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**Chinese Male Adolescents Resisting Cigarettes from Peers:
Qualitative Research on Tactics, Perceptions, and Contextual Characteristics**

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Abstract

Aims: Cigarette passing and sharing contribute to early smoking onset among Chinese male youth. Refusal efficacy, considered pivotal in smoking prevention, has not been addressed in published research regarding specific refusal tactics and resistant communication behaviors. This focus group study aimed to uncover cigarette resistance responses, cigarette-offering agents' reactions to refusal, social barriers, and contextual characteristics among targeted Chinese male adolescents. **Methods:** Twenty focus groups with 7-10 male smoking and nonsmoking students per group from vocational and junior colleges ($N = 165$) were interviewed in two cities in China. The data were coded and analyzed. **Findings:** Nonconfrontational refusal tactics were frequently used. Of the nine identified cigarette refusal categories, consistent and firm declarations of the nonsmoking status were considered most effective. Upon rejection, a majority of people offering cigarettes made no further attempts. Most participants expressed neutral attitudes toward cigarette refusals, in contrast with the assumption in the literature that teenagers pervasively dislike such refusals. **Conclusions:** Health educators likely can use the finding of peer agents' general neutral (rather than negative) attitudes toward cigarette refusal to relieve teenagers' apprehension about rejecting cigarettes and thereby help build their refusal confidence. The reported effective strategies should be further tested prior to implementation for training teenagers.

Keywords: cigarette refusal tactics, refusal efficacy, Chinese male teenagers, focus groups

Introduction

As the world's largest producer and consumer of tobacco, China suffers the highest

tobacco-related mortality worldwide (WHO, 2012). In China, 52.1% of males smoke, while only 2.7% females smoke (Chinese Centers for Disease Control and Prevention, 2015). China's cigarette consumption does not seem to be abating, as the prevalence of adolescent smoking, particularly among male teenagers, has been increasing (Chen et al., 2001; Wang & Chen, 2013). Researchers attribute early smoking onset to cigarette passing and sharing among youth (Chang et al., 2006, Chassin, Presson, Pitts, & Sherman, 2000). As a valuable social currency, cigarettes offered in daily interactions in China are often met with little resistance (Rich & Xiao, 2012). Ma et al. (2008) estimated that teenagers with low cigarette refusal efficacy were 5 to 17 times more likely than those with high refusal efficacy to become lifetime smokers. Of the few published studies on cigarette refusal among Chinese teenagers, all surveyed efficacy as a general predictor but did not examine specific efficacy skills or cigarette resisting communication tactics. In this study, we collected in-depth personal accounts from teenagers regarding cigarette refusal tactics and perceptions of and reactions to cigarette refusal.

Cigarette Refusal and Social Barriers

Cigarette initiation/passing is an interpersonal influence process in which one individual, the agent, offers a cigarette to another, the target, with the expectation that the target immediately smokes the cigarette (Sheer & Mao, in press). Cigarette refusal is thus an explicit or implicit negative response to the cigarette offer to avoid smoking the cigarette. Teenagers seem particularly vulnerable to the influence of smoking peers (Harakeh & Vollebergh, 2012). Two studies reported inconsistent levels of refusal intentions. With a sample of 800 students from primary schools, middle schools, and universities, Guo et al. (2009) reported that 71.7% of the male participants would reject a friend's cigarette offer. However, Xia et al. (2013) revealed that only 38.3% of junior high school participants expressed the intention to reject cigarette offers. These inconsistencies raise questions

regarding the motivations behind teenagers' decision to resist or not resist cigarettes.

Viewed among adults as a gesture of hospitality and friendship, a cigarette offer often begets acceptance as a normative response (Mao, Yang, Bottorff, & Sarbit, 2014). Positive perceptions about cigarette sharing were also found among college students (e.g., Wu et al., 2009). Positive normative attributions of cigarette sharing puts pressure on the targets (those who are offered cigarettes) to accept (Hu, Rich, Luo, & Xiao, 2012), and rejecting the cigarette is considered impolite or even rude (Zhu, Zhang, & Yang, 2010; Duan, Pang, Zhao, & Li, 2005). Indeed, with a sample of 1874 college students from 19 campuses, Mao and colleagues (2009) discovered that 44% of respondents thought that not accepting cigarette offers would be impolite, and such perceptions were much stronger among those who smoked. Other studies (Jiang, 2006; Xu, Liu, Liu, & Guo, 2013), too, reported that smokers were more likely than nonsmokers to regard rejecting cigarette offers as undesirable. Clearly, concerns about being evaluated negatively for refusing cigarette offers can motivate teenagers to accept cigarettes rather than reject them. The belief in other people's negative perceptions about cigarette refusal appears to be a main social barrier to cigarette refusal among Chinese adolescents.

Cigarette Refusal Efficacy

Cigarette refusal efficacy refers to individuals' confidence in their ability to identify as nonsmokers and resist cigarettes regardless of persuasion tactics used by peers or other people (Park, Yoon, Yi, Cui, & Nam, 2011). Researchers (e.g., Huang, Gong, Zhang, & Pan, 2008; Song, Liu, Mi, Ji, & Zhao, 2013) argue that those who wish to refuse cigarettes may still accept them due to low refusal efficacy or a lack of knowledge of how to overcome concerns about negative evaluations by others. In a survey of 446 college students, Wu et al. (2009) discovered that more than a third of respondents expressed an unwillingness to accept cigarettes offered by peers but did not know how to say no. Likewise, Tian, Qian, Zhang, and

Zhang (2006) reported that more than half of the students in their sample accepted cigarettes from others because they did not know how to reject them. Su (2012) revealed that some teenagers, embarrassed about saying no, repeatedly accepted cigarettes from peers and subsequently developed smoking habits. In spite of the importance of refusal self-efficacy in smoking prevention, researchers so far have not published any studies that examine strategies or techniques for enhancing refusal efficacy. Cigarette refusal efficacy, a form of self-efficacy, can be enhanced via training relevant skills and empowering teenagers with relevant knowledge and information (see Bandura, 1995; Sheer, Mao, & Chen, 2016). Thus, discovering and developing effective cigarette-resisting techniques can begin with an investigation into how teenagers actually resist cigarette offers from their peers.

Refusal Tactics

Although acquiring refusal skills is regarded as an effective method for enhancing refusal efficacy, specific cigarette-resisting tactics and skills used have surprisingly not received much research attention (Xu et al., 2005). Research on refusal tactics has focused on drug resistance and refusal tactics (Caputi & McLellan, in press), which can provide a knowledge basis for understanding cigarette resistance. A number of existing training programs and campaigns emphasize assertiveness for resisting peer pressure and advocate “just say no” as the predominant method for refusing drugs (Beck, 1998). However, in reality, children have difficulty using the strong forms of “just say no,” and situational factors must be considered for recommending appropriate rejection communication (Reardon, Sussman, & Flay, 1989).

Driven by the assumption that different influence attempts, social relationships, and situations warrant different responses, Alberts, Miller-Rassulo, and Hecht (1991) developed a drug resistance typology known as REAL, which is widely used in anti-drug communication (Hecht et al., 2003; Kulis, Reeves, Dustman, & O’Neill, 2011). R stands for Refuse (refusing

by saying “no”), E for Explain (offering an explanation or excuse), A for Avoid (avoiding the environment where drugs are present), and L for Leave (leaving the scene). The classification of avoidance also includes deceptive strategies (e.g. “No, I just did it,” or changing the subject to “Did you watch the TV show last night?”). Kulis et al. (2011) reported that the four REAL strategies were frequently used and that other relatively passive and confrontational approaches were also used among American Indian youth. However, a thorough review of 13 studies on the effectiveness of Keepin’ it REAL (KiR) programs led Caputi and McLellan (in press) to conclude that there was no supportive empirical evidence that KiR was effective among elementary school students. Thus, more rigorous research designs are needed for testing KiR, and/or more context-appropriate substance resistance strategies need to be developed.

With references to both “just say no” and the REAL techniques for drug refusal, Zhang and Chen (2008) proposed six tactics for responding to cigarette offers: direct rejection with little elaboration, rejection with a reason for not smoking, rejection with an alternative, avoiding talking about cigarettes or smoking-related issues, assertively rebuking the benefits of smoking, and accepting the cigarette. They believed that teenagers could be trained to use one of the tactics to resist peer smoking pressure in different situations. Wang, Ma, and Ding (2007) reported that given a set of choices, 87.3% of teenage respondents would politely and briefly tell a stranger, “I do not smoke,” 59% would offer an explanation to a peer, and 17.8% would accept cigarette offers. These scholars suggested that interpersonal relationships might have influenced teenagers’ intended choice of response.

In general, the extant literature has focused on social barriers of cigarette refusal and the importance of refusal efficacy without closely examining specific refusal behaviors. Thus, this study was designed to uncover cigarette resistance responses, cigarette-offering agents’ reactions to cigarette refusal, and other salient contextual characteristics that might emerge in

cigarette refusal situations.

Methods

Participants

We targeted male youth in vocational schools and junior colleges due to their reportedly high smoking incidence (Chen, Gong, Li, Zhou, & Yan, 2014, Ji, Sun, & Li, 2013). With a research ethics approval from the university, we included two cities, Tai Yuan, Shanxi Province (with a high smoking incidence) and Guangzhou, Guang Dong Province (with a relatively low smoking incidence), in this study. Our contacts via the Chinese Association on Tobacco Control distributed copies of a screening questionnaire on the campuses of the five participating schools in each city to solicit focus group participants. Of the total of 646 students who completed the questionnaire (approximately half from each city), we retained 400 who had had contact with cigarettes (e.g., smoking, offering cigarettes to others, being offered cigarettes), remembered interactions involving cigarettes, and indicated a willingness to participate in a focus group by providing their contact information.

With 10 randomly selected students (7-10 of whom actually participated) per group, we conducted 20 focus groups in conference rooms at five participating schools in each city—two groups in each school ($N=165$). Participants were 15 to 21 years old ($M=17.82$). Twenty-five percent (i.e., 24.8%) smoked cigarettes every day, 14.5% smoked several times a week but not every day, 19.4% smoked occasionally, 23% had tried several times before but no longer smoked, and 18.2% had never smoked. Twenty-seven percent (i.e., 27.3%) reported neither parent smoking, 70.3% only father smoking, and 1.2% both parents smoking; 1.2% were unsure.

Focus Group Protocol and Procedures

A protocol was designed for consistency in conducting focus group interviews. The protocol consisted of three main themes for the larger research project: (1) smoking onset, (2)

cigarette initiation processes, appeals, methods, and meanings, and (3) cigarette resistance occasions, strategies, and barriers. For each theme, 3-5 main questions were followed by probes and contingency questions. The present paper reports data for the theme of cigarette resistance. A series of questions was asked, and contingency questions and follow-up questions (in parentheses) were posed when necessary. Clearinghouse questions (e.g., Anything else?) were always posed for additional insights. Questions for nonsmokers are illustrated below.

Q1. Recall and describe occasions on which you resisted cigarette offers from others. How did you refuse such offers? (What did you say or do? Were other people present? What were the reactions from the person who offered the cigarette? . . .)

Q2. Why did you refuse the cigarette? (Concern about health? Dislike for the agent? . . .)

Q3. How do you view people who refuse cigarette offers? (Unfriendly? Have legitimate reasons for refusal? . . .)

With similar questions, smokers were asked to recall situations in which their cigarette offers were rejected by peer targets. Prior to a focus group session, all participants completed a short survey that recorded their demographics, smoking status, and experience with cigarette initiation, and each was assigned a code name (1 through 10). Before a group interview began, a trained moderator read an informed consent and allowed participants to leave willingly. All focus group interviews were audio-recorded. The moderator vocalized each participant's code name (e.g., "How did you feel, Number 2?") to mark his response on the audio tape and took notes during and immediately after a focus group. All interviews were transcribed verbatim in Chinese with timing markers for later retrieval, if needed. Focus group interviews lasted 70-90 minutes each. Each participant was paid 120 RMB (approximately 15 euro) immediately after a group session ended.

Coding

Transcribed responses to all cigarette resistance main questions, follow-up probes, and clearinghouse questions were included as the data corpus for the present study. We followed the guidelines in Saldana's (2013) *The Coding Manual for Qualitative Researchers* to code the data. The semi-structured interview data with multiple participants particularly warranted a structured coding scheme with open codes for flexibility. To develop this coding scheme, the first researcher wrote analytic memos while reading the data corpus and retrieved relevant digital recordings for needed clarification. She took into consideration the reviewed literature, the analytical memos, and her previous knowledge and experiences and created a hierarchical coding scheme through constant comparisons. The initial coding scheme was slightly revised after a test run of 20% randomly selected data of the data corpus. The coding scheme consisted of four first-level codes (i.e., resistance responses, perceptions of cigarette refusal, reactions to refusal, and occasions conducive to refusal), reflecting the main themes that emerged. Each first-level code consisted of second-level codes, themes embedded in each main theme, including "other" categories. Third-level codes emerged through further rounds of coding.

The data corpus was entered into MAXQDA, a software program for qualitative analysis developed by VERBI GmbH, Berlin, Germany, <http://www.maxqda.com>. This program is capable of tracking text and computing basic statistics. Two trained coders independently coded the data using the coding scheme. They were instructed to use the datum, the smallest meaningful unit (Saldana, 2013), as the coding unit—the text that contained word(s) relevant to a code and available additional text that together provided a complete meaning. For example, for the code "rejection by shifting accountability," a datum would be "I would just say that my girlfriend would smell it" rather than "my girlfriend." The coding process involved highlighting a datum and assigning a code to it. For first-round of coding, inter-coder agreements reached 90% and above. The discrepancies were reconciled among

the coders and the first researcher. Guided by the same principles used in the first round, a second round of coding was conducted for the first-level, emerging codes. A third round of coding was conducted when necessary.

Results

We used MAXQDA to compute the frequencies of unique mentions for relevant codes. If a participant offered the same refusal response at two different times during a focus group discussion, these responses were counted as one mention; if a participant mentioned two different refusal responses, each response was counted once. We presented our results in the following logical order: resistance responses, perceptions of cigarette refusal, reactions to cigarette refusal, and occasions conducive for cigarette refusal.

Resistance Responses

We included typical examples of each response category, which could be used for developing refusal communication strategies.

Rejection with little elaboration ($n = 99$) was the most frequently mentioned response. Participants, who included mostly nonsmokers or light smokers and only a few smokers, reported “No, no,” or “No, thank you” as the typical response. A nonsmoking participant said, “I don’t want to smoke. There is no point of being phony. They understand.” To be effective, ten participants suggested that “being firm” without hesitation should work. Nine participants said that no explanation would be needed if the agent was an unfamiliar individual.

Rejection with expressed appreciation ($n = 16$). Typical responses in this category include “No, but thank you for your kindness,” “Your cigarette is so expensive and save it for yourself,” and “Sorry, but thank you for offering it to me.” One explained, “I didn’t want to hurt his face in front of others . . . afterwards, I explained some more to make sure he understood me.” In Chinese culture, face (*mainzi*) refers to individuals’ social reputation, respect, and prestige, which they strive to publicly project and maintain (Leung & Chan,

2001). Several participants recommended “smile and be firm” as an effective refusal tactic.

Rejection with declaration of nonsmoking statuses was reported by nonsmokers ($n = 30$) (e.g., “I am not a smoker” and preemptively “No need to give it to me . . . I don’t smoke”) and quitters ($n = 3$) (e.g., “I just quit”). One participant commented, “I tried different (refusal) tricks. Eventually, I discovered that by simply declaring myself a nonsmoker on all occasions, people quit offering me cigarettes.”

Rejection with health-related excuses ($n = 37$). The most frequently reported excuses were related to acute health conditions ($n = 16$), such as “sore throat,” “not feeling well,” “coughing,” “heart burn (*shanghuo*),” and “having a cold.” A typical response was “I can’t smoke because I have a sore throat.” However, “this kind of excuse will not work every time . . . you just can’t . . .” as one participant put it. When appealing to chronic conditions, some participants ($n = 10$) referred to “rhinitis,” “tonsillitis,” “asthma,” “bronchitis,” “allergy,” and “physically weak (*ti zhi bu hao*)” (e.g., “I have tonsillitis. My doctor told me not to smoke”). One participant explained, “The trick of making an effective refusal was coming up with a believable (chronic) illness . . . you cannot say something like pains in the knees. Then, you stick with the same illness. You can save a lot of hassle.” Participants made a case for future health consequences ($n = 11$) (e.g., lung cancer, child birth defects, premature death). For example, “Don’t force me to smoke. I want to keep my lungs healthy.” One nonsmoker added, “I did not regret saying that. I hate it when people force me to smoke. If you don’t show you are firm, they will keep forcing you.” Finally, a few participants ($n = 4$) exaggerated the physical symptom of coughing to convince the agent. One recounted, “I coughed hard and continuously and told him that I could not smoke.”

Rejection with nonhealth excuses ($n = 34$). These explanations consisted of low smoking skills ($n = 13$) (e.g., “I don’t know how to smoke” and “I don’t know how and I don’t want to learn”), mood ($n = 9$) (e.g., “I do not feel like smoking” or “I am really not in

the mood”), intake control ($n = 8$) (e.g., “I just smoked,” or “I have used up my cigarette quota for today”), and dislike for the smell ($n = 4$) (e.g., “The cigarette smell doesn’t agree with me” and “I have bad reactions to the smell”).

Rejection with anti-smoking persuasion ($n = 9$). Some participants, mostly nonsmokers, not only rejected cigarette offers but also tried to persuade the agent not to smoke. For example, “Why don’t you quit smoking? Could hurt your health,” or “Don’t smoke anymore. You can live longer.”

Rejection by shifting accountability to a third-party ($n = 11$) such as teachers, girlfriends, female friends, parents, or other senior family members. Examples included “The teacher is coming here any minute,” “My girlfriend would smell it,” and “Dad won’t let me.” When asked by a fellow participant, “Wouldn’t they laugh at you for using this kind of excuse?” a participant replied, “I use this excuse only when I am with close friends. They should know me better.” Another disclosed that his friends were sympathetic when he evoked his girlfriend’s displeasure about smoking, but such an excuse may make him lose their respect and risk being labeled “henpecked.”

Rejection by appealing to student status ($n = 9$). This refusal strategy was reportedly used only when relatives or parents’ friends tried to give participants cigarettes on such occasions as family reunions or parties involving mostly adults. A participant would say, “I am still a student,” or “We students are not allowed to smoke.”

Stealth resistance ($n = 20$). In these cases, participants who were offered cigarettes did not directly or explicitly say no; rather, they subtly exhibited the following behaviors that led to their eventual avoidance of smoking the offered cigarettes or taking in the harmful substance: (a) take the cigarette and put it aside (e.g., behind one ear) and throw it away later, (b) take it and say “will smoke it later,” (c) take it and let it burn, (d) smoke a few puffs without inhalation, and (e) find an excuse to leave the scene. The participants reported that

the main reason for using this refusal method was to preserve the face of the agent. One commented, “This way, we can keep harmony with each other.” These stealth resistance responses were recalled mostly by nonsmokers, followed by occasional and light smokers; only a few regular and heavy smokers reported refusing cigarettes. In addition, several smoking participants cautioned that a known smoker who refused to take an offered cigarette would be viewed as insincere and unworthy of friendship. A summary of the reported refusal tactics is presented in Table 1.

– Insert Table 1 –

Perceptions of Cigarette Refusal

When asked how a peer refusing a cigarette would be viewed, participants responded with varied perspectives. Eleven participants (8 nonsmoking and 3 smoking) expressed support for cigarette refusal, saying that these peers probably had good reasons for rejecting cigarettes (e.g., “Maybe he was not feeling good” and “I don’t blame him. Smoking is bad for health”). Those holding negative views ($n = 59$), most whom smoked at various levels (e.g., lightly, regularly, and heavily) and only eight of whom did not smoke, believed that rejection was rude or failed to give face to the agent. One weighed in, “Even if you don’t want to smoke, you still should take the cigarette. You can put it away. But flatly saying no injures the giver’s face.” Another added, “Especially when there are a lot of people around, rejecting the cigarette means you look down upon him . . . hurts his face and yours as well.” These people also believed that rejections could further hurt the relationship between the agent and the target. They would construe rejection as a clear indication of a “not-so-good” relationship between the two or as the target not wanting to “befriend” the agent. After going back to the transcripts and reading the adjacent text, the researchers discovered that some of these participants referred to cases in which the agents had knowledge that the targets smoked before but nonetheless rejected the cigarettes, and such refusal was extremely negatively

perceived.

Many participants of varied smoking levels ($n = 95$), however, held neither negative nor positive attitudes toward cigarette-rejecting peers. Of these participants, some ($n = 31$) said that they would not read too far into the cigarette refusal with regard to relationships or other social consequences. One participant shared, “I told him firmly that I did not smoke. He put the cigarette back in the pack. He understood that it was not a matter of face.” A smoker said, “It’s so normal. I give others cigarettes out of courtesy. I am not bothered if they don’t want them.” Another smoker added, “I never force people to puff with me—simple as that.” Others ($n = 64$), from the perspective as observers rather than as direct participants in cigarette interaction processes, made factual inferences without rendering judgment. These inferences included (a) the agent and the target were strangers (e.g., “They probably didn’t know each other well” and “Rejection is no big deal. Nobody gets hurt”), (b) the two were close friends (e.g., “Friends understand each other . . . shouldn’t get offended” or “A real friend won’t be bothered”), (c) the target must have been a nonsmoker, and (d) the target probably was not in the “right” state for smoking (these states included “already smoked,” “having a cold,” “sore throat,” and “really don’t feel like smoking”).

Reactions to Cigarette Refusal

Approximately 51 participants (mostly nonsmokers and light smokers) recalled agents’ reactions to the refusal. Thirty-five reported that the agent simply dropped the cigarette offers without displaying negative attitudes or behaviors. One participant said, “After I rejected it, he did not have much of a reaction.” Another added, “Normally, they won’t force you to smoke if you say no.” These agents included close friends, acquaintances, and strangers. Five participants, however, reported that the agents appeared a little unhappy when rejected, though they did not make further attempts to offer cigarettes. Eleven participants recalled that the agent repeatedly insisted on their cigarette offers. Those agents discounted the target’s

wishes or concerns and pleaded for the target to give face.

Additionally, most targets negatively evaluated agents' insistence on cigarette smoking. They regarded the insisting agent as "mentally not right," "having a hidden agenda," "not like a real friend," and "strange." Two targets expressed a neutral attitude toward cigarette insistence (e.g., "Maybe the guy simply wanted you to give face"). No target expressed positive perceptions of smoking insistence.

Occasions Conducive for Cigarette Refusal

Participants described situations in which they often refused cigarette offers in their early smoking encounters. When a stranger, "someone I did not know," offered a cigarette, nonsmoking teenagers refused to smoke it ($n = 19$). Furthermore, the presence of important people who held negative views toward smoking deterred teenagers from accepting cigarettes ($n = 28$). The most mentioned people were parents, grandparents, other senior relatives (e.g., uncles) and teachers ($n = 21$). Although some of these people smoked, they did not feel that teenagers should smoke. When these people were present, participants refused cigarette offers out of respect for them. One said, "My classmate's mom was in the house when we were having fun there. We did not dare to pass each other cigarettes." Another recalled an interesting occasion: "This was a party that had both teachers and students. Some teachers were smoking. A few students also did, but me and a few others did not take cigarettes." The presence of female friends or girlfriends also inhibited cigarette initiation ($n = 13$) (e.g., "My girlfriend did not want me to smoke in front of her," or "At that party, there were quite a few girls there. . ."); so did the presence of other people who were averse to smoking ($n = 5$) (e.g., "my roommate," "my friend who does not smoke," or "children"). Six participants said that they would not accept cigarettes at conspicuous places where smoking could garner unwanted attention (e.g., "at restaurants" or "in the streets where I might run into people I know"). Two reported that they simply followed suit when they saw others rejecting cigarettes. Three

participants rejected cigarette offers because of shoddy quality or cheap brands.

Discussion

The current study sought to discover tactics for cigarette refusal. Our findings provide evidence-based content for developing a communication repertoire for cigarette resistance to enhance cigarette refusal efficacy targeting Chinese male adolescents. The discussion of the findings and relevant practical implications were organized by the themes that are conducive to enacting antismoking communication and education programs.

Instilling Refusal Motivation

Chinese (including male adolescents) were thought to be reluctant to refuse cigarettes due to their pervasive belief that rejection is negatively viewed by others (Mao et al., 2009; Zhu et al., 2010). The perceived social undesirability of cigarette rejection, however, was not pervasively or consistently perceived by our focus group participants. Rather, agents' responses to cigarette refusal were varied and their perceptions complex. Regarding perceptions of refusal, our study registered 11 participants articulating support, 59 expressing negative views, and 95 reporting neutral attitudes. Some of the comments made by those (mostly smokers) with negative attitudes toward refusal are consistent with the literature (e.g., Jiang, 2006; Xu et al., 2013). Moreover, the cigarette-offering agents seemed particularly unhappy about being rejected by people known for smoking and regarded those people as phony. However, the majority of our participants (including agents) did not seem to hold a strong positive or negative view about those who refused cigarettes. Such a widespread neutral attitude toward cigarette refusal calls into question the broadly assumed normative pressure for accepting cigarettes (Hu et al., 2012). The belief of pervasive negative opinions about cigarette refusal may thus be a misconception or at least exaggerated. To gain more confidence in this finding, we plan to conduct a survey with a much larger sample to examine male adolescents' perceptions of cigarette refusal. At this point, we tentatively suggest that

health communicators and educators can first acknowledge adolescents' concerns about the social ramifications of cigarette refusal and then offer a rational, believable rebuttal by providing the information that in fact peers who offer cigarettes do not mind cigarette refusal. Finally, concluding that adolescents' concerns are largely misconceptions, health educators can then encourage adolescents to reject cigarettes without concern and learn to be effective by choosing the appropriate refusal tactics.

Cigarette Refusal Effectiveness

Divergent from the approach to evaluating the effectiveness of substance abuse resistance programs (Caputi & McLellan, in press), our study offers insight on the effectiveness of specific cigarette refusal responses. Of those targets who recalled agents' reactions to their refusal, a majority reported that their refusal was not met with further cigarette offers; only a minority recalled cigarette insistence. This was corroborated by participants who recalled that they quit offering cigarettes when rejected. These findings suggest a possible high response efficacy of cigarette refusal; that is, targets' refusal of offered cigarettes can successfully stop agents from repeating cigarette offers, thereby enabling targets to avoid cigarette intake. Contingent upon further evidence from surveys with larger samples, we believe that informing male adolescents of the general effectiveness of cigarette refusal may be able to further boost their confidence in rejecting cigarettes. Once motivated, adolescents face the next challenge of choosing appropriate and effective refusal tactics in different situations.

Refusal Tactics

Our findings provide in-depth, but preliminary, information regarding the usefulness of the prescriptive drug refusal strategies (e.g., REAL, Kulis et al., 2011) in antismoking contexts in China. Resonating with the "just say no" drug refusal strategy (the R), rejection with little elaboration was the most cited cigarette rejection technique, and some participants

added that rejection with an expressed appreciation or “smile and be firm” worked well. For the E (explanation), our study generated several specific reasons/explanations. Excuses related to believable chronic conditions (e.g., bronchitis, allergy, and asthma) were reported to have prevented peers from offering cigarettes. Excuses related to acute conditions (e.g., sore throat and heartburn) perhaps were temporary fixes, as teenagers using those excuses could be offered cigarettes again in the future. Similarly, other spur-of-the-moment explanations, such as “I just smoked,” probably will not prevent future cigarette offers. Rejection with an excuse of “I don’t know how to smoke” could serve as an unintended invitation to the agent to demonstrate how to smoke and thus may not be effective. Declaring the nonsmoker status consistently, as some participants suggested, is probably the most efficient refusal tactic that can put a stop to future cigarette offers from people who know about their nonsmoking status.

Because the present study focuses on refusal tactics when being offered cigarettes, participants did not mention avoiding (the A) the smoking scene, but two said that they left (the L) the scene. Comparing our findings to drug refusal studies (e.g., Hecht et al., 2003; Kulis et al., 2011), we discovered very few confrontational tactics. Chinese adolescents often resorted to soft, indirect refusal tactics, which included shifting accountability to a third-party (e.g., “parents won’t allow it”), appealing to the student status (e.g., “students are not allowed to smoke”), and resisting stealthily (e.g., taking the cigarette without actually smoking it). Our findings suggested that these tactics probably were bound by the nature of the agent-target relationship and face concerns. For example, participants used rejection with little elaboration mostly when a stranger or someone they did not know well offered cigarettes, whereas they provided different types of elaborations and excuses to agents with different, established relationships (e.g., friends, relatives). Motivated by giving face to the agent, some adolescents chose to accept the cigarette but discard it stealthily.

Limitations and Future Research

The qualitative nature of the current findings offers only descriptive information about cigarette refusal interactions among male teenagers in China. Such findings cannot be generalized to other settings. The frequencies of unique mentions should be treated as additional information to the classified themes and cannot be quantitatively compared. The effective refusal tactics were so labeled because either smoking agents decided not to repeatedly offer cigarettes or targets reported that others did not insist that they smoke. Before being used for training adolescents' cigarette refusal efficacy, the refusal tactics generated in this study must be further tested in future studies regarding whether the tactic is (a) appropriate for a given agent-target relationship and (b) effective in the short term and the long term. To test the effectiveness of refusal tactics, quantitative designs such as experiments must be used.

In conclusion, our qualitative findings tentatively suggest that health educators should enhance Chinese male adolescents' cigarette refusal efficacy via instilling refusal motivation by removing social barriers, increasing confidence by informing adolescents of possible high refusal response efficacy, and training adolescents to choose appropriate and effective refusal tactics. Researchers can test the effectiveness of these three methods via experimental studies prior to implementing them.

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Table 1

A Typology of Cigarette Resistance Tactics by Male Chinese Teenagers

Resistance Tactics	Examples/Explanations
1. Rejection with little elaboration	“No, no.” “No, thank you.”
2. Rejection with expressed appreciation	“No, but thank you for your kindness,” “Your cigarette is so expensive; save it for yourself.”
3. Rejection with declaration of a nonsmoking status	“I am not a smoker.” “I just quit.”
4. Rejection with health-related excuses	
Acute health conditions	“I have a sore throat.” “I am bothered by a cold.”
Chronic conditions	“I suffer from asthma.” “I have tonsillitis. My doctor told me not to smoke.”
Future health consequences	“Don’t force me to smoke. I want to keep my lungs healthy.” “I don’t want to have a child with birth defects.”
Exaggerated physical symptoms	The target coughs hard to convince the agent. The target breathes soundly.
5. Rejection with non-health excuses	
Lack of smoking skills	“I don’t know how to smoke.” “I don’t know how, and I don’t want to learn.”
A negative mood	“I do not feel like smoking.” “I am really not in the mood.”
Intake control	“I just smoked.” “I have used up my cigarette quota for today.”
Dislike for the smell/taste	“The cigarette smell doesn’t agree with me.” “I have bad reactions to the taste.”
6. Rejection with anti-smoking persuasion	“Why don’t you quit smoking? I could hurt your health.” “Don’t smoke anymore. You can live longer.”
7. Rejection by shifting accountability to a third party	“I can’t smoke. The teacher is coming here any minute.” “My girlfriend will smell it.”
8. Rejection by appealing to student status	“We students are not allowed to smoke.”
9. Stealth resistance	The target takes the cigarette and puts it aside (e.g., behind one ear) and throws it away later. The target takes the cigarette and lets it burn. The target finds an excuse and leaves the scene.