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Contesting modernity: Tobacco use and romanticism among older Dai farmers in Xishuangbanna, China

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Abstract The majority of research about tobacco use in China focuses on Han Chinese, the main ethnic group comprising over 90 per cent of the population, and a paucity of research exists on ethnic minorities. The present study elucidates tobacco use among the Dai people, an ethnic group in Yunnan Province, Southwest China. The study design consisted of interviews and grounded theory methodology in a symbolic interactionist theoretical framework. The categories of the grounded theory revealed tobacco consumption was weaved in a complex web of meanings: social practices, perceptions of health, and work lives as agriculturalists, situated in Dai cultural and social milieu. An important finding was the stage-managing of tobacco as a symbol of ‘tradition’ versus ‘modernity’: Through a process of contested modernity, the older men championed long-standing tobacco customs as representative of Dai heritage and thus their own tobacco use as upholding traditions amid encroaching cultural and societal change in China. These findings are important because little is known about Dai people’s tobacco use and how they are responding to social change. There are also implications for the development of culturally-appropriate tobacco control strategies.

Keywords: health behaviour, smoking (tobacco), grounded theory, ethnicity

Introduction

China is the world’s largest tobacco consumer and producer and the country has the fastest growing cohort of new smokers globally. If the current situation continues, tobacco-caused diseases and deaths – such as cancer, heart disease and premature death – will become more prominent. Health education and tobacco control interventions to curb this trend are more likely to be effective when tailored to the culture and society of local communities, which requires an understanding of people’s beliefs and practices of tobacco use (Airhihenbuwa 1995, Daley *et al.* 2006, Kohrman and Benson 2011, Nichter *et al.* 2009). Whilst there has been an increasing scholarly interest in smoking and health in China, the majority of studies are limited to Han Chinese, the main ethnic group which constitutes over 90 per cent of the population. Little is known about tobacco use among the non-Han Chinese population, even though 55 ethnic groups are officially recognised by the Chinese state with a combined population of 113.8 million, 8.49 per cent of the country’s population (Population Census Office 2012). Ethnic groups might use tobacco in different ways to Han Chinese, grounded in different cultural and historical practices. Moreover, research on smoking in China is largely confined to quantitative surveys of smoking behaviour and explanatory variables, which calls

for more qualitative and sociological studies (Davey and Zhao 2012, Davey *et al.* 2014, Guo *et al.* 2013, Kohrman and Benson 2011, Nichter *et al.* 2009, Singer 2004).

The earliest recorded descriptions of tobacco use among indigenous peoples date to the time of Christopher Columbus's first voyage to the New World and his encounters with the Aruaks people in the Caribbean and the subsequent introduction of tobacco to Europe (Kohrman and Benson 2011, Singer 2004). Studies in the 1800s and 1900s began to document tobacco use among different indigenous peoples, such as tobacco growing patterns and consumption; recreational, medicinal and religious uses of tobacco; and colonial tobacco trade (Black 1984, Gilmore 1929, Haddon 1947, Kimura 1950, Kohrman and Benson 2011, Linton 1924, Lowie 1919, Marshall 1981, Wilbert 1993). An excellent review by Kohrman and Benson (2011) reveals that social research on tobacco is now thematically diverse and has examined themes from various perspectives, including the ways people consume tobacco in cultural contexts; smoking in relation to age, gender and ethnicity; smoking initiation, addiction and cessation; smoking among youth; health and illness; tobacco industry and its products; and broader ties between tobacco consumption and capitalist, global and political systems, notably globalisation. However, the majority of sociological work on tobacco and health emphasises medical and ritual uses of tobacco and there has only recently been renewed interest in tobacco control and health promotion (Kohrman and Benson 2011).

The aim of the present study was to investigate tobacco use among the Dai people, one of the largest ethnic groups in Yunnan Province, southwest China (see Figure 1). The majority of Dai people live in rural villages in the Xishuangbanna Dai Autonomous Prefecture, also known as 'Sipsongpanna' in the Dai language, which was established in 1953. The word 'Dai' ('free people') is the official Chinese designation which replaces the former name 'Tai' and identifies the Dai ethnicity as both Chinese and distinct to the Han majority. There are roughly 1.25 million Dai people living in China, predominantly in four places in Yunnan Province (Dehong, Lincang, Pu'er and Xishuangbanna). As their former name 'Tai' suggests, they are closely related to the Thai and Lao peoples, the majority groups in Thailand and Laos and also to ethnic groups in Myanmar and Vietnam; however, in this article we use the term 'Dai' rather than 'Tai' because the study was conducted within the jurisdiction of the People's Republic of China.

The Dai people consist of three major subgroups: Dai Lue (meaning 'water Dai') living in Sipsongpanna or originating from the south, Dai Nua (dry land Dai) living in the north and further inland and Dai Ja (belted Dai); the present study focuses on the Dai Lue as they comprise the majority of the Dai population in Xishuangbanna and China (Gao 1998, Hsieh 1995, Zhang 1986). The Dai people speak some variation of Dai, a large subgroup of the Dai-Kadai language family which is spoken by about 700,000 people in South East Asia. The language is written in an alphabetic script and historical documents span a variety of literary works alongside a rich oral tradition of folktales, myths and poetry (Pu 2008). The Dai people also have their own calendar which incorporates elements of both the solar and the lunar calendars and is still in use today (Zhang 1986). They believe in Theravada Buddhism and their festivals are closely related to religious activities; for example, much has been written on the annual Water Splashing Festival when people splash and pour water over each other to express blessings and good wishes to welcome the new year, alongside dance, singing, fireworks and dragon boat races (Komlosy 2004).

The Dai people have long been associated with agriculture and still constitute a rural population. The typical subsistence farm has a range of crops such as rice, tea, tobacco, sugar cane, rubber, and fruit and vegetables. In recent years an increasing number of farmers have changed from subsistence agriculture to cash crops and the leasing of land to agricultural companies. Based on our own research in rural areas of Xishuangbanna, the average yearly income per

Figure 1 *The study location – Xishuangbanna, Yunnan Province, China*

Dai farmer in our study site ranges 17,000 to 20,000 yuan and the net income around 8,000 yuan, which is mediated by factors such as how much they can earn by leasing their land, number of household members in employment and availability of additional income sources such as selling craftsmanship (bamboo ware, embroidery and weaving) and wage labouring opportunities such as seasonal employment on rubber tree plantations. China is undergoing substantial change. Not surprisingly, the Dai people, like others across China, have been experiencing and assimilating social changes as new ideas, values and products have become widespread and have brought a new dimension to people's lifestyles (Chao and Myers 1998, Davis 2000, Unger 2002). There are many examples of cultural change in the Dai community. For example, an increasing number of young people are migrating to cities in search of employment, as workers in factories and in the service industry where they are finding their place in the urban culture of contemporary China. The spread of Standard Chinese as the official language, a standardised form of spoken Chinese based on the Beijing dialect of Mandarin Chinese, is eroding children's literacy in Dai dialects ('Simplified' or 'New' Dai Lue was also developed as a new writing system by the Chinese government, a simplification of the Old Tai Lue script that was used for this language for hundreds of years). Almost every household in the villages we have studied now own amenities such as telephones, televisions and motor-bikes.

These changes are situated in economic and social development in China. Sociological writings on modernity date to classical work in the nineteenth and twentieth centuries when sociology was established as an academic response to new relationships between society and state in

Europe and characterised by theoretical perspectives such as industrialisation, nation building (Émile Durkheim), individualisation (Ferdinand Tönnies and Georg Simmel), capitalism and rationalisation (Pierre Bourdieu and Max Weber), commodification (Karl Marx) and structural differentiation (Talcott Parsons). The concept of modernisation was a prominent theme in sociological discourse following World War II, although many writers adopted its meaning to emphasise an evolutionary trajectory of progress whereby the so-called 'traditional' (underdeveloped) societies, a short-hand way of referring to the experience of agrarian societies before the impact of the recent West, were transitioning to 'modern' (industrial) societies, a way of referring to societies after the impact of the West in economic, political, social and technological terms. Since then a large body of Chinese and Western literature has explored and interrogated the various meanings and uses of 'tradition' and 'modernity', complex and multifaceted concepts that do not lend to easy definitions, especially when applied to the newly modernising societies in Asia with different responses to the 'modern' entangled in local social and regional differences (Eisenstadt 2000, Escobar 1988, Kipnis 2012, Schwartz 1972). Discourses on modernity in Chinese sociology were initially concerned with application of classical theories and European models to China and recent theorists have advanced more critical perspectives which challenge these models and interiorise China-specific aspects and cultural orientations, giving rise to alternative and multiple claims to modernity (Daruwala 2000, Dirlick 2002, Kipnis 2012, Yeh 2000). These perspectives emphasise sources of Chinese modernity which stretch beyond the capitalism, industrialism, urbanisation and nation-building characteristic of European and North American societies to include additional factors such as legacies of colonialism and imperialism, discrediting of the Chinese Revolution and Marxism-Leninism, and China's socialist modernisation drive in the early 1980s, thus representing an important break with classical modernisation discourse in Western sociology and a rethinking of the relationship between culture and modernity (Dirlick 2002, Kipnis 2012). A prominent theme in many writings on social change in China and Xishuangbanna focuses on events since the founding of the People's Republic in 1949 when the Chinese Communist Party rose to power. In 1950 the Chinese government proclaimed all of Sipsongpanna had been liberated and subsequently established the Dai Autonomous Prefecture with Jinghong appointed as the capital (Zheng and Ai 1986). The region underwent economic and social development such as improvements in basic education and healthcare and construction of roads and infrastructure which connected Dai villages and surrounding communities to local and national networks and Han people migrated to the region (Panyagaew 2011). Deng Xiaoping's rise to leadership in 1978 and the abandonment of socialism for a 'socialist market economy', was an impetus for the prefecture government in Xishuangbanna to initiate substantial economic and social change, as evidenced by Jinghong which was transformed from a small town in the 1980s to its status today as an urban metropolis and regional trade hub. The 1980s also marked the shedding of ties to the Chinese Revolution and Marxism, amid rising popularity of cultural and material products of the West, and recent discourses on modern China are linked to its integration into the global economy and incorporation of the values and practices of capitalist society in Chinese society, set against a nostalgic embrace of the socialist past (Dirlick 2002, Kipnis 2012).

This background is pertinent to our attempts to understand smoking practices among the Dai people in Xishunagbanna because the changes people have been experiencing and assimilating in recent decades permeate everyday life and society, and manifest in different forms such as tobacco use and health-related behaviour. It is also important to note the changes taking place in China and the Dai community are not simply a reflection of economic and social standards but also a cultural process involving people's lived experiences and constructions of change, envisaged within their local settings and available cultural and symbolic resources.

Thus concepts such as ‘tradition’ and ‘modernity’ are not objective or universal concepts but actively produced by people, constructed and perceived as social reality, grounded in people’s judgements about which social practices are important in the present and provoke varied responses across time and space. Thus attention to these processes and meanings in the context of tobacco use broadens the framework of analysis to permit a more complete understanding of health and illness in China in relation to economic and social change.

This rich and unique cultural heritage of the Dai people, which contrasts to Han Chinese, suggests they might have distinct experiences and understandings of tobacco use in relation to past and present. Unfortunately, only a handful of studies have investigated this topic and qualitative research has not been conducted. Some time ago, Zheng *et al.* (1991) conducted a simple survey of smoking status among 3,033 Dai residents in five villages in Yunnan. Survey questions included topics such as prevalence of tobacco use, health knowledge and smoking cessation. Approximately one-quarter (27.46%) of the sample were smokers and a much higher proportion were men (55.4%). Our reanalysis of their data shows only 11.2 per cent of the respondents were aware that smoking can be harmful to health. Recently, Huang *et al.* (2011) conducted a quality of life survey among residents in two Dai villages and the findings provided preliminary support for the proposition that their low standard of living (low education, poor nutrition, insufficient clothing, and chronic illness and disability) might have been linked to higher rates of tobacco use. Regression analysis of the data shows status as a smoker was associated with subjective quality of life, which might suggest the Dai people interpreted smoking as a way to cope with their low living conditions, although the focus of the study was quality of life and not smoking per se. These exploratory and preliminary studies show further research is needed about the Dai people’s experiences and perspectives of tobacco.

The theoretical approach of our study is symbolic interactionism (Blumer 1969, Mead 1934), an influential perspective in sociology grounded in the work of George Herbert Mead (1863–31) and Herbert Blumer (1900–87). Symbolic interactionism emphasises the shared meanings and social realities which people construct and negotiate through social interaction and contexts. In recent decades, symbolic interactionism has gained prominence as a theoretical tool which remedies the limitations of scientific and biomedical models of health through demonstrating the importance of people’s perspectives and meaning-making of their health and everyday lives. Symbolic interactionism’s emphasis on the production and expression of culture as well as wider values and ideologies of society is particularly useful for understanding ethnic groups such as the Dai people. With this in mind, the present study utilises symbolic interactionism as a theoretical lens through which to understand the meanings and experiences which the Dai people assign to tobacco use and health. In the analysis that follows we attend to Dai farmers’ folk beliefs and lay perspectives through asking questions about how they understood and made sense of tobacco and how these understandings related to real-life tobacco use and underlying social processes. As this topic has hitherto been relatively unexplored in the literature, the study design consisted of grounded theory methodology which is particularly valuable for developing new insights into people’s experiences and perspectives (Bryant and Charmaz 2007).

Method

Study design and location

The study location was Xishuangbanna, Yunnan Province, Southwest China. The region borders Vietnam, Laos and Myanmar to the south and southwest (Figure 1). The study was conducted in a rural farming community located 45 km from Jinghong, the capital of

Xishuangbanna. All participants were agriculturalists and interviews took place in their homes which were typically old-style two-storey wooden buildings with the upper storey on stilts and used as the living place and the lower space a storehouse and for raising livestock. The study was approved by university ethics procedures and participants gave informed consent.

Participants and sampling

A total of 26 Dai men (ages 63–85) were interviewed. The sample size was determined by data saturation and theoretical completeness of the grounded theory, as our sampling of participants ceased when dimensions and gaps in each category of the grounded theory had been explicated (Strauss and Corbin 2008). The smoking status of participants was surveyed during the study and they were all current smokers consuming 5 to 20 cigarettes daily, with the exception of one participant. All of the participants had similar demographic backgrounds.

For the following reasons, the study population consisted of older Dai men. First, men represent the vast majority of smokers in the sample population. It is well known smoking in China is more prevalent among men (Kohrman 2007, 2010) and our fieldwork confirmed this gender difference also exists among the Dai people. Second, the overarching aim of the study was to understand long-established practices of tobacco use, but younger people we have met in the study site are less knowledgeable of these. Third, although a treatise on tobacco use during the life course was not the premise of our study, possible temporal changes experienced by older people during their lifetimes deserve consideration so that the study's findings can be situated in the broader context of social change in China.

In accordance with grounded theory methodology, sampling was sequential and began with selective sampling followed by theoretical sampling and sensitivity to clarify concepts and pursue leads which arose during the data analysis (Strauss and Corbin 2008). Theoretical sampling began in the earliest stages of data collection with modification of sampling decisions and questions to explore emergent topics, although the thrust of theoretical sampling took place towards the end of the study and included: follow-up meetings with several participants; an interview with a traditional Dai 'healer' to confirm the interviewees' accounts of tobacco use in traditional Dai medicine; and consultation of published and unpublished documents in local publications, analysed in conjunction with the interviews and field notes. These additional data and methods helped to clarify concepts in the grounded theory and to triangulate our findings. It is important here to discuss the role of the 'healer' as a participant in our study during theoretical sampling. The benefit of conducting this case study was to confirm the use of tobacco in Dai medicine to address the saturation of this topic raised in the interviews. In other words, the aim was to refine a category ('local understandings of health') in the emerging grounded theory rather than conduct a separate in-depth study of Dai medicine. Inclusion of the case study is in line with theoretical sampling which pertains to delineating categories of the grounded theory rather than being representative of a population for statistical generalisability of the results (Charmaz 2006). Even so, we took steps to enhance the validity of the case study by cross-checking the healer's accounts with texts about Dai medicine in various local libraries (e.g. Kunming Institute of Botany 1979, Yunnan Institute of Materia Medica 2009, Zhao *et al.* 2009).

Data collection and analysis

The interview transcripts were audio recorded and transcribed verbatim in Dai and Chinese and all quotes in the following sections have been translated to English. Open, axial and selective coding were used to sort codes and categories and their properties and theoretical connections (Glaser and Strauss 1967, Strauss and Corbin 2008). In open coding the transcripts were

divided into similarities and differences; axial coding involved developing the emerging categories; and selective coding was used to refine the categories and theoretical framework. This coding process was inductive and recursive and revealed a rich thematic description of meanings and experiences ascribed to tobacco use. Two researchers independently coded the transcripts and cross-checked coding strategies and interpretations.

Findings

The participants' accounts of tobacco use were conceptualised as four broad categories: (1) tobacco and agriculture; (2) sociality and normalisation of smoking; (3) local understandings of health and tobacco; and (4) romanticising tradition, contesting modernity. Below is an account of each category which represents a consensus among participants unless described otherwise and interview quotes exemplify the descriptions.

Tobacco and agriculture

Agriculture was a salient concept in the men's accounts of tobacco use. Smoking was a common practice among young farmers of their generation to help maintain energy and motivation during farm work, a remedy for tiredness and fatigue associated with agricultural practices which were arduous prior to the advent of recent farming methods such as chemical fertilisers and lorry transport. Other uses of smoking in farm work included repelling mosquitoes in warm and humid months, as they believed tobacco was an effective insect repellent and taking time out to rest and smoke with colleagues. These understandings are exemplified in the quotes below:

Smoking makes me feel powerful and power is important for farming. Therefore, tobacco is necessary for work. As a young man, I did a lot of hard work and tobacco helped me to recover from my tiredness. Nowadays I don't work, I don't need as much tobacco or power. Maybe I didn't want to smoke so much when I was younger, but it did give me power for my work, which I needed (age 68).

Smoking stops hunger, everybody knows it. We did our work in the morning when it was cooler and we didn't take snacks; we just smoked tobacco. As soon as I felt hungry or tired, I just took out a cigarette and smoked, to gain energy. I no longer have farm work, but I still enjoy smoking (age 74).

Our elders told us tobacco helps people gain power quickly when working. Smoking also makes my mouth feel better and gives a nice taste after eating smelly foods such as fish. When I was younger, almost every man planted and smoked tobacco. I smoked more then, but now only 6 rolls a day. You know, when we were in the fields, everyone sat together in a big group and took a rest and we smoked (age 85).

The above extracts show the importance of tobacco use in the men's work lives as agriculturalists. They referred to feelings of energy and power when smoking tobacco, indicative of a rudimentary understanding of the stimulant effects of smoking such as alertness and decreased fatigue. The extracts also exemplify another concept in the interviews: the association between smoking and agricultural work as a pastime. The participants had retired from farm work and therefore smoked fewer cigarettes as work-related tiredness and fatigue were no longer issues. Moreover, farming had become less laborious with the advent of new farming methods, thereby eliminating the need for farmers to smoke to replenish energy.

The interviewees made their own cigarettes with tobacco they cultivated in courtyards and domestic gardens and rolled in leaves and newspapers. They also bought cigarettes in village shops but a marked distinction between hand or home-made cigarettes (constructed as traditional) and pre-made or commercial cigarettes (constructed as modern) was a salient theme in the interviews. The former were regarded as superior, authentic and high quality; the latter as artificial, inferior and less desirable. Producing home-made tobacco and rollup cigarettes in this way was interpreted as Dai craftsmanship, a custom they enjoyed and had learnt from their elders, which included skilfully sowing, maintaining ideal growing requirements and harvesting and curing the tobacco, and then carefully rolling the cigarettes. Smoking home-made cigarettes also held symbolic meaning of being Dai which nurtured a close and personal bond with their people, heritage and way of life. Another distinction of home-made cigarettes was the low cost of growing or buying tobacco. At the time of the study, a bag of 500 grams of tobacco cost 6 yuan, enough for several weeks, whereas one packet of 20 Honghe cigarettes, a popular commercial brand in the village, cost 10 yuan. Also, choice and quality as cigarette size and tobacco strength could be modified according to personal preference by mixing tobacco with bamboo and other plants to reduce its strength and bitterness and to improve flavour. Some of the interviewees bought tobacco (and some even bought pre-rolled hand-made cigarettes) from their peers because they lacked land or found production too exhausting due to age-related declines in health. However, pre-made commercial cigarettes were gaining popularity among Dai men because buying cigarettes from shops was easier and more convenient, as only dedicated growers with time and land are able to produce high-quality tobacco which is difficult to cultivate and cure. The advantages and disadvantages of home-made and pre-made cigarettes are weighed up in the following statements by two participants:

The old way [home-made cigarettes] is strong, but the new way [pre-made cigarettes] is too light, so I prefer the old way. I used to plant tobacco myself, but now my land is leased out, so I just buy it. The cigarettes from the shop are expensive and only enough for one day; with the same money I can buy enough tobacco for ten days. I mix wood with the tobacco for a lighter taste because it is too strong, but not all kinds of wood can be used, just some. The best is tobacco cane; when its leaves are mature, I peel off the sleeve and dry it in the sun (age 73).

I smoke the new tobacco now. I used to only smoke Dai tobacco, but I recently changed to the new style. To be frank, I wish I could smoke Dai tobacco as I did for many years; it's our custom and I prefer the taste. The new one is too light. But you know, I don't have land now to grow tobacco because I leased it. The new style is convenient for me, but the price is sometimes high and it's a waste of money if it's low-quality (age 70).

Sociality and normalisation of smoking

Tobacco consumption is an important thread in the social fabric of the Dai community. Smoking is a prevalent social activity, a normal and everyday aspect of life. The men said the majority of their peers are smokers and smoking was a prized quality of being sociable, a ritual of social interaction on par with drinking and eating together and necessary for participation in Dai social life. Dai people tend to smoke in the company of family and friends and collective smoking is customary at social gatherings. It is difficult for men to partake in village social life as a non-smoker. The following quotes exemplify the social significance of smoking among the Dai people:

Almost every man smoked in the old days. Maybe only one or two didn't. Well, I'm not saying you had to smoke then, but everyone did, to join others. I think this was the main reason for smoking (age 85).

I started smoking at the age of 15 or 16. I followed the other men. Many young lads sat together, talking and smoking naturally. My parents and grandparents smoked as well and they allowed me. I remember some old people who didn't smoke, but not many (age 74).

These quotes portray smoking as a social convention and obligation at get-togethers. They also show the sociality of smoking was a pretext for smoking initiation and continuation and the participants reported an early uptake of smoking (between the ages of 8 and 17) as a means of following the social behaviour of older boys and men.

However, smoking was only regarded as normal and prevalent among men, a sign of masculinity, as non-smoking was normative among women, a sign of femininity, appropriate behaviour in interpersonal relations. Thus, men were expected to smoke to conform to these norms, whereas women were discouraged from smoking. Women smokers were labelled with negative stature and traits such as being rebellious and naughty. The interviewees knew very few women smokers and the quotes below exemplify this gender difference from their perspective:

I just followed other men because smoking is a man's duty. Smoking is a thing that men do. When I start a conversation, I smoke; it's like inviting a friend to drink tea. Men have to smoke; it makes a man a man. I saw many men smoke, so I wanted to. I learnt to smoke as they did (age 77).

I think maybe 1 per cent of Dai women smoke. When I was a boy, I knew only 5 or 6 women smokers and I think it's the same now. They don't smoke because they will be criticised by others. Personally I don't think a woman smoker is different, but others think they are naughty and mischievous. If a woman smokes, others will persuade or even force her to stop (age 74).

The men explained this gender stereotyping of smoking simply as how things were meant to be in Dai society, unwritten rules which they took for granted. They said these rules derived from Dai oral tradition which they held in high esteem as a kind of ancient wisdom and shared understanding of how life should be. They retold examples of gender and tobacco in Dai folklore, such as 'Dai queen' in the extract below:

There are many Dai stories about smoking. A well-known one goes like this: Once upon a time, there was a very beautiful queen. She was so beautiful that every man wanted to possess her. But one day she died. Every man picked up strands of her hair and rolled and smoked them, just like tobacco. By doing this, they felt like they could own her. Another famous story is about the king and his seven wives. The first wife smoked, but the king didn't. One day she criticised her husband "Why don't you smoke like a man?" From then on, all men smoked (age 71).

These stories portray men as owning and being in possession of women, a power differential between men and women which is also reflected in the male-dominated society at large and historical subordination of women. Folklore was a crucial foundation on which real life smoking was interpreted; in the quote above, for example, folkloric beliefs of gender and smoking were reiterated in the participant's own beliefs that smoking was the normative behaviour of men. The key message of these stories, as interpreted by our interviewees, was 'I am a Dai man, therefore I should smoke to be a man'.

Local understandings of health and tobacco

Long-standing smoking practices such as home-made cigarettes were regarded as beneficial for health and a remedy for coughing, halitosis and fatigue. The men enjoyed positive sensations when smoking – a heightened sense of euphoria and well-being. Only a minority of the interviewees described some awareness of negative health effects of smoking, which they had learnt from cigarette packaging, media advertisements of smoking cessation products and local doctors trained in Western medicine. However, even these participants did not regard smoking to be unhealthy for them personally because they perceived their own health to be good despite being long-time smokers. These local understandings of tobacco and health are exemplified in the quotes below:

Smoking stops bad breath after eating. It also makes my throat feel comfortable, but not the new ones which make my throat dry. I think smoking does no harm to my body; it's very good for health. I only cough when I come across bad quality tobacco. I think smoking is more important than eating rice; it's easier to forget eating rice than smoking! And after smoking, I am no longer hungry! (age 61).

Smoking is good for my body and lungs. It also hides the fishy smell after dinner. Although I brush my teeth, I still need to smoke to hide my mouth smell. The doctor [a doctor trained in Western medicine] advised me to stop, but I can't because I have been smoking since I was young and I like it. I heard that smoking is bad for health, but I don't think so because my body condition is good (age 77).

Smoking has not harmed me ever since I was a young man. It has helped me with many things such as my farm work. Look, I seldom have flu. I wouldn't stop smoking for a moment, unless I run out of money. None of my peers have stopped (age 85).

Few of the interviewees had considered or tried to quit smoking, although they had seen commercial television advertisements of smoking cessation products. However, they had sometimes stopped smoking temporarily because of other health issues, for example if smoking was uncomfortable when they had a common cold or sore throat. Negative appraisals of smoking were uncommon and they complained of the declining popularity and availability of home-made cigarettes, low quality of pre-made cigarettes and counterfeits resembling legitimate brands. The interviewees conveyed a simple understanding of addiction to tobacco, but these experiences were interpreted as support for their assumption that smoking was necessary for health and wellbeing. That is, their experience of unwanted withdrawal symptoms during temporary abstinence from smoking (such as irritability and craving) were reversed when they resumed smoking, which led them to believe smoking cessation was a cause of health issues that were alleviated when they smoked:

I don't want to stop smoking. I sometimes stop when I have a fever or cough because then it feels uncomfortable. Once I tried to give up smoking, but I started again when seeing others. Now I don't smoke much, one pack every 2 or 3 days, because my activity load is not much (age 67).

I still smoke nowadays because the habit is too deep to stop. If I don't smoke, I feel uncomfortable. For me, smoking is a habit, like drinking water or eating rice – it's necessary. I always need it. My belly becomes better after smoking. Sometimes when I feel hungry, smoking will satisfy my appetite (age 72).

The participants consumed tobacco in other ways. They applied it to their skin as a self-medication for skin conditions, and these lay health beliefs were grounded in the Dai folk medical system which is still practised today in the community. The participants regarded local Dai 'healers' to be important for their healthcare needs, alongside Western medicine which is now available in nearby towns and cities and they said Dai healers prescribed tobacco as a treatment for skin conditions. We explored this concept further during theoretical sampling by interviewing a 'healer' in the community and by consulting literature in local libraries about Dai medicine. The 'healer' we interviewed confirmed he used tobacco as a treatment for ailments such as throat and skin problems (e.g. boils, furunculosis) and his folk medical knowledge had been taught to him by his parents who had also been traditional healers. He prepared medicines containing tobacco by heating the roots, stems and leaves of tobacco plants and the potion was applied to affected parts of the patient's body. Chewing tobacco leaves was a treatment for tooth and gum problems (gingivitis and toothache) which involves wrapping areca nuts and tobacco in leaves and then placing them between teeth and gums (we have seen this treatment being used by villagers as a self-medication during our fieldwork). However the doctor cautioned against ingestion of tobacco because it was regarded as poisonous in Dai medicine and typically prescribed for external use. The exact ingredients and preparation of his medicines were variable, depending on the patient's individual condition, as Dai medicine is a creative process rather than the science that Western medicine has become.

Romanticising tradition, contesting modernity

'Romanticising tradition, contesting modernity' is the central and underlying category of the grounded theory, which reflects the positioning of tobacco use at the cultural juncture of 'tradition' and 'modernity'. An important finding was the stage-managing of tobacco use through a process of contested modernity whereby the interviewees championed long-standing tobacco customs as upholding the Dai heritage amid a rising tide of modernity encroaching on everyday life.

Tobacco use among the Dai people dates back to ancient times and is steeped in customs and folklore. Dai folklore describes the origin of smoking when ancestors discovered tobacco through trial and error whilst smoking many kinds of plants, and tobacco became known as a powerful mood-altering substance which bequeathed energy and vitality and gained acceptance and popularity. A distinction between Dai and Han identities was also being played out in the men's tobacco preferences, as they referred to commercially pre-made cigarettes as 'Han tobacco' and an import from Han culture and home-made cigarettes as 'Dai tobacco' which they put on a pedestal as noble, ideal and virtuous and the proper way to smoke. The interviewees cherished this Dai custom but it was also perceived as under threat from the increasing popularity of pre-made cigarettes. They described a generational tension in tobacco use between older and younger men: they preferred home-made cigarettes, whereas the younger generation smoked only pre-made cigarettes bought from shops as they disliked old styles of smoking which they regarded as eccentric and old-fashioned. The interviewees were concerned about this changing practice of tobacco use by the younger generation from its former status as a ritual steeped in Dai culture to its present day meaning as a symbol of modernity, whereby the connotation of tobacco use and what it meant to be a Dai smoker, had changed:

Nothing should take the place of us Dai. It is the right way to live. I feel saddened by young people giving up Dai tobacco for Han tobacco, they don't respect our culture. Being Dai feels natural to me, but with all the Han things here now, I am worried it's disappearing. They smoke to be like Han people and follow the new style. In my home I will keep

things the way they have always been, so I will always smoke like this, because I am Dai (age 67).

Despite these concerns, the interviewees felt obligated to smoke pre-made cigarettes in social situations outside the home, as it was a social expectation and norm and so the use of home-made tobacco was largely confined to the home and among peers. Important here was the concept of 'face' whereby social interaction in China involves crafting an attractive and desirable social image among acquaintances. As everyone else smoked pre-made cigarettes socially, insistence on smoking home-made cigarettes or refusal of pre-made cigarettes would be interpreted as disrespectful and abnormal by the majority of social others, which runs of the risk of loss of 'face' and popularity. Also, the interviewees said Dai youth express disapproval of home-made cigarettes in public places, notably name-calling and teasing, although these bullying dynamics were not observed during our fieldwork. Whilst the older generation still commands respect from younger people, they are expected to smoke pre-made cigarettes in social situations to conform to social convention, as does almost everyone in Dai society. Thus, consumption of pre-made cigarettes by the older men was not their preferred choice but a compromise which puts the needs of social others before their own, to maintain social harmony in public places:

I smoke home-made tobacco at home because it's stronger – I prefer it. But when I go outside, I must follow others and smoke their way. If I smoke Dai cigarettes they will stare at me and call me names like 'little old man' and I feel embarrassed. To save face, I must smoke the new type (age 73).

Now I am smoking Dai tobacco, but I must smoke Han tobacco outside, otherwise I will be frowned upon. As they don't agree with this way of smoking, they want to show me up (age 79).

Nobody wants to grow and smoke tobacco like that anymore, only my brother and our friends. I feel self-conscious if I smoke these cigarettes outside because I know they will think I am odd and have a bad smell. They give me strange looks. So I just smoke their cigarettes instead because I feel more comfortable and I don't want to cause any unease (age 80).

However, this situation also strengthened their resolve to uphold long-standing Dai customs, at least among themselves, by smoking home-made cigarettes together with peers for mutual support and reminiscence of the good old days. These various twists and turns can be seen as a contest between 'tradition' and 'modernity' in which the older men were traditionalists engaging in a kind of private protest which championed customary styles of smoking as a symbol of upholding Dai heritage and taking a stand against new ways of tobacco use. Through positioning one against the other, this contestation of modernity attempted to serve a personal agenda of maintaining the status quo of the men's private lives amid the inevitable change taking place outside the home, a temporary escape from reality by imagining an ideal picture of how life should be.

However, this contestation was far from acrimonious and certainly not a struggle for superiority between rivals. Also, the interviewees were not totally against new ways of living as they described ambivalent attitudes about change. Surprisingly, they were not challenging the logic of China's development nor the reactionary attitudes of the younger generation and they even encouraged Dai youth to embrace and succeed in China today. Moreover, they did not really expect the Dai people and culture to remain the same, as tradition and modernity were

interpreted as irreconcilable. This notion that tradition and modernity both enhance and degrade the way of life of the Dai people is exemplified in the quote below:

I don't like the way society and tobacco have changed. The Dai way is best and shouldn't be forgotten. But I can see the new way is okay for some. For instance, if the young people go to the town, they have to know how to do things, otherwise they can't make friends, find a job, or do anything. I still smoke Dai tobacco when I am at home, it's better than Han tobacco, but the Dai way is not always going to work for young people (age 62).

In other words, the participants perceived a dual meaning of tobacco as both an orientation to tradition, which they envisioned as ideal, balanced with acceptance of the current situation and taking into account the perspectives of younger people, shifting back and forth between idealism and realism. The reality of living in contemporary times was also reflected in the participant's own consumption of pre-made cigarettes, a contribution to the making and expression of change in Dai society, which they justified as a weighing up of two counterbalancing life forces: individuality and personal priorities versus social togetherness and wellbeing, as smoking was both a private and socially-negotiated act and involved either pursuing or putting aside personal preferences for the good of Dai society as a whole.

Discussion

Tobacco use was weaved in a complex web of cultural and social meanings, notably the Dai people's work lives as agriculturalists, social behaviour and interaction, and perceptions of health and illness, situated in broader contexts of social change and structures such as age and gender. An important finding was the stage-managing of tobacco as a representation of 'tradition' versus 'modernity' and cultural change in which the use of home-made cigarettes was symbolically charged as upholding a connection with the Dai people and their heritage, underpinned by rich cultural meanings. As the interviewees regarded this long-established smoking practice as under threat by the rising popularity of pre-made cigarettes, they responded through a process of contested modernity which romanticised home-made cigarettes as superior and ideal and reaffirmed their ties with the Dai way of life.

Although tobacco use was tied up with these notions of 'tradition' and 'modernity' – with consumption of home-made cigarettes associated with 'being traditional' and pre-made cigarettes associated with 'being modern' – it is important to recognise the constructedness of these categories as they refer to cultural production and construction of lived experiences. We use these terms in our grounded theory as a short-hand style of referring to the ways they were actively produced by our participants and turned into a site of contention over clashing notions of the sort of person one should be versus the sort of person one would like to be seen by others, a shift back and forth between idealism and realism. As the Dai men were unable to realise their aspiration of upholding long-established smoking practices, whilst also satisfying the expectations and interests of social others, their contestation was a response to resolve the disjuncture of their emotional ties to Dai heritage with the reality of inevitable change taking place in society. This tension in their use of tobacco extended to other aspects of life such as social behaviour and interaction. In the course of moving between these sides, they negotiated and reworked their smoking and social practices, leading to new formulations of daily living, such as smoking pre-made cigarettes in social situations.

Whilst tradition and modernity in this way were constructed by the Dai men as polarities and with one following the other, it is important to note they are actually mutually constitutive in the

sense that both occur simultaneously rather than as opposites, as what is 'traditional' is always being actively constructed in the present and historical cultural practices are constantly being appropriated and reinvented and conceived in complicated ways (Daruwala 2000, Dirks 1990, Dirlick 2002, Kipnis 2012, Yeh 2000). It is perhaps not surprising, then, that contradictions were apparent in the men's construction and production of these notions; for example, the men's concurrent disapproval and consumption of pre-made commercial cigarettes, even though they were seen as being at odds with home-made cigarettes, means the men were actually taking both sides of their contestation and contributing to the changing practices of tobacco use and society that they were also opposing. Some of the interviewees now bought pre-rolled home-made cigarettes from their peers, but still regarded them as 'traditional'. Moreover, although differences between old and young smokers suggest a generational variable in smoking behaviour, this should not, of course, be interpreted as a dichotomy that equates older people with tradition and young with modernity. This is evidenced, for example, by the older men's consumption of pre-made cigarettes and the persistence of long-standing practices and meanings of tobacco such as the continuing significance that smoking plays in social behaviour and interaction. Even so, there were some important generational differences as younger Dai men seem to disapprove of home-made cigarettes. Although senior people in the Dai community and in most parts of China are accorded authority and respect from the younger generation, in our study the older men's smoking preferences were not always respected by younger people. This could be indicative of changing patterns of filial piety and individualism among young people in response to China's social changes, as filial piety is becoming less important. This could also explain why the younger Dai seem to put their preferences of smoking pre-made cigarettes in front of respecting their elders' smoking practices, whereas older men put aside their personal preferences and emotions about home-made cigarettes for the good of Dai society to uphold social convention and harmony by smoking pre-made cigarettes which are now regarded as the social norm in Dai society instead of home-made cigarettes which are regarded as an oddity.

Within the broader context of social change in China, the Dai men's tobacco use emerges as an important cultural arena in which they were experiencing and navigating between old and new practices, not only tobacco consumption but also related aspects of life such as social behaviour, interaction and perceptions of health and illness. Thus the present study, taking tobacco use as a case study, furnishes insights into the Dai people's experiences of living in contemporary China, a society at the crossroads of change and persistence of cultural practices and responses to this state of flux. Whilst our analysis relates specifically to local experiences of change among the Dai people, it serves as a primer for further research among other ethnic peoples and the extent to which social changes increasingly permeate and influence their daily practices and constructions of lived experiences. This should permit a more complete understanding of local encounters with cultural and economic transformation in China as the majority of research focuses on Han Chinese, the main ethnic group.

The study's findings also have important implications for designing culturally appropriate tobacco control interventions which take account of local understandings about smoking as well as the Dai cultural and societal system, rather than blindly following the smoking cessation agenda which has developed within the medical model and which itself is culture-bound by Western (scientific) culture (Chen *et al.* 2014, Daley *et al.* 2006, Gertner *et al.* 2010, Kohrman and Benson 2011, Kreuter *et al.* 2003, Krumeich *et al.* 2001, Nichter *et al.* 2009). The present study's focus on connections between tobacco use and the social fabric of people's lives is a contrast to a major criticism of public health research which emphasises individual cognitive processes at the expense of the cultural contexts and social structures of health behaviour (Kohrman and Benson 2011, Nichter *et al.* 2009). The challenge now is to design health interventions which reduce the harmful effects of smoking whilst also taking into

account cultural meanings of tobacco use as well as the Dai men's construction and contestation of modernity. That tobacco use has been important to Dai lifestyles since ancient times and is being put on a pedestal by older people as noble and upholding their culture, shows that health interventions must be designed very carefully. For example, interventions could acknowledge and appreciate the long-standing smoking practices rather than denounce all tobacco use, so that the older men do not feel dishonoured and discouraged (Daley *et al.* 2006). Moreover, the normalisation of smoking among Dai men, in which smoking has become an everyday and desirable practice in people's social lives, highlights a need to challenge social convention around the use of tobacco (Chapman and Freeman 2008, Hammond *et al.* 2006, Poland *et al.* 2006). This could involve encouraging reflective and critical thinking about patterns of social interaction which mediate smoking and providing assistance for Dai men to find culturally acceptable means of coping with social pressure to smoke pre-made cigarettes, such as coaching them how to respond to feelings of social disapproval, so that they do not feel pressured to smoke. It is also worth following up the interviewees' comments about socially constructed gender roles in Dai society which seem to justify smoking as a normal and expected behaviour among men, creating an expectation that they must smoke as a sign of masculinity. For example, non-smoking might be more acceptable if Dai men could be convinced that being a man does not equate to an obligation to smoke.

However, there are barriers to successful implementation of tobacco control in the Dai community. A pertinent example identified in the present study was low awareness among men about the health consequences of smoking. Although the average Chinese citizen is better informed nowadays of these health risks (Korman 2010), our research suggests older Dai men are unaware of associations between tobacco and ill health, which concurs with previous research on health knowledge among Dai people (Cui and Wang 2009). Here are a few examples of the misconceptions reported by our interviews: smoking was beneficial for health and a remedy for coughing; smokers were healthy and therefore smoking was not thought to cause ill health; smoking cessation can cause ill health. Therefore, health education initiatives to address these misconceptions and raise public awareness of smoking and health, will help pave the way for smoking cessation. As some of the interviewees said they had received tobacco cessation advice from doctors and previous studies of other populations show advice from health professionals can aid smoking cessation, health promotion activities in the Dai community could involve local health professionals coupled with further sociological research to understand their effectiveness.

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