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Space and power: Young mothers' management of smoking in extended families in China

Aimei Mao*

Faculty of Health and Social Development, University of British Columbia Okanagan, Kelowna, Canada V1V 1V7

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ABSTRACT

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Keywords: Secondhand smoke Smoking restrictions Gender relations Extended family Children Multigenerational co-residence is a widespread phenomenon in China but there is little knowledge about the impact of power dynamics on smoking behaviors among extended family residents. Using a gender lens, this ethnographic study explored how young mothers in extended families in mainland China managed the smoking of their husbands and other family members. Analysis of data resulted in a model of 'two units-three domains' to reflect gendered relationships between young mothers and other family members, and young mothers' participation in family management. Exploration of the mothers' efforts to deal with household smoking using the model provided an explanation for why the young mothers had limited control over household space and could only impose partial restrictions on home smoking in the extended family.

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1. Introduction

Although secondhand smoke (SHS) exposure in adults is associated with adverse health effects, concerns over exposure to SHS tend to focus on the impacts of SHS on children because they are more susceptible to the short-term and long-term health risks of SHS (Öberg et al., 2011). The household is the primary place of exposure to SHS among children. It is estimated that about 40% of all children around the world are regularly exposed to SHS at home (Öberg et al., 2011). To date, there have been no population-based studies documenting children's exposure to SHS in China. Local studies have, however, shed light on the severity of children's SHS exposure, with the exposure rates ranging from 33% to 60% among children older than two years (Dong et al., 2008, 2011; Warren, 2006), while children under two years of age are reported to have less exposure (Dong et al., 2008, 2011; Wang et al., 2007).

Because more than 50% of men and less than 3% women smoke in China (Li et al., 2011; Yang et al., 2005), men's smoking is undoubtedly the primary source of children's exposure to SHS. Previous studies in China have narrowly focused on the smoking behaviors in nuclear families, paying attention to fathers' or expectant fathers' smoking. The issue of smoking behaviors of other family members who live with children is an almost virgin research area.

* Tel.: +1 250 807 9191. *E-mail addresses:* maoaimei@hotmail.com, aimei.mao@ubc.ca

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Although modernization and urbanization have brought changes to Chinese family structure and composites, the traditional co-residence of older parents living with (one of) their adult children's family remains (Chen et al., 2011; Xu, 2006), particularly in rural China (Feng, 2010), where the pace of modernization is much slower than urban areas. With the implementation of the one-child policy in the late 1970s, grandparents' caring for their grandchildren has become increasingly common in both urban and rural China, a phenomenon described by sociologists as 'widespread' but 'loosely documented' (Silverstein et al., 2006). Chen et al. (2011), based on large-scale database from China Health and Nutrition Survey, found that 45% of grandparents lived with their grandchildren aged 0-6 and that they spent more time with the young children than the children's parents did, except for the mothers of infants, who spent more time with their babies. National surveys in China have reported that men between 45 and 65 years old smoke more than other age groups (Li et al., 2011; Yang et al., 2005). Grandfather's smoking is likely another important source of young children's SHS exposure in Chinese families in addition to father's.

A wide range of factors influence startup and continuation of smoking, including traditional gender expectations, personal characteristics (e.g., attitudes, beliefs, self-esteem, risk-taking, age, educational attainment), interpersonal relationships (e.g., family and friends who smoke) and the wider social, cultural and political environment (e.g., social norms, tobacco marketing, access to cigarettes) (Hiscock et al., 2012; Vangeli et al., 2011; Yang et al., 2011). Underlying these factors are gender influences. Researchers have called for application of a gender lens to enable





researchers to think critically about the influences of gender and sex on health behaviors and outcomes (Aveling, 2012; Johnson et al., 2009).

Studies on the impacts of couples' interactions on each other's smoking found that smoking was a way to bond or separate couple relationships and therefore an individual's way of dealing with partner's smoking stemmed from his/her perception of the impact this act would have on the relationship (Doherty and Whitehead, 1986; Shoham et al., 2006). Two studies by Bottorff et al. (2010a, 2010b) found that women's alignment with idealized notions of femininity and masculinity influenced their attitudes towards their partners' smoking. In one study, these gender influences helped explain new mothers' actions related to regulating and defending their husbands' smoking (Bottorff et al., 2010b). In the other study, wives' management of their husbands' smoking was found to be associated with parenting patterns (Bottorff et al., 2010a). Traditional parenting, reinforced by women's alignment with emphasized femininities and men's alignment with hegemonic masculinities, placed women with smoking partners at risk for relapse to smoking; in shared parenting dyads, egalitarian practices tended to support successful transitions to smoke-free homes, partly because women could exert more influence around family decision making (Bottorff et al., 2010a).

While these findings reveal the impacts of dominant gender roles on home smoking management, they also reflect how the management of home smoking is embedded in the routine ways couples interact in their daily lives. Due to men's traditional role as the head of their family, there are concerns that smoking cessation programs initiated by women will produce limited effects because men may resist women imposed restrictions on their smoking (Hovell et al., 2000).

Several studies in China with pregnant women or mothers of infants have described non-smoking women's roles in reducing their unborn/children's exposure to SHS (Fu et al., 2008; Lee, 2008; Loke et al., 2000; Yang et al., 2010). However, few studies have paid attention to gender framed negotiations and conflicts between the non-smoking women and their smoking partners. Also, there is a general neglect of non-smoking women's management of other family members' smoking, although there have been mentions about the existence of other sources of SHS (Fu et al., 2008; Yang et al., 2010). Management of smoking can be regarded as a proxy reflecting women's routine management of family affairs framed by their gendered positions in the family.

1.1. Theoretical framework—gender norms for women in Chinese families

Chinese family life has long been culturally dominated by Confucianism. Confucianism values familial harmony and regards harmonious family relationships as the prerequisite of a functional family while a patriarchal family order is the base of harmonious gender and intergenerational relations (Lee, 2002; Radice, 2006). Intergenerational exchange is guided by the Confucian norm of filial piety, one of the central pillars of cultural and moral ideals. Parents command absolute subordination from their children and children are obligated to prioritize their parents above all other responsibilities. Also, the traditional patriarchal nature of filial piety prioritizes paternal above maternal relations. Confucius and his followers regarded the relationship between husband and wife as the fundamental family relation; however, they made contradictory statements about a couple's relationship. On the one hand they advocated mutual respect and tolerance between husband and wife, while on the other hand, they designated women as socially inferior, with the husband as the leader or governor of his wife (Lee, 2002; Radice, 2006).

Some of the traditional gender roles have changed in contemporary Chinese society. Women nowadays are more educated than their predecessors and they have gained more opportunities to engage in social activities, including income generation activities. The enhanced economic capacity and elevated status in wider social structures have improved women's intra-family status. Women now can take part in decision making in their families, and in many cases women have more influence than men over routine arrangements of their family life. However, they are not equal partners with men in terms of their contribution to family finances, and occupy a lower status in important family decision making and access to family resources (Xu, 2006; Zuo and Bian, 2005).

In short, research outside China has identified gendered power dynamics involved in smoking-related interactions among couples. There is a need for such gender analyses within Chinese cultural contexts. Also, there is a knowledge gap between the common phenomenon of co-residence patterns in China and the impacts of intergenerational relationships on home smoking. Power inequality and gendered responsibilities in extended families shape the routine practices of women in their daily lives and accordingly affect their ways of dealing with family men's smoking. This study addresses two questions: (1) How do women manage family affairs in extended families? (2) How do they deal with the smoking behaviors of partner smokers and other co-resident smokers? The study was conducted in a rural area of China because smoking was more prevalent in rural China than urban China (Li et al., 2011; Yang et al., 2005) and traditional cultural norms and practices in rural areas were more conservative than in urban areas (Chen et al., 2011).

2. Methods

Data for this paper came from a feminist ethnographic study exploring maternal roles in the management of home smoking to protect young children. Ethnographic studies are founded on the idea that humans are best understood in the full context of their lives. The central tenet of the ethnographic research approach is that individuals' experiences are socially organized and, as such, the researcher begins by examining individuals' experiences and then proceeds to explore how broad social practices and institutions have shaped these experiences (Perry et al., 2006).

In focusing on the mothers of young children and recognizing their lower power status in Chinese families, the study utilized feminist ethnographic methods to guide data collection and analysis. Continuity and reflexivity in attending to gender is the key to feminist ethnography, which is consistent with the principle of recursiveness in ethnographic and feminist research in general (McNamara, 2009). A feminist ethnographic approach was, therefore, ideal for developing an in-depth description of gendered dynamics in home smoking management between mothers of young mothers and the family men who smoked. The study protocol was approved by the Research Ethics Committee at the University of Liverpool.

2.1. Participants

The fieldwork was conducted in a rural area of Central Jiangsu, China, between November, 2008 and August, 2009. Participants were recruited through network sampling from the families where there was at least one pre-school child aged six years or under, and at least one current smoker (Mao et al., 2012). 29 participants were recruited, including 16 mothers of children, five grandmothers, four fathers, and four grandfathers. They came Download English Version:

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