Managing the Social Impacts of Change from a Risk Perspective

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'Third time, like they say, third time lucky': perceptions of the risk of exposing children to second hand smoke in the UK and in China

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Abstract

Tobacco smoking represents a serious risk to health, and the WHO has identified second hand smoke as a major risk to child health across the world. Although there is now a substantial body of research qualitatively exploring the factors that can promote children's exposure to second hand smoke in the UK and other Western cultures, there is little comparable data from China. Drawing on existing literature and two depth qualitative studies, one from the UK and one from China, this paper will explore similarities and differences in the beliefs and viewpoints concerning the risks of children's exposure to second hand smoke among parents living in China and the UK. This cross-cultural identification of factors relating to the lifestyles, family values, and social economic factors within and between these two cultural contexts provides an enhanced knowledge not only of the cultural perceptions of the risks and harms associated with smoking and tobacco, but also a deeper understanding as to how cultural perceptions of risk relate to indoor smoking behaviours, positions of relative power and gendered relationships, and ultimately to the future health of children.

Introduction

Successive studies in medical research have concluded that tobacco smoking represents a serious risk to health (SCOTH, 2004), yet while some of the effects of long term smoking are now accepted by many smokers and non-smokers (Poland, 2000), the inhalation of environmental tobacco smoke by smokers and non-smokers, known as passive smoking or second-hand smoke, as we will use in this paper, is still regarded by some as relatively invisible risk to their health (Robinson & Kirkcaldy, 2007b; Thompson, Pearce, & Barnett, 2007). The WHO has identified the exposure to second hand smoke as a major risk to the health of children (WHO, 1999), as the youngest children are more likely to spend time with adults who smoke, are less likely to move themselves away from smoke, and have smaller, less developed airways (Mannino, Moorman, Kingsley, Rose, & Repace, 2001; Strachan & Cook, 1999). Associated health effects include respiratory problems and increased rate of ear infections and cot death (Johansson, Halling, & Hermansson, 2003).

The links between inhaling second-hand smoke and poor health are even less visible than those between smoking and poor health, as cigarette manufacturers have worked hard to ensure that the 'smoke' quickly becomes invisible, giving the impression that the particularities disperse into the atmosphere, rather than remain there for many hours (Matt, Quintana, Hovell, Bernert, Song, Novianti et al., 2004; Mulcahy, Evans, Hammond, Repace, & Byrne, 2005). The effects of tobacco smoking affect the inside of a body adversely (such as deposits of tar in the lungs), but what is 'seen' may only be discoloured teeth or drier skin, or experienced as shortness of breath or loss of appetite. Such visible symptoms can be explained away by citing other factors such as age, diet, genetics, lack of exercise etc. (Robinson & Kirkcaldy, 2007b). Ultimately, the fact that not all smokers go on to develop cancer, or heart disease, means that ill health remains in the minds of some people as a risk associated with smoking, but the fact that it is a chance, rather than a certainty, is reassuring rather than otherwise.

While the medical facts that underpin smoking research are apparently universal, as inhaled tobacco smoke will affect bodies in groups within populations in broadly comparable ways, the perceptions of these risks and harms are not universal, and are received and constructed by different people in different places in different ways. Smoking in western countries, such as the UK, is strongly linked to gender and diversity as well as to social economic groups,

with people in lower groups more likely to smoke, more likely to smoke more cigarettes, and be more likely to be exposed to the cigarettes of other people, than people living in more affluent circumstances (Graham, 2003; Graham, Inskip, Francis, & Harman, 2006; Marsh & McKay, 1994; Najman, Airda, Borb, O'Callaghan, Williams, & Shuttlewood, 2004). However in other countries, such as China, smoking generally cross-cuts socio-economic groups, and is strongly linked to gender. Therefore the risks of tobacco smoke are culturally constructed and are socially situated within societies, and are likely to vary not only from area to area, or from social group to social group, but within societies (Beck, 1992; Tulloch & Lupton, 2003).

Aim of the paper

Following studies that have explored perceptions of risk among particular populations, in this paper we will draw on existing literature and from two depth qualitative studies, one completed study from the UK and one ongoing research project from China, to explore similarities and differences in the beliefs and viewpoints concerning the risks of children's exposure to second hand smoke among parents living in China and the UK.

While we are looking at a relative small number of case studies from the two studies, and do not claim that these preliminary findings give a representative view of UK or Chinese home smoking, they do provide some insights into the cultural construction of risk and directions for future research.

Cultural context of tobacco and second-hand smoke

Smoking in China

The most recent population-based survey on smoking and passive smoking in China, the 2002 national survey [Yang, G., 2005] showed that the overall smoking rate among people aged 15 and over was 35.8%, with 66% among males and 3.1 % among females. 31.4% of the people aged 15 and over were current smokers, with 57.4 % for males and 2.6% for females. The national surveys in China on patterns of smoking and passive smoking didn't include children under 15 years old, so a national prevalence of children's passive smoking isn't available. Yet, a report by an office under Chinese Ministry of Health estimated that there are 180 million children under 15 years old in China being passively exposed to smoke[website,2008].As many children are exposed to tobacco smoke by the adults who

smoke (Website, 2008), it is therefore crucial for family members, especially mothers, to protect children from smoke at home as households are the main sites of smoke exposure for children. Although a number of quantitative studies have been conducted in smoking field in China, few qualitative studies have been done.

The study in China

This study from China is ongoing, and qualitatively explores mothers' roles in the development of any strategies to reduce their children's exposure to tobacco smoke at home. The core research question is: How do the mothers of young children deal with second hand smoke at home? This paper draws on data from face to face interviews with five mothers of young children, aged 6 years old or younger. In one case, both the mother and father of the child attended the interview, while in another case, the mother and the grandma of the child were interviewed. The other three interviews were only attended by the mothers. Each interview lasted from about 30 minutes to one hour. Out of the five interviews, two took place in a hospital, one in the room rented by the interviewee, and the other two in the interviewees' houses. The five mothers ranged from 28 to 33 years of age. Two women stated their occupation as 'housewife'; one was working as a shopkeeper in a supermarket; one was a drug marketing promoter; and the fifth one was a child minder in a kindergarten. None of the mothers were smokers, but all of their husbands were smokers, and in four of the five families, there was another resident parent-in-law who smoked. The ages of the children ranged from 15 months to 6 years old, with four children being the only child of the family, while one family had two children. All the interviewees lived in villages or small countryside towns in central Jiangsu, a province by the Yangtze River.

The researcher (AM) recruited two mothers from a hospital where their children were hospitalized due to respiratory diseases, and recruited the other three mothers through personal contacts. Three interviews were completed during the first meeting between the interviewer and the mothers, and the other two were conducted during the second meeting. Around 50 RMB of toys or foods (equivalent to 5 Pounds at the present exchange rate) were given to three mothers as compensation for their time, while 50 RMB cash was offered to each of the other two mothers, but one of them declined the offer.

Table 1 Demographics of the five women interviewees from China

	Case 1 CN	Case 2 CN	Case3 CN	Case4 CN	Case 5 CN
Age	33	28	28	30	28
Occupation	Drug marketing promoter	housewife	housewife	shopkeeper	child minder
Education levels	Three year's college	junior high school	junior high school	junior high school	three years college
Adults in family (in relation to the participant)	Husband, mother-in-law	husband, parents-in-law	husband, father-in-law	husband, parents-in-law	husband, parents, grandmother
Socio-economic status	Higher income	Relatively affluent	Higher income	Middle income	Middle income
Resident smokers	Husband	husband, father-in-law	husband, father-in-law	husband, father-in-law	husband, mother-in-law
Other (non-resident) smokers in the immediate family					
Age of children	4 years	4 years 15months	4 years	6 years	4 years

Smoking in the UK

Smoking in the UK has declined over the last 40 years, and the smoking rate hovers around 25% (ONS, 2004), with men still smoking slightly more, and more likely to smoke, than women across the population. Smoking is associated with socio-economic disadvantage, gender and life-circumstances (Greaves & Jategaonkar, 2006), and women with children are more likely to smoke than women without children, and the rates of smoking are highest for single mothers (Graham, 1993, 1994; Graham & Der, 1999).

The UK Studies

The study was carried out in 2006, and the primary purpose of this research was to explore how parents and carers who smoke, construct their identity as both parents or carers and smokers. Family structures in the UK remain diverse change, with divorce, co-habitation and remarriage meaning that a home may include a number of different family members including friends and extended family, and the resident males or females may not be a parent of all the children living in the household, although mothers still tend to retain custody over children if the parents separate/ divorce. As identities and behaviours change over time, we use biographical narrative interpretative method (BNIM) for the interviews, using an initial narrative-inducing question around their life story, to describe their smoking over time, and to reflect on whether, or how, becoming a parent impacted on their smoking behaviours. We recruited members of 12 families, all living with at least one child aged under 5, living in a single disadvantaged urban area of the city of Liverpool to the study. The study was conducted as an urban ethnography, using a combination of observation, conversations, and narrative interviews with seventeen people in sixteen initial interviews, as one couple requested a joint interview. Interviews lasted between 2-3 hours, and although repeat visits were made, this paper draws on data from five randomly selected female participants and draws on only the first interviews with participants.

Table 2 Demographics of the five (selected) women interviewees from the UK

	Case 1 UK	**Case 2 UK**	**Case 3 UK**	**Case 4 UK**	**Case 5 UK**
Age	33	29	27	28	23
Occupation	None	None	Part-time legal secretary	None	None
Education levels	Secondary School	Secondary School	Second year University	University	Secondary School
Adults in family (in relation to the participant)	none	husband	none	none	Current partner is occasional resident
Socio-	Income	Husband	Currently	Husband	Income

economic status	support	works (low income)	income support (intends to return to work)	works (low income)	support
Smokers	Participant	husband	Participant	Participant	Participant and new partner
Other (non-resident) smokers in the family	Ex husband, Father (now dead)	Three parents ex-smokers Mother, and older and younger brother still smoke	Mother (now dead) Dad Ex-partner	Father and step-mother, step sisters	Mother and father
Age of children	10 years 3 years 6 months	12 years 5 years 3years 18 months	1 year 2 weeks	5 years 2years	4 years 2 years Pregnant with third child

Findings

Some initial observations

These studies were not identical in their design, and the differing recruitment strategies ensured that all UK families were living on a relatively low-income, whereas a more open recruitment strategy meant that the Chinese families included some mothers on higher and middle income according to local living standard. However for both studies the recruitment specified only that the household should include one or more adult smokers, and all but one of mothers in the UK study smoked, whereas none of the Chinese mothers smoked. The household composition also varied between the two studies, as in the UK, two women lived alone and one lived mostly alone, with three children by thee different partners, so only two lived with their partners. None of the Chinese mothers lived alone, as even those who lived away from their husbands lived with one or more family members. The number of children

also differed, as in China the one child policy meant that four mothers had only one child, whereas all of the UK families had two or more children. All but one of the UK mothers had worked in the past, but now four were caring for children full-time, with one mother intending to return after her Maternity leave. Out of the five Chinese mothers, three were working while the other two were full-time carers of their children.

So straight away we are dealing with contrasts at many levels across the groups, which are broadly cultural. This initial analysis of the data has indicated a number of further differences, which we will outline and will form the basis for further research in the UK and China.

Perception of the risks and harms of passive smoking

The mothers in China had a limited knowledge about the risks and harms of tobacco smoke for their children, and some of them believe that smoke harms children more than it does to adults because children are more vulnerable to bad substances. When the interviewer reminded them to think about some effects on health, all the interviewees answered that smoke harms people's lungs, because "people cough when they take in smoke" or "smoke irritates people".

Smoke can cause coughs. Also, the harmful substances in smoke can damage our body. Definitely smoke is bad to our health. Case Study 1 CN

The interview data suggests that the Chinese mothers had not systematically learned about the harm of smoke. In their opinion, the knowledge is there because "everyone knows that smoking is harmful." Although they truly believe that smoke harms, their knowledge about the adverse effects of smoke is limited:

They said that second hand smoke harms the lungs of children. Children usually cough when they take in second hand smoke, and when lungs are effected children cough, right? Surely it has effects on children. I can't describe exactly, but I know it is bad to children. Case Study 3 CN

I have known this when I was every young. No single channel. Everyone knows this. There are in cigarettes high levels of tar, nicotine, and many other harmful components. This kind

of knowledge has been in newspapers and books. I myself got the knowledge when I was a little girl. Case Study 1 CN

None of the Chinese mothers knew anything about the effects of smoke except that smoke damages people's lungs, and this knowledge had come from their own lived experience with smoke and with smokers. However this lack of knowledge did not appear to relate to their willingness to act, as even brief messages about risks and harms appeared to be sufficient to change their behaviour, suggesting a high level of conformity to dominant discourses of risk from central sources (Douglas, 1992). In contrast, while the UK mothers did have some knowledge about the risks are harms of second-hand smoke for children, they appeared to be resigned to living with the risk rather than taking direct measures to prevent any harms. This extract is typical of the data from the UK, which acknowledges the real risk of smoke, but ultimately trails off as if the potential harms are not worth really worrying about or getting to the bottom of.

I think there's worse things that they could do than smoking, but at the same time, I, you don't want your kids to….but then they're around anyway aren't they? So they've already got smoke in their lungs from being around it, even if they're not smoking, I believe passive smoking's worse or something, isn't it, than smoking? Or they're trying to say that, I don't know….. Case Study 5 UK

There is also a sense from the UK data from mothers that the knowledge they receive about second-hand smoke is there but is tested against lay knowledge. This mother appears able to live with the risks of her smoking towards her children, to the point when it is no longer a risk, but a known and accepted quantity. This raises the question, that once a risk is accepted and lived with, is it even a risk anymore? This mother talks about 'her smoking affecting the health of her children when prompted, but otherwise, home smoking is not articulated as a risky activity, just part of everyday life.

… when the kids get older you don't seem to think about it, like, smoking in front of them which, I suppose, it is bad because they're still getting the smoke intake aren't they, inhaling all fumes, but, I don't know... you don't really think about how you're affecting others with your smoking or, you don't think about it and I don't think I was affecting the kids.
Case Study UK 5

The contrast from the accounts between the UK and the Chinese women centres on this response to the risk of smoking - when the Chinese women interviewed as part of this study had come across messages about the risks and harms, they described how they had both believed and then acted upon them, whereas the UK women tended to ignore them as unwelcome, so they resisted and contested the knowledge:

M：I read a book. Pregnant women had a book. It said the husbands had better not smoke when wives have baby. It said smoke had bad effects on babies.
I：What kinds of effects?
M：I can't remember clearly. It seemed having effects on baby's heart. Shortly after we got married, some people said that if a woman is carrying a baby and her husband smokes, smoke can harm the baby's heart and health. The baby will be healthier if no one smokes. Definitely it said that smoke harms babies. Case Study 3 CN

This acceptance of the need to protect babies during pregnancy contrasts with the view of some of the western mothers, who were more likely to question the validity of written information, and less likely to act upon it (Robinson & Kirkcaldy, 2007b). This mother describes how the real advice to mothers appears in the leaflets, as the midwives, the 'they' in the following quotation, do not always speak directly to the mothers about the risks and harms. The consequence is that this mother is able to set the information to one side (literally and metaphorically) and so ignore the possible risks, and carry on with her risky behaviour:

In the leaflets it'll say that but they don't say it to you, you know, "you're baby could be small and, you know, asthma and whatever else", they don't, they don't tell you that. It's in the leaflets, if you bother to read the leaflets because they just get lost at the back….to be honest, they do just get lost at the back….because you don't want to read about that, you

don't want to see because you're finding it hard to give up anyway so you don't want to read the facts of what it can do to you so you just push it away Case Study 5 UK

Preparing for pregnancy

In the Chinese study, naturally the interviewees talked most about their restrictions on their husband's smoking. In general they didn't allow their husband to smoke in their bedroom and near their child. Some of them asked their husband not to smoke when they prepared for pregnancy and all of them didn't allow their husband to smoke near her while they were pregnant. They did so because "smoking is harmful to health" and "children would be healthier if husband doesn't smoke at this time".

He hardly smoked before we had the baby. I didn't allow him to smoke, for fearing his smoking would influence the baby. I strictly restricted his smoking. Case Study 1 CN

I:… he restricted his smoking when you prepared to have a baby and when you were pregnant?
S: Yes. But we didn't have the preparation period. I was pregnant immediately after we got married. So he often said: "where do their worries come from? Look, my son is so fine." People often say that when a couple prepare for the pregnancy, the husband should quit smoking and drinking. My husband hadn't made those preparations. So he laughed at those who made the preparations. Case Study 5 CN

While this indicates that this woman's husband used his own experience to question the received knowledge, his wife appears to have been more convinced that they should both have prepared for the pregnancy. Generally the Chinese mothers appeared to accept the need to protect themselves and their child prior to, and at the time of conception, and were prepared to actively intervene to ensure the health of their child. While some of the UK mothers had modified their smoking behaviour during pregnancy, none of the women had 'prepared' for pregnancy in the way in which the Chinese women had:

Yeah, through this pregnancy I was smoking twenty a day which I know is pretty bad. But the thing that was worse was [name of partner] telling me you're smoking too much your

*smoking too much. An' I felt like saying I know I'm smoking too much I feel sh** already for smoking too much I don't need you to tell me, so.* Case Study 3 UK

The lack of a preparation period, and smoking through pregnancy is perhaps linked to the facts that these UK women anticipated multiple pregnancies, and so perhaps were more prepared to 'risk' an unhealthy baby? This woman is expecting her third child and is reflecting on how she may stop smoking after the birth of this child and so be 'third time lucky:

I will not, don't smoke upstairs but at least, the living room was where you spend most of your time so I should have kept going out to the kitchen because then, alright if [name of eldest child] followed me, she was only in the smoke environment for a bit and she could come back in here as a smoke free but I never done it like that. That's upset me now. I never done it like that so whether this, I mean hopefully this time, now that I've realised that, I think I will definitely think of having a, try and have a smoke free room for the kids because [name of second child] got eczema so she's prone to getting asthma and that's certainly wouldn't help her with everything else so that will be definitely be something I think I'll be taking into serious consideration because I'll be used to going out in the kitchen anyway so just to keep to going, I think, this time. Third time, like, they say third time lucky. Case Study 5 UK

This suggests that the risks associated with smoking for this mother are associated with 'luck' as much as the mother's ability to create a smoke free environment for her child. The fact that this woman knows that she has the freedom to have multiple births without direct financial penalties appears also to influence her risk taking behaviour, and contrasts markedly with those Chinese parents who had moderated their lifestyles, with husbands quitting smoking, to prepare for the birth of what was likely to be their only child. In addition, the fact that people in the Chinese study, especially the people in the countryside, almost completely rely on their family members for medical insurances and pensions means that an ill healthy or a disabled child will be a disaster to the whole family both at present and in future. The different social political and economic policies may also influence the risk taking behaviours prior to and during pregnancy.

Changing behaviour after the birth

Two of the UK mothers described how they and their partners had modified their behaviour immediately after the birth of their child:

… since the babies have come along, like since then [name of husband] doesn't smoke in the living room no more, he smokes … it used to be at the back door but it's gone to the kitchen now because of the bad weather. So he will smoke in the kitchen and he's got a computer upstairs as well so he smokes in the computer room sometimes, but we don't smoke around the kids, well, try not to. Case Study 2 UK

The willingness of parents to change their behaviours at this point in the child's life suggests that they accept that there is a real risk to the health of their child, perhaps because any consequences of smoke exposure at this age are 'more visible' than when the baby is in the womb (Robinson & Kirkcaldy, 2007a). The Chinese mothers seemed to have little difficulty in keeping their children away from the smoke breathed out by their husband. According to the mothers, most of the children's fathers went away from their children to smoke spontaneously or after having reminded by their wife, suggesting that the risk was accepted within the family, not simply by the mothers themselves.

He escaped to the toilet to smoke when I was pregnant and didn't smoke at home. When the children were very young he didn't smoke at home either. Case Study 2 CN

Only one interviewee described how that she had to rebuild their bedroom to separate her smoking husband from her child, as her husband continued to smoke in their bedroom. Although all of the interviewees expressed their dislike of their husband's smoking, most did not mention that their husbands changed their smoking in their presence, as one of the interviewee reflected: "He smokes no matter where I am." However, when their children were with their fathers, the fathers either didn't smoke at all or reduced their smoking to some extent, and so concerns of the children's health became the mothers' excuses for intervening their husband's indoor smoking.

Relaxing their behaviour

Both women from China and the UK described how their husband's behaviour relaxed after their child got older, their vigilance relaxed, and also the UK mothers described how their own smoking behaviour relaxed:

After birth of the child, he didn't pay as much attention to this issue as before. In addition, he had to accompany his customers to smoke. Also, he smoked on occasions when he was unhappy or when he was distressed by his work… Sometimes I am angry when I see him smoking, but other times I feel that I can't go too far only because he smokes one cigarette or two. Case Study 1 CN

Very seldom I saw him smoke near the child. When she was younger, I asked him to distinguish the cigarettes, because the light might burn the child. Now I don't ask him to do so because the child is much older. Case Study 4 CN

Just as they get a bit older, they get a bit more, as new babies you would never dream of smoking, the whole house has got to be completely smoke free but … I don't know really. You just think as they get a bit older then they get a bit more used to it. Case Study 2 UK

This is consistent with the parents deciding that the real risk is for younger babies rather than for older children and adults. Hence, in both countries, the fathers still smoked near the mothers after the birth of the child, and then smoked in front of their child as it grew older, and the mothers did not actively intervene, suggesting that both parents accepted that any risks to health had diminished as the child appeared to be more robust. However the health literature suggests that children are still vulnerable, and some parents in the UK resume home smoking when their children are only a few months old, whereas others will wait until their child is one or two years old.

Intergenerational dimension of home smoking

As Chinese grandparents normally live with the family of their adult sons or daughters, they share the responsibilities of caring their grandchildren and doing the housework.

It is uneasy for a single person to take care of the children. Both of us are responsible for housework and caring. When one of us takes care of the children, the other does the housework. Case Study 2 CN

She stays at home with her granny. She is not with me most of time, but with her granny. When I come home from my work, she has fallen asleep Case Study 4 CN

In China, generally children are exposed to tobacco smoke by their father and their grandfather. This is unsurprising as, on the one hand, smoking is a male dominated behaviour in China; on the other hand, studies have shown that people are more likely to become a smoker if they have grown up in a smoking family. In some of the families, the children are more exposed to smoke by their smoking grandpa than their smoking father because their father works far away from their home and only returns home occasionally.

Out of the five interviewees from China, four mentioned that their parents-in-law lived with them while one said her parents lived with them. Three interviewees reflected their embarrassment in dealing with the smoking behaviors of the parents-in-law, with two having a father-in-law smoker, and one having a mother-in-law smoker. They all elaborated that they couldn't deal with the smoking behaviors of their parents-in-law in the same way as dealing with their husband's smoking. They could directly tell their husband not to smoke or complain their smoking behavior, but they couldn't act the same way to their parents-in-law. In fact they couldn't impose any restrictions to the smoking behaviors of their parents-in-law. One reason was because of the status of the parents-in-law, as the seniors in the family, as one interviewee explained:

I didn't complain his smoking. After all we are the juniors. How could I restrict his smoking? No. I have never said anything about his smoking. Case Study CN

Another reason was because of the financial independence of the parents-in-law. Two interviewees stated that they could do nothing about their parents' smoking because they were smoking at their own expense. One of the interviewees worried that, if she persuaded her father-in-law to stop smoking, he might misunderstand her intention, thinking that she

cared the money spent on his smoking. Some of the interviewees hinted their distance from their father-in-law, as one of them said:

I：Did you say something when you saw her grandpa smoking?

M：Rarely. After all, he is my father-in-law, not my father. If I complain about his smoking, he would probably say: "Who has given you the rights to intervene my smoking? I haven't relied on your money for my living.' You know, he is still earning money. He will not think of my words in a good way, not thinking that my intention is for his health. He may think that I care about the money he is spending on smoking. So I have said nothing over his smoking. Case Study 3 CN

To protect their children from smoke, the interviewees usually took the children away when their parents-in-law were smoking. One interviewee expressed that she sometimes told her mother-in-law not to smoke in the tone of her child. When she saw her mother-in-law smoking near her son, she said to her son: '*Ask granny not to smoke'*, in the presence of the smoker. Generally, these respondents were all very cautious not to offend their parents-in-law over their smoking behaviors.

I have never confronted her over her smoking. It is not my business to say anything over her smoking. Case Study 5 CN (talking about her mother-in-law)

However the intergenerational aspects of Chinese family life are not all negative with regard to home smoking. In some cases the grandparents actively intervened to protect their grandchildren from exposure to tobacco smoke. For example, one interviewee explained that she sometimes needn't say anything over her husband's smoking because her mother-in-law, "who spoiled her grandson", had already said something to the smoker earlier:

… family members, including the child's granny and me, are definitely against smoking. So he can't smoke at anytime and anywhere as he would like to. Sometimes he escapes from us to smoke in garage, when he feels distressed. Case Study 1 CN

Therefore in China the risks to the child's health are clearly set against other social risks, that of offending close relatives, and so losing a good relationship. In the UK, while grandparents

may visit the homes of their children, they are unlikely to be co-resident, and so have the status of familial guests when they visit, and they may be requested not to smoke in the home, or in the presence of a child. However grandparents may be important providers of advice and emotional, social and sometimes financial support, and also informal providers of childcare, and so some parents have reported that they are unable to request close family and friends not to smoke (Robinson, 2008). Therefore although they may not be co-resident, and indeed, may live some distance away from their children and grandchildren, others play a much more direct role, and the relationship is not unproblematic.

Clarity about smoking messages

One problem experienced by the UK mothers, but not by the Chinese mothers, was a conflict about giving a clear non-smoking message to their children, while still smoking themselves. The mothers evidently felt it their duty to draw attention to the risks and harms of smoking for their children, but were aware that they were effectively undermining their own argument by not setting an example:

Erm I say me oldest son he come in a while ago and he smelt of smoke and I thought he'd been smoking. He denied it, but, you know, he said to me why should I be telling him off when I do it. Case Study 1 UK

This was not only a problem for parents with older children, as those with young children also struggled find explanations as soon as their children could talk and ask them about their smoking:

….she'll say "are they your ciggies, Mum? Your ciggies. I have a ciggy", "no you don't have a ciggy", "I have a ciggy. I have a ciggy as well", "no, you don't, no", so she does know, like, so she must think it's what people do and she wants to do it as well. I say "no, dangerous, naughty, you don't bad for you" but then it's probably confusing, isn't it, if it's bad for you, why are you doing it? Case Study 5 UK

I always remember walking down the road opposite there, taking him to school and he was asking me about why I smoked and erm … I couldn't really give him a reason because what can you say, oh because I like it, because I'm addicted to it or … whatever Case Study 2 UK

This suggests that mothers in the UK have problems in convincing others about the risks of smoking, as they smoke themselves, and as authority figures for young children, are not likely to convince them by quoting anti-smoking messages from other sources. However the mothers from China did find it hard to prevent their children from seeing their father s (and grandfathers) smoke, and they clearly had concerns about how this could undermine their portrayal of smoking as a high risk behaviour to one that is relatively 'normal':

My son likes his dad very much and he always wants to play with him. I said to him: "Don't you feel the cigarette smell on your dad is terrible?" he used to insist: "No. the smell on him is good." (I laughed). His dad then joked: "Right. The smell is indeed good. You can learn to smoke from your dad." Case Study 5 CN

This concern was shared by a UK mother who did not smoke, but whose husband did, and her concerns were also for her son rather than for her two daughters, as she evidently felt he would look to her husband rather than to her, as a role model:

I just worry about him thinking 'oh my Dad smokes so I'll smoke', you know what I mean? If it's alright for me Dad, you know what lads are like with their Dads you know what I mean, they think if the Dads do, they can do and it will be alright, I do worry about that like. Case Study 2 UK

Smoking and masculine identity

However despite the Chinese mothers' fears about the risks to their child's health from inhaling tobacco smoke, they appeared to accept that their husband smoked. This woman was concerned about her child's exposure to smoke, and deplored how much her husband spent on buying cigarettes, but also defended his smoking status, articulating it as pressure on him as a male and his occupation:

He drives and people would offer him cigarettes. They say he is not a real man if a man doesn't smoke (she laughed). A smoking man is manly. He himself will feel incapable if he doesn't smoke. Case Study 3 CN

Therefore the women in China accepted that their partners smoked, suggesting that the risks to their husband's health were outweighed by the risks to their masculine identity and social standing. This woman also accepted that their husband's smoking status affected his standing in his community:

In China, if a man neither smokes nor drinks, he will be considered by many people unsuitable for some formal occasions. For my husband, he smokes mainly for meeting some special needs under some circumstances. While at home he smokes as little as possible.
Case Study 1 CN

Similarly, one grandma, who was co-interviewed with the mother of the child, supplemented how the grandpa of the child, who has been the main source of smoke to the child, is obliged to smoke in the home when he has visitors to make sure that they remain comfortable, and so any perceived risk to health is subordinated to the risk to social status and the maintenance of social relationships:

He himself doesn't smoke that much, but he offers others cigarettes when he smokes. If he sits with another person and both of them smoke, he doesn't stop smoking until that person leaves.
Case Study 4

The situation in China contrasts to some extent with the UK. While the giving and sharing of cigarettes does still play an important social function in many social and even economic contexts in the UK, legislation and changing social norms has reduced the role of cigarettes in many social situations (Bayer & Stuber, 2006), and although smoking is gendered, it is not exclusively associated with men and masculine identities as would appear in China. This woman from the UK describes the changed social context of smoking at work, and the risk here is acquiring negative rather than a positive social status:

In work we're like lepers in work. Our smoking room is completely wide open its like an err … its got benches in and … and its pushed right out of the way really from anyone else and its wide open so its freezing, I think that's to clear the smoke. But err … there's not that many people that smoke in there, may be there's not many people that go out to smoke. Case Study 2 UK

Difficulties of restricting smoking on social occasions

In some communities in the UK and all over China, cigarette smoking is an integral part of family parties at home, and children are at high risk of being exposed to smoke under these circumstances. One couple from China recounted that when they held a birthday party they were too busy to pay attention to their daughter's exposure to smoke. All the interviewees from China reflected that they couldn't ask the guests to extinguish their cigarettes when they saw them smoking at the presence of their children. They risk again related to a possible breach in social relationships, as they didn't want to make them feel unhappy or unwelcome because, as these parents said:

…when there are parties at home, some people, who have smoked all the time and who smoke not to purposefully harm others, or who can't control his smoking habit, smoke. I can tolerate their smoking. One or two exposures to smoke can't poison us too much… Sometimes I didn't want to destroy the good atmosphere so I said nothing over their smoking. After all, there are not always parties at home. So don't make people feel unhappy. Case Study 1 CN

She was running here and there. She was playing outside the house. We were too busy to care of her.

M：Lots of smokers. We can say something if they are family smokers. But we can't say something to other smokers.

I：How did you feel when you saw them smoking?

M：I felt unhappy. But I could not say anything about it. They didn't come here very often. I would have offended them if I had spoken something. All I could do was to tell my child to go away. Case Study 3 CN

The possible risk to their children's health is minimised by the parents as they justify their behaviour. Similarly these parents present the exposure as 'unavoidable' and so effectively absolve themselves of responsibility:

I: I know you sister held a birthday party several days ago, did you attend it?

S: Yes, I did.

I: Are there many people smoking there?

S: Yes. Lots of people were smoking in that restaurant.
I: What did you think when you saw your child was surrounded by smoke?
S: I could do nothing. I couldn't leave him at home while I myself went to that party. But I have never annoyed by this kind of matter. We couldn't avoid this. Case Study 5 CN

I: What if there are parties at home?
S: In these cases we can't avoid smoke. After all, they are all our guests. We can't say "please extinguish your cigarettes." In countryside you can't do that. After all, these are rare occasions. You can't have parties every day. Case Study 2 CN

This resonates with the parents in the UK, who also found social events at their homes, and in other people's homes, a difficult time to act to protect their children:

Like if she'll come out into the kitchen where everyone's smoking and I'll say [name of daughter] go in please out of the smoke. But she wants to be out there 'cos everybody else is out there and she finds it difficult. Case Study 4 UK

All the interviewees confessed that it was unavoidable that children would be exposed to smoke at parties, but at the same time, some of them didn't think that children would be harmed much because of the occasional exposures. One of the interviewees from China justified her non-intervention:

If a family member smoke, I can say something to him, telling him why not to smoke less. But I can't say anything to other smokers who are not our family members. Case Study 3 CN

Similarly in the UK:

If you had to tell people over and over and over and over again erm … that they can't smoke, you get a bit embarrassed in the end. So I mean most people that come, they know anyway not to smoke around the kids or whatever so that's like a big help isn't it? Case Study 2 UK

However this mother had fewer problems than others, as people in her family had adopted smoking restrictions in their own homes, and so were prepared to observe the 'rules' in other people's houses:

But even then no one will smoke in the living room because they all do it in their own houses anyway with all our families, it's never in their house, it's in the garden or in the kitchen or wherever. Case Study 2 UK

In terms of risk, this suggests that for many families in social situations where people smoke the risks to health are deliberately down-played to maintain social relationships. However the UK example of Case Study 2 indicating that changing social norms in the UK have lead to the establishment of new social norms around smoking, where the risk of a breach in social relationships would be caused by the guests smoking in certain rooms, rather than by the hosts requesting their guests not to smoke.

Ambiguity of smoking messages

The risks to health caused by smoking are prominently displayed on UK cigarettes, both literally and graphically, and more recently in China, a health warning has now been printed on cigarette packs. The Chinese parents expressed their confusion that why the country produces cigarettes while the words "smoking is harmful to health" is printed on the cigarette packs:

I: Here on the cover of the cigarette pack is the sentence "smoking is harmful to health." what do you think of this sentence?
S: I have seen the sentence many times. I always say this is really nonsense. Now that smoking is harmful to health, why they are still making the cigarettes! Case Study 5 CN

Why are the cigarettes produced now that smoking is harmful? They are clear smoking harms, why have they still made cigarettes? Right? Case Study 4 CN

This view is shared by the parents in the UK, many of whom described how they had rationalised that if cigarette smoking was really so harmful to health, then the government would have banned their manufacture, and made their smoking illegal, as for other substances,

such as opium derivatives and cannabis. The fact that the government had not banned the manufacture t had weakened the force of the message for many smokers and non smokers:

I think it would be so easy if they banned cigarettes altogether. Which that's what I believe years ago they were meant to have been doing, when me mum used to smoke. But, you know, while they're still on sale I think I'd carry on smoking. Case Study 1 UK

Discussion

The analysis has concentrated on identifying the dominant discourses mothers use to account any behavioural responses to perceptions, or even explicit rejections of the concept(s) of for their understanding of information about the risk associated with the exposure to tobacco smoke of young children in their homes and in other places.

Despite a lack of knowledge about the risks of tobacco smoke to children's health, mothers in China appear to respond much more positively to central messages about the need to protect their children from adverse health risks, perhaps reflecting the wider political context of China, in particular the role of the state in the requirement for parents to have only one child. In contrast the freedom of women to have more than one child, outside marriage, and different children by different partners in the UK may also be linked to the more fatalistic or laissez faire attitude of the mothers from the UK towards the effects of second-hand smoke on their children's health, and they were less likely to accept (or read) the messages from authorised health sources, preferring to rely on lay knowledge, or trust to 'luck', knowing perhaps that if their child did suffer adverse health effects, and medical treatment would be free, and they could go on to have other children. In contrast, the Chinese mothers were likely to be aware that if their child did develop health problems, this would place a financial burden on themselves as parents

Another critical difference is that the mothers in China did not smoke, and to protect their children they had to mediate with their partners and other resident family members, although they could also act as a source of support for the mothers as well as a source of exposure. The UK mothers were more likely to smoke, and as they often cared alone for the child during the day, they were also the source of the exposure, which is perhaps why they also downplayed the risks to their children. The paradox of smoking mothers being both carer and harmer has been discussed elsewhere, and is known to cause problems for the mothers in the UK, who

are guilty and unhappy as a result, but tend to maintain their smoking due to other pressures associated with low income caring (Graham, 1993; Graham et al., 2006; Robinson & Kirkcaldy, 2007b). In China, the men also faced gendered problems as they were also the source of exposure for their child, but some felt obliged to smoke at times to support their social and economic identity, and in this they were supported to some extent by their wives.

Despite these major differences, there were a number of similarities between UK and Chinese parents, as in both countries parents tended to protect young babies from smoke more vigilantly than when the children grew older, suggesting the belief that older children and adults are more resistant to smoke. Also mothers in both countries at times found it hard to ask other family members to smoke, as the risk of alienating close family members outweighed the risk to a child's health from the (occasional) exposure to tobacco smoke.

In conclusion, we have highlighted similarities and differences in response to the risks of exposing children to tobacco smoke between a small number of women in the UK and China which will need careful exploration through future work to further explore the cultural context of risk.

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