillance in order to avoid being caught by the authorities (Foucault, 1980: 151). Currently in Beijing and the rest of the

China, self-surveillance in terms of smoking under the smoking ban is not that important, as government's main priority appears to be not forcing the smoking ban, because they could lose revenue. The weakness of local government of Beijing can be seen in the law making process in 2008, when announced smoking ban to bars, restaurants, karaoke lounges and massage parlours, was waived due to opposed business interests (Jacobs, 2008). Since the power of controlling the implementation on smoking is weak, it does not prevent people from smoking.

#### **4.2 Resistance to authority**

Resistance is a wide concept that has various characteristics; however, there are two common features in different forms – sense of action and opposition (Hollander and Einwohner, 2004: 538). The most common description would be “material or physical, involving the resister's use of their bodies or other material objects” (*ibid.*: 535). Nevertheless, resistance can be a symbolic act as well, and as the situation in Beijing has not increased to violence, revolts or protest, it could be described as an everyday form of resistance. Scott (1985: 29) argues that everyday forms of resistance is a constant struggle between the subject and those who seek to extract labour, food, taxes, rents, and interests from them. Everyday resistance is nothing collective, but rather individual acts against authority that avoid direct confrontation with authority or with elite norms. As far as the smoking ban goes, people do not demonstrate or use violence against the ban, but they rather continue smoking in places where it is not allowed.

Everyday resistance is informal, often covert, and aimed at immediate gains (Scott, 1985: 33). The idea behind everyday forms of resistance is to mitigate or deny claims made by super-ordinate classes (*ibid.*: 32). Everyday resistance is not necessarily directed against authority, as much as towards a need of physical safety, food, land, or income. In this case, Beijing students do not thrive towards basic needs, but rather towards physical or social addiction of smoking. Resisters mostly follow relatively safe route towards their goal (Scott, 1989: 35). This kind of actions tends to stay without larger focus from media, because there is not anything newsworthy. Resisters avoid the attention as their safety lies in their anonymity (*ibid.*: 36).

Although the idea behind the smoking bans in Beijing is to protect health of its citizens, not suppress people, formal order will face resistance definitely, according to Scott (1998: 352). If a

person is at least remotely free, he or she is still a subject to government – “there is no power without potential refusal or revolt” (Foucault, 1990: 84). Foucault’ (*ibid.*:143) finds that despite the fact that authorities try to control life and human body, citizens constantly escape from that control. Hence, if there is a smoking ban in Beijing, there are also people who will act against the ban, since every relationship of power possesses a potential strategy of struggle (Foucault, 1982: 225). As Chinese people do not find the smoking ban important enough to protest against, they still continue to disobey that law, because smoking in public places is something that they are used to. Despite the various smoking bans in 1995, 2008, 2011 and 2014 it has not been difficult for citizens to disobey the law, as the policy implementations have been low (DH, 1998 cited in Qian, et al., 2010: 10).

#### **4.3 ‘What’s the problem represented to be?’ (WPR) approach**

This approach is the creation of Carol Lee Bacchi, who argues that there are different ways to think about the policies that the governments have created. This approach is not a theory, but rather a method to understand not only the policies but also the wider discourse including behaviour/perception/reasons about the ban. She created six different interrelated questions to challenge the common view towards policy making (Bacchi, 2009: 1-2). By using Bacchi’s WPR approach I try to understand how there could be problems rooted in the bans. This in current case means that I explore the possibilities in which the reasons why the public place smoking bans in Beijing are not working could not be in the government or students, but rather in the bans themselves. Bacchi suggests that exploring the policies would demonstrate how the policy-makers view the ‘problems’ as a particular sort of ‘problems’. Therefore, instead of reacting to ‘problems’, governments are creating policy ‘problems’ by creating policies (thus shaping the ‘problems’) (*ibid.*: 1). In this study, the authorities of Beijing have been releasing various public space smoking bans, which would indicate that the ‘problem’ they see is people smoking everywhere.

## **5. Findings and Empirical Discussion**

### **5.1 Information about the respondents**

All in all there were 20 interviewees, out of which three were female. Each person had smoked at least two years, with the maximum of twelve years. The average smoking length was 5.05 years, median was 4.5 years and the mode was three years. The person from my interviewees, who had smoked for the longest period started at the youngest age of thirteen. The oldest starter was from the age of twenty-two. The average age of starting smoking was 18.3, the median was 18.5 years old and the mode was twenty years old.

Average student smoked 9.55 cigarettes per day, with the minimum being two cigarettes and maximum twenty. Majority of students acknowledged that the number would increase if they would go out with their friends and would decrease if they are home with their parents. The median number of cigarettes per day was 8.5 and the mode was twenty cigarettes per day. On average, those students, who started smoking between the age of 13-17 tended to smoke more cigarettes (14.1) daily than those who started at the age of eighteen or older (7.5).

Out of twenty interviewees, two were trying to quit smoking and fourteen students replied that they would continue smoking even when their friends would quit smoking. Three out of twenty would think about quitting, and one would smoke less.

### **5.2 Resistance to authority**

As one of the main ideas in all of the smoking bans in last twenty years has been the promotion of smoking ban in education, culture, healthcare and media (*Beijing.cn(E)*, *Beijing.cn(D)*, *Beijing.cn(C)*, *Beijing.cn(B)*), students still lack of the information or do not consider smoking to be too dangerous at the current stage of their life. Among the respondents, the knowledge about the smoking ban in Beijing was general, but not specific. Out of twenty students, thirteen knew that smoking is not allowed indoors and in public places. From thirteen students, five acknowledged the fact that people still smoke in those areas and thus disobey the ban. Another two students mentioned that smoking ban covers schools and universities. Meanwhile two interviewees claimed that they can smoke everywhere and other three said that they do not know

anything about the smoking ban. Students, who smoke 10-20 cigarettes daily, knew less about the smoking ban than those, who smoke between 2-10 cigarettes daily. Moreover, the first group acknowledged more that there is a public area ban that people ignore.

According to Scott (1985: 32) the reason why everyday resistance exists is to deny the claims made by super-ordinate classes. It is not directly against authority, but rather towards a personal need that is being hindered. That can be seen in the answers of six respondents, who argued that public place smoking ban is hindering their rights. Two of those six students claimed that they would fight for their right to smoke wherever they want, and other four found the ban to be unrealistic, because there are other dangerous aspects of life that are not banned.

- Interviewee 7: *“I think it is not good, because people are in stress, a lot of stress. Government can't do that, it's not cool.”*
- Interviewee 2: *“I don't think that the government wants people to quit, because it is a good tax source.”*
- Interviewee 6: *“I don't think it's right and I will fight for it. If I like it, then you can't say that it's not good for me. I can do many things that are bad for me, but I like it. You know, you cannot forbid me.”*
- Interviewee 16: *“I think it is justified for indoors, because I know some people are allergic to the smell, and also indoor smoking can cause more serious damage, like fire, so I think that's okay. But if they ban it outdoors, then they are hindering smokers' rights as well.”*

In her WPR approach, Bacchi views the effects that are being produced by the representation of the ‘problem’. She argues that raising the problem follows with the division of opposing groups to the problem (Bacchi, 2009: 16). In the context of this research the public place smoking ban divides citizens into ‘smokers’ and ‘non-smokers’, who oppose to each other, as first group prefers the right to smoke where they like, while the second group prefers smoke-free air. The division shows smokers as the ‘problem’, and marginalize the importance of new discourse that would replace smoking with something less harmful that would not cost revenue loss for the government. Instead, the ‘problem’ group would be deterred from supporting the reform (Bacchi

*ibid.*: 17). As the government forces ban on smokers, it reinforces the social status quo, where smokers would rather stay smokers, not to smoke less or become non-smokers.

Moreover, half of those six students also said that smoking is a personal choice that should not be controlled by any ban. That correlates with the arguments of Beck and Beck-Gernsheim (2002: 141), who describe freedom of choice as a part of individualization that the modernizing world goes through. In addition, two students thought that the government should fight to stop the usage of drugs, not tobacco. Three students also replied that they need smoking to relax from the stress. The rest (fourteen) claimed that smoking ban is justified, because it affects non-smoking people around them. However, two students added that people would not stop in public places because of the smoking ban. Another two students agreed with the smoking ban only if the government would still allow smoking in private places.

Interviewee 15: *“For me, I think it’s good to ban smoking in public areas, because it is true that smoking is really bad for people’s health, whether for smokers health or others’. So I would support that.”*

Scott (1989: 35-36) emphasises that for majority of times everyday resistance is done in a safe way for the resister. This safe method helps them to stay away from the attention from media, and thus stay anonymous. This silent resistance can be seen in a scenario, where the implementation of smoking ban would get stricter – fees from police for smoking in public places would increase and the price for cigarettes would triple, but the majority (fifteen) claimed they would still continue smoking.

- Interviewee 7: *“Some people can quit because of money, but I would still smoke.”*
- Interviewee 16: *“If they would ban smoking there, I would not like it, because I think it is nice to smoke and drink with friends. But I understand when they ban smoking on restaurants or busses. But it would not affect me. I mean I think I would not stop smoking because of the ban, but maybe I would smoke less cigarettes.”*
- Interviewee 10: *“I think I would continue smoking when the police have left.”*
- Interviewee 13: *“From my past experience I usually notice whether the smoke is allowed or not in here. If it is not allowed I won’t smoke there, when I come back to my*

*dormitory, my private place, I will take out a cigarette. The price of the cigarette is not effective, money thing is not a big thing.”*

Only five students would quit smoking in public places and continue smoking where it is allowed. From those, who would continue, three argue that the ban does not matter; one student would stop for the period of time when the police arrives and upon their leave would continue, and one student would not pay the fee and would leave the area. One girl said that the more bans she would get, the more she would disobey them, because she hates rules.

- Interviewee 8: *“Actually, I am that kind of person that if you ban me anything, I would do it more. I just hate the rules, so if they would increase the price, I would buy some tax-free ones.”*
- Interviewee 6: *“I don’t think it[ban] has any effect.”*

Oftentimes, the resistance is not a conscious act, but rather something that is within the unconsciousness and reveals during some certain situation (Scott, 1989: 27). For example, when the interviewees would find themselves in a situation, where they walk into a restaurant where there are no smoking signs, and they would still see people smoking cigarettes, then half (ten) of the students would start smoking as well and the other half (ten) would not. One of the students would even smoke in a hospital, and two of the students would smoke until somebody tells them to stop smoking.

- Informal 3: *“If I am drunk, I would smoke [in a restaurant under no-smoking sign].”*
- Informal 4: *“I think it is easy in China to smoke inside.”*
- Interviewee 16: *“It depends, it depends like if I feel like I would but if I don’t feel like, then my friends can feel free to smoke.”*
- Interviewee 15: *“If we go to a restaurant, me and my friends will always see if other people smoke, if they smoke then it means that this restaurant allows smokers to smoke freely.”*
- Interviewee 3: *“Until they don’t call you or warn you, just keep smoking, it’s okay.”*

In order to understand what is behind the situation, where there are no-smoking signs that are constantly being ignored by people, it is important to view what is being left unproblematic in

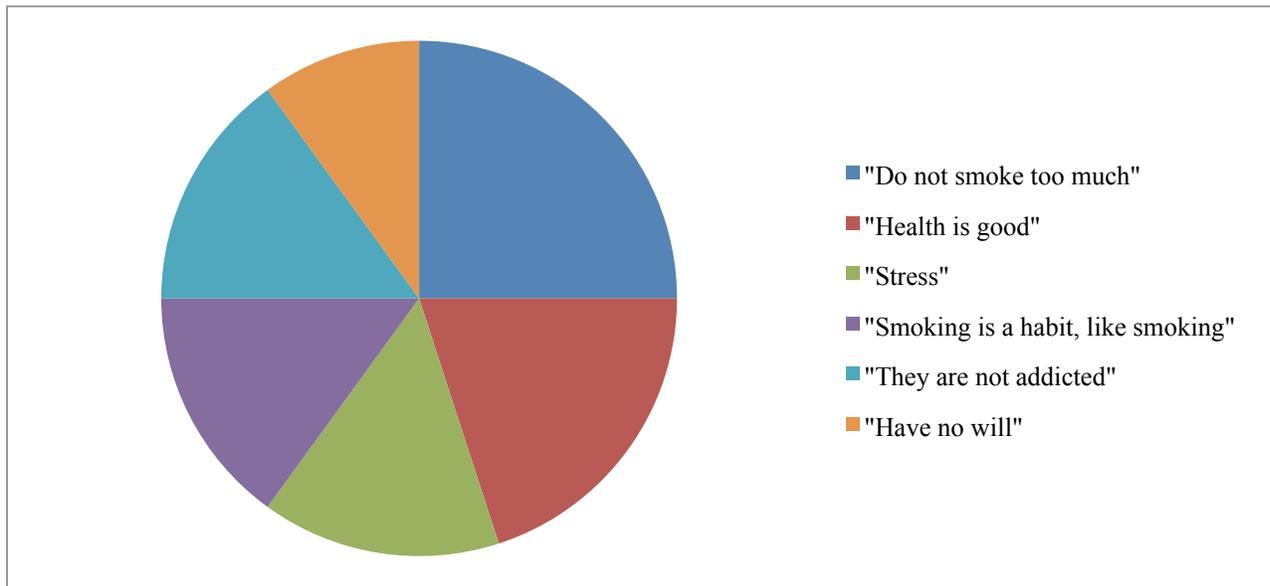
this problem representation. Bacchi (2009: 13) argues that policies are constrained by the ways in which they represent the ‘problem’, meaning that the idea is to highlight the perspectives that are left out of the focus. As an example, Bacchi shows how the combination of “funders of research, the managers of the data base, and the regulators” were from the same institution, which failed to pose any discussion as three departments shared the same ideas and policies (*ibid.*: 14). Similarly, it is doubtful to have discussion about tobacco smoking, health, and public place smoking ban, as long as tobacco companies give 7-10% of government’s revenue (Flanagan, 2014), while government tries to impose a ban to decrease number of smokers and the frequency of smoking that would influence their annual revenue.

### **5.3 Awareness of health risk**

The most popular reason, why students have not quit smoking is because ‘they do not smoke too much’(five), and is followed by ‘health is good’ (four). For three interviewees, they cannot quit because of ‘stress’, another three claim smoking to be a habit and because they like smoking. Meanwhile there are two students who say they cannot quit, because they have ‘no will’, there are also three students who respond that they are not addicted, and therefore do not need to quit. The results are similar to (GATS China Report, 2010 cited in Liu & Chen, 2011: 1218) findings, where 11% would quit successfully (in this research two out of twenty meaning 10% are quitting).

One of the question Bacchi’s approach rises is “What is the ‘problem’ represented to be in a specific policy?”. Bacchi’s method explains that when looking at a certain government policy it reveals the government’s attitude towards the problem (Bacchi, 2009: 3). The policy of local and national governments in China is to cease people from smoking because it is bad for their health. But as there are only 11% of Chinese who successfully quit smoking, they could use different route. Instead of trying to explain how smoking is harming people, the governments might consider changing the social picture of tobacco in China. Similar process occurred at the beginning of the 20<sup>th</sup> century, when opium usage in China was replaced by tobacco smoking (Xun, 2004: 160, 164).

**Chart 1.** Respondents' reasons not to quit smoking.



- Interviewee 14: *"I smoke little, and sometimes I feel bored, so I smoke, and I think I don't need to quit smoking."*
- Interviewee 11: *"I don't think that it has a lot of influence on me, because I smoke couple of cigarettes a day, it's not very much."*
- Interviewee 3: *"Maybe because of some disease. When the doctor says that you have to quit or you will die."*
- Interviewee 13: *"I have tried to quit. I like the feeling of smoking a cigarette after a meal."*

For the reason why they would quit smoking, ten students claimed health to be the cause. Another four students said they would quit when their girlfriend would forbid smoking, and one of them also said that he would quit, if the teacher would tell him so. Similarly, three students would quit, when they would get married not to influence their own family and child/children. The least common reasons were if family disapproves (one), to encourage brother to quit (one), and when one feels more addicted (one).

- Interviewee 16: *"My face, my skin, it gets very itchy and very dry. And that's the moment when I think that even as I am not addicted this has affect on my skin. So that's the*

*moment when I try to not smoke so much, cause I am not addicted, it is very easy for me to quit. But it's not easy to say no to cigarettes on the weekend nights."*

- Interviewee 10: *"I think I quit when I get married, I think the smoking is not good for the family, especially my children."*
- Interviewee 6: *"I won't forbid him[brother], but I don't want to influence him."*
- Interviewee 11: *"Maybe when lot of friends recommend or when I get married and my wife don't like smoking, so maybe I would quit."*
- Interviewee 15: *"I have this friend, he's a medical major. He told me that he has seen the corpse of people who smoked before when they were alive, and so their lungs are really damaged. That moment I considered to quit smoking, because it is irreversible. Like if I know that the damage is permanent and really serious I would really consider quitting smoking."*

When it comes to the professional advice from the doctor, then majority (thirteen) claimed that their doctor does not tell them to stop smoking. For other two interviewees, their doctor recommended to stop for awhile when they are ill, and for five students, their doctor suggested them to quit smoking permanently. Those students, who smoke 2-10 cigarettes daily, were mostly the ones, who received doctors advice to quit, while those, who smoked 10-20 cigarettes had only one student, who got the same advice.

- Interviewee 2: *"Doctors did not advice me to stop smoking, but to stop smoking for a month."*
- Interviewee 15: *"I don't think that my doctor knows that I smoke, so he won't give me any advice."*
- Interviewee 4: *"Sometimes they tell you that smoking is bad."*
- Interviewee 3: *"They seldom tell you to stop forever, they recommend to stop for a while."*
- Interviewee 13: *"Yes, they have told me to stop smoking, but, you know, it's just an advice. I refuse to follow their advice."*

While Foucault (1990: 140) argues that bio-power is power over life that disciplines subject to protect life and well-being, it is complicated to see real bio-power in the government action,

when even the medical professionals are not fully aware of the hazards caused by tobacco and secondary smoke. Moreover, the situation is not good in prevention either, including warning signs in society, as well as the education provided by the school system. Warning signs about 'not smoking' and 'smoking is bad' were mostly found on the cigarette packs (nine). Other common places were signs on walls in the street (four), subway (four) and restaurant (three). Two interviewees have seen the signs also in the university and another two on television broadcast. The least common area to find warnings were toilet (one), buses (one) and internet (one). Meanwhile, four students have not noticed any warning signs around them. On the other hand, interviewees see even less advertisement of cigarettes. For those, who have seen, the places are television (two), internet (one) and on the street (three). Majority of students (fourteen) have not seen any advertisement.

- Interviewee 15: *“Any advertisement about smoking is banned in China. I am an advertisement major, so I know that, but the cigarette corporations can have advertisements about themselves. They can have Marlboro on TV, but they could not show anything about the cigarettes. So maybe you are familiar with the brand Marlboro, but you don't exactly know what this brand does.”*

According to the interviews, the health education level on the awareness of smoking hazards in schools is different. Only one student said that he received lecture about health hazards in university level and not before. Another seven interviewees reported that they received health education about smoking in different school levels – elementary school (one), elementary and middle school (one), middle school (one), middle and high school (three) and high school (one). Majority of students (twelve) said that they have not received any lectures in school about smoking hazards. Those students, who claimed that they had any health education about smoking, tend to smoke around 14-20 cigarettes per day. On the other hand, students, who did not get any education about health hazards tend to smoke daily around 2-10 cigarettes.

Bacchi argues that it is important to understand how and where is this representation of the 'problem' produced, disseminated and defended, as it addresses the means through which the 'problem' is presented to the wider population (Bacchi, 2009: 19). In Beijing, smoking is depicted as harmful in billboards, educational projects in schools and through the law, and through these channels the awareness of harmfulness of smoking has increased. However, there

is the downscaling part of billboards that do not show cigarettes, but the companies who produce them; smoking can be seen on television, even though it is limited; schools have tobacco companies as sponsors, and the laws to cease smoking are weakly implemented (*Tobacco Control Laws*, 2005). Instead, if there would be a change in the discourse, and smoking would be widely demonstrated as negative and something healthier would be advertised instead, it could be more effective in achieving the non-smoking public areas.

#### **5.4 Societal factor**

Similarly to Hilton (2004: 126) who found that peer influence is the main factor to start smoking, the results of this research indicate that twelve out of twenty students started because of peer influence, three out of twenty because of curiosity and five from twenty because of stress. In addition, four people who started because of peer influence had also been curious about smoking.

- Interviewee 14: *“In college I had a roommate and we smoked and dranked together.”*
- Interviewee 1: *“I started smoking because my friends were smoking, and they asked me to join, so I said “Why not?!””*
- Interviewee 12: *“During that time I was preparing for exams in Peking University, and I was alone, I started to smoke to relax myself.”*
- Interviewee 16: *“You connect with people better. If she smokes, I smoke, we both like cigarettes, it’s kind of a link, so it’s a connection. And then, the conversation will be smoother.”*

Carol Lee Bacchi argues that oftentimes there are cultural values and social unconsciousness behind the problem (2009: 5). When applying it to the current study, the students’ tendency to continue smoking is based on centuries of tobacco smoking culture, but especially on the attitudes from the 20<sup>th</sup> century that encouraged cigarette smoking (Benedict, 2011: 245; Xun, 2004: 167). If there would not be the mindset that smoking is accepted as a social norm, there would most likely be different numbers in this statistics. Because of that we can examine that stress and curiosity due to friends are the most common reasons to start smoking among interviewees in the age of 13-17. in the starting age of 18-22 curiosity and peer influence were the main instigators. That could indicate how parents have control over their children’s social life

that marginalizes when students depart to university. As one respondent (male 23, started in the age of 19) explained:

- Interviewee 10: *“In highschool I was controlled by my parents. In college I could start smoking, I did not have any concerns, and my roommates smoked too.”*

From another perspective, when we observe the family influence on students smoking habits, we see the trend where male parents are more likely to be smokers and female smokers less likely. As a result, there were ten students who had only father smoking and three interviewees whose fathers smoked when they were younger, but then ceased to smoke. But there was only one student whose mother smoked (in addition to her husband), other nineteen interviewees' mothers were non-smokers. Out of twenty, there were six students, whose parents were not smoking at all. It was more common for the students in the starting age of 13-17 to have parents who do not smoke. For the group of students in the starting age of 18-22, it was more common to have a smoking father. Parents' smoking habits are influenced by what Bacchi (2009: 11) describes as the historical roots that made the current problem possible. According to her, it is important to understand the background, in order to deal with the problem. Compared to the history of tobacco smoking that dates back to 16<sup>th</sup> century, smoking bans have relatively short history that date back two decades (Beijing.cn(C)).

- Interviewee 16: *“All the people around you smoke, so they would always be: “Cigarette?! Cigarette?! Cigarette?!”. And another thing is that cigarettes in China are very very cheap. So people don't really care if you smoke their cigarettes or not. That's the different thing in France, because my friend who's there, tells me that cigarettes in France are very very expensive. So that's why they don't share cigarettes, but here in China everybody shares cigarettes. I can just go to a random person on the street and ask for a cigarette, and they would give me.”*
- Interviewee 13: *“You know, when I give you a cigarette and we sit together like this and we both smoke and we can talk very easily. I think it is a way for me to build a good relations with my clients, so I smoked much more when I worked.”*

When looking at the attitudes of interviewees' families and friends toward students' smoking habits, then it can be concluded that negative emotions dominate over positive emotions. Only

one student had a father who approved his smoking, one student had friends who liked that he smoked, and for three interviewees, the parents did not know that they were smoking. For three students, their friends did not care if they would smoke or not, and for another three students, their friends had accepted the fact that they smoke. Besides the three groups of friends that did not care, one father who approved and one group of friends who liked the fact that the interviewee was smoking, all others were displeased with the fact that their friends/family member was smoking. There were also four interviewees, whose friends suggested them to quit smoking.

- Interviewee 4: *“My father says it’s okay.”*
- Interviewee 15: *“Those who don’t smoke, I would not let them know that I smoke. I just smoke with those, who smoke. Only few of my friends who don’t smoke, know that I smoke. I think they have neutral attitude.”*
- Interviewee 11: *“When I smoke, they are usually not with me, they go away. It’s your choice, it’s really common that Chinese students smoke, so no-one criticizes.”*
- Interviewee 7: *“Parents don’t like, but friends like [that I smoke].”*
- Interviewee 16: *“They don’t like the smell of the smoke and I don’t smoke in front of them, so we don’t have any problem.”*

Image-wise, six students see smoking as something common for boys and bad for girls, while two students think smoking is cool among boys and bad among girls. For three interviewees, smoking is just a common feature, meaning not good or bad, and one student sees smoking as common, because of the characteristic of smoking being pressure easing. As for the rest, three students find smoking to be cool and for four students smoking has a bad image. Therefore, for one of the four students mentioned before it is better to smoke home than in public, and for another previously mentioned student, smoking is bad for students, but good for working class people. The same student also values the importance of tobacco and cigarettes in building relationships. Those students, who smoked 10-20 cigarettes per day saw smoking as something cool, while those, who smoked 2-10 saw smoking something common, especially among boys, but also bad for girls.

- Interviewee 10: “Of course it is not good image, especially when you smoke outside in public situation.”
- Interviewee 1: “If I know that a girl is smoking, I am a bit surprised, because it is quite uncommon for China. Generally people think it[smoking] is a bad thing.”
- Interviewee 2: “Smoking is not a good image of me, so I won’t let my surrounding people know.”
- Interviewee 7: “I don’t care, it’s just smoking.”
- Interviewee 12: “I don’t care if it’s a boy smoking, but I don’t like it when girls smoke.”

To understand how this situation has developed, Bacchi insists in finding the roots of the ‘problem’ (Bacchi, 2009: 11). Despite the fact that smoking is banned in public places in Beijing, it has not always been this way. Smoking has been an important part of social life for the Chinese people from the 16<sup>th</sup> century to late 20<sup>th</sup> century, when in 1995 the first ban in Beijing was introduced. This helps to explain the reason why smoking in public places started to become a ‘problem’. There are also different power groups whose influence ensured that the ‘problem’ would be represented the way it is (*ibid.*: 11). In current case, the influencing power seems to be WHO, who insists that China would take serious steps to improve the health and decrease the mortality of smoking-related diseases (Huang, Zheng and Emery, 2013: 1). Hence, smoking in public places has been a legal ‘problem’ only for two decades, and therefore, government policy on ceasing smoking might be too fresh policy to have enough influence over citizens.

To sum up the previously mentioned theories and method I have created a table to point out the most important aspects regarding the dis-functioning of the general smoking ban of public places in Beijing.

**Table 4.** Why the smoking bans in Beijing do not work from the perspective of three theories.

| Theory                        | Connection with the smoking ban   |
|-------------------------------|---|
| Foucault’ ‘bio-politics’      | Current situation is not suitable for strict bio-politics that aims to cease people from smoking, because top CCP members are closely involved in the positions of Public Health Ministry and Chinese National Tobacco Company. |
| Scott’s ‘everyday resistance’ | There is a minority of respondents, who argue that they would   |

|                                |  |
|--------------------------------|--|
|                                | <p>fight against the law that hinder their rights. Smoking is not an essential need but rather a habit and societal or physical addiction; therefore students do not find it important enough to fight for. Moreover, there is a connection with the fact that my interviewees understand the lack of implementation and react accordingly.</p>      |
| <p>Bacchi's 'WPR' approach</p> | <p>Through her 'WPR' approach, Bacchi demonstrates the importance of analysing the 'problem' and the background of the 'problem'. Smoking bans in Beijing are rather new phenomenon as they date back to 1995, while tobacco smoking goes back to 16<sup>th</sup> century. Hence, the culture and traditions overcome the laws in today's China.</p> |

## 6. Analysis

To understand the reason why the smoking bans in Beijing are not properly working and young educated adults do not obey the law and continue smoking under the smoking ban, three sub-topics were researched. The first question I examined was “Does Peking University’s students’ behaviour mark everyday resistance to authority?”. In order to understand the smoking ban I used Foucault’ theory of bio-politics (1990: 140) which states that *Bio-power* is power over life that disciplines subjects in order to protect overall life and well-being of human population for it to be useful for the nation. Hence, smoking ban for public areas in Beijing is to discipline smokers to protect their own and also non-smokers health. Meanwhile, the students of Peking University in my research have heard about the smoking ban in Beijing, but only 2/3 of the interviewees know that smoking in public areas is not allowed. However, 2/3 of the respondents thought that the ban as a part of bio-power is justified because it hinders the rights of non-smokers. The conflict between the bio-power and the tobacco culture can also be seen from the answers, as half of the students would start smoking in a restaurant where there are no-smoking signs, but there would be someone who is already smoking. By doing this, the interviewees would practice self-surveillance (Foucault, 1980: 151) in order to avoid being caught by the authorities.

However, even with stricter bio-power execution from the Beijing government as a form of increased fees for breaking the law and increased tobacco prices would not affect the majority of students to quit smoking. Only ¼ of interviewees thought they would cease smoking. Despite the fact that the students are aware that the ban is to protect the health of Chinese people, they would still smoke, and therefore participate in the unconscious everyday resistance (Scott, 1989: 27). Thirty percent of the respondents argued that smoking ban is hindering their rights, and 1/3 of them stand out from others as they present their will to resist to authority, as they would fight for their right to smoke wherever they want. One of the interviewees would continue smoking after the authorities have left, and the other one hates rules, so she would continue her actions whenever she can. This is the result of relatively larger freedom of choice for Chinese people than they had during the second half of the 20<sup>th</sup> century, as the freedom of choice is a part of individualization, according to which individuals are responsible for their own livelihood (Beck and Beck-Gernsheim, 2002: 141). However these choices must be made within the guidelines

and the rules of the state (*ibid.*: 12), but the Chinese smokers tend to bend the rules in this occasion.

The second sub-question was “Are the students’ disobeying acts caused by lack of knowledge on health risks?”. GATS China Report 2011 (cited in Zhu, Young-soo & Beaglehole, 2012: 779) claims that the awareness of health risks caused by smoking is poor among Chinese people. Majority of students did not receive any information about the health hazards caused by smoking in school, while those who did, most of them received education about the topic during their middle-school years. Only one of the interviewees was exposed to the knowledge of risks in university level. Interestingly, the ones who did have lectures about the harmfulness of smoking tend to smoke more, and more often as those who had no health education. According to Bacchi (2009: 19), it is important to see where the representation of the ‘problem’ is produced. At the same time as students lack knowledge on health hazards, they are being introduced to tobacco through billboards that present tobacco companies instead of cigarettes, through schools that have tobacco companies as their sponsors, and through the smoking lead figures of public and private sphere.

Despite the fact that university graduates have better understanding of the health risks caused by smoking than people with lower level of education (Yang, et al., 2010: 439), my respondents would continue smoking until they are young, healthy and do not have a family. Out of 20 respondents, only two were in the process of quitting smoking and three were thinking about quitting. 55 % of the students would cease smoking if there would be serious problems with their health and 44 % would quit due to their family/partners. Although the fact that health is the main reason to quit smoking, it can be difficult for a person to understand the situation before the tobacco damage is permanent. One of the logic of not being aware could be in the fact that only 7 out of 20 students received the advice to cease smoking from their doctors. The reason behind this could be that there are around 40% of medical professionals who do not know about the harm caused by secondary smoke (*ibid.*: 439), and they are less likely to advise on smoking cessation (Zhou, et al., 2007 cited in Liu & Chen, 2011: 1219). To understand the situation a little better, it is vital to notice factors that are left unproblematic (Bacchi, 2009: 13), which in this case means that it is rather difficult to have changes in the ‘problem’ when the main leaders

of manufacturing the cigarettes and implementing the ban are partly overlapping (Mosettig, 2012).

The third sub-question was “What kind of role do the cultural traditions have on students’ habits?”. To understand the social norms with regard to smoking, one should examine the social unconsciousness and cultural values (Bacchi, 2009: 5) that in this research date back to 16<sup>th</sup> century. For centuries, smoking has been a social act, a tradition, and a way to communicate (Brook, 2004: 88). The social norm can be found in a fact that 60% of the interviewees started smoking because of their friends, classmates or roommates. Most of the times, it was not the pressure from their peers, but rather curiosity. Oddly, the students who started smoking before university tend to have no smoking parents, while those who started during their studies in university tend to have a smoking father. That would indicate that peer influence played larger role during the adolescence years. Those who smoke more than 10 cigarettes per day tend to do it more often alone than those who smoke under 10 cigarettes per day. For the second group, smoking rate increases rapidly when they are with their friends, which means that first group are in the physical addiction stage and the second group is in social addiction stage.

Despite the fact that the parents and the non-smoking friends of the interviewees had negative feelings about them smoking, the students still found it useful to smoke to enhance the relationship with their peers, or to ease the stress. Most of the respondents view smoking as something cool or common and majority of them think that smoking is a bad image for girls. Hence, it seems as students inherit social norms from their smoking fathers and tobacco-friendly society. This phenomenon is not a late development, but dates back centuries and intensifies especially during Mao-era (Benedict, 2011: 245). According to Bacchi (2009: 11) the historical roots are important to understand the background of the ‘problem’. Therefore, exploring the background of tobacco smoking trends in China could help to find more suitable solution to current situation.

## 7. Conclusion

In conclusion, it can be said that there are two main reasons why the smoking bans in Beijing are not working and students continue smoking. Firstly, decisions of Chinese local and central governments. Authorities use laws and policies to discipline citizens to protect their overall life and well-being (Foucault, 1990: 140) which in current case means that the government of Beijing forms smoking bans to protect the well-being of Beijing citizens. However, Bacchi (2009: 13) explains that problems often appear because some perspectives are left out of focus consciously or unconsciously. This can be seen in a fact that the leadership of tobacco companies and the leadership of Public Health Ministry is partly the same (Mosettig, 2012), which hinders the implementation of the bans because both local and central government would lose revenue, if they did execute it. Instead of enforcing the ban, Chinese government tends to build a facade for WHO who requires the fulfilment of FCTC policy (Hopkins, et al., 2001 cited in Qian, et al., 2010: 2). My interviewees among other Beijing citizens perceive that shortfall and thus continue smoking even under the sign of the smoking ban.

Secondly, smoking has strong cultural tradition and background in Chinese society especially among men. In case where Chinese government manages to separate the leadership of tobacco companies from the leadership of Public Health Ministry of Health who creates the bans, the implementation of the smoking ban would get stricter. That could lead to decent increase in everyday resistance, as something (the right to smoke in public places) is extracted (Scott, 1985: 29) from the smokers. However, there is another way to stop people from smoking in public places. According to Bacchi (2009: 5) it is important to see the background of the 'problem'. The roots of the tobacco smoking go back for centuries. Hence, the government of Beijing could try to change people's mindset about smoking, and replace the tobacco smoking culture with something that would improve the health and well-being of its citizens. Similar transition was achieved at the beginning of 20<sup>th</sup> century, when women ceased smoking because tobacco was not considered a virtue (Xun, 2004: 166). If the Chinese government would change the acceptance of smoking as a part of the culture, promoting sports, for example, instead of smoking, and improve the knowledge on health hazards; it would have more effective results than a smoking ban could. This way, if the promotion is done right, a person who feels stress would go jogging or to the gym instead of lighting up a cigarette.

Finally, for future research I think it would be interesting to compare case-studies from other Chinese universities to see what the correlations are. That would help to examine the better educated and wealthier part of the youth, but it would also be useful to have comparison with the working Chinese people in the same age group. Moreover, as China is developing rapidly, it would be fascinating to conduct similar researches in every 5-10 years to examine the trends of smoking university students in China.

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