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Published in:
Substance Use and Misuse

DOI:
[10.1080/10826084.2016.1264972](https://doi.org/10.1080/10826084.2016.1264972)

Published: 07/06/2017

Document Version:
Peer reviewed version

[Link to publication](#)

Citation for published version (APA):
Sheer, V. C., Mao, C. M., & Chen, R. Y.-R. (2017). Focus Group Findings of Smoking Onset Among Male Youth in China. *Substance Use and Misuse*, 52(7), 866-874. <https://doi.org/10.1080/10826084.2016.1264972>

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Focus Group Findings of Smoking Onset among Male Youth in China

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This study was funded by GRF 248812, University Grants Committee of Hong Kong.

Abstract

Background: Adolescence is associated with smoking initiation among men in China. The lack of qualitative studies using Chinese adolescent samples can pose challenges to enacting effective smoking prevention messages that resonate with male Chinese teenagers' thoughts, needs, and wishes. **Objective:** This focus group study was designed to obtain in-depth contextual information on early smoking among male teenagers in China. **Methods:** Twenty focus groups of 7-10 male students from vocational and junior colleges ($N = 165$) were conducted, approximately half in Shanxi and half in Guangdong. **Results:** A large number of early smoking activities occurred in homes and schools, and teenagers considered school toilets and dorms safe havens for smoking. Many participants' first cigarettes were offered to them by peers, others first smoked during social interactions, and some started smoking of their own volition. Teenagers were curious about the attributes of cigarette products, smoking techniques, and physical reactions. More participants disclosed negative first smoking experiences than positive experiences. Negative first physical experiences motivated some participants to acquire better smoking techniques. Smoking experimentation was sustained in part by reciprocated cigarette offers. Heavy experimentation occurred before graduation from high school. **Conclusions/Importance:** The current findings provide an empirical basis for developing intervention strategies that are alternative or complementary to the current conventional health education. These strategies include cognitive response methods to enhance antismoking beliefs, smoke-free social interaction norms, and school-based (e.g., peer education) and home-based (e.g., involving family members) intervention programs.

Keywords: early smoking, Chinese male teenagers, focus groups, smoking experience

Introduction

China has the largest smoking population in the world and shares a similarity with other countries in smoking being a male-dominant behavior (Li, Hsia, & Yang, 2011; Rich & Xiao, 2012). Previous studies have shown that adolescence is associated with smoking onset among men in China (Gao, Sun, & Wang, 2013; Ji, Sun, & Li, 2013; Wang & Chen, 2013).

Surprisingly, our recent search of multiple social science and health research databases indicated that of the existing qualitative studies on teenage smoking, none examined smoking onset or experimentation among Chinese adolescents. The Chinese setting likely has some context-specific characteristics, and these characteristics can be identified through qualitative studies with open-ended questions. To obtain rich contextual information and in-depth knowledge, we conducted this focus group study with Chinese male teenagers who were at risk of smoking onset. This type of in-depth information can reveal issues not addressed by the existing literature and provide a substantive basis for developing tailored antismoking messages and programs that may differ from China's current (and not as successful) approach, which provides information on health consequences (Huang et al., 2014).

Our literature search focusing on studies with samples from mainland China identified several risk factors (labeled in italics) associated with early smoking. For *demographics*, an overwhelming majority of males smoked their first cigarettes and experimented with smoking in adolescence (Huang et al., 2013; Wang & Chen, 2013). Typically, teenagers younger than 15 years old start experimenting with smoking (e.g., Ji et al., 2013). Furthermore, students in vocational school and junior college seemed more likely than high school students to begin smoking (Ji et al., 2013; Zhu et al., 2008). Regarding *smoking venues*, places associated with schools such as dormitories may be where adolescents first start smoking (Xia et al., 2013). Home is another place where teenagers smoke their first cigarettes (Ji et al., 2013; Jiang, 2013). Recreational places such as karaoke clubs, internet cafés, and liquor bars are

associated with smoking among some teenagers (Lu et al., 2013). Researchers have suggested that there are several *sources of cigarettes* in early smoking. Teenagers obtained their first cigarettes from parents at home (Xia et al., 2013) or from a friend in school settings (Wang et al., 2009), or they likely purchased cigarettes from stores on their own (Ma, Zhu et al., 2013). However, none of these studies have examined deep enough to discover the context in which cigarettes reach teenagers' hands (e.g., the manners or circumstances in which a teenager manages to obtain cigarettes from a particular source). The *people involved* in smoking, a social activity in China, include friends, colleagues, and business contacts (Pan, 2004; Rich & Xiao, 2012). Chinese men smoke tobacco with others in daily routine and in other social interactions such as parties and casual encounters with strangers (Ma, Shive et al., 2013). Friends and peers are often present in adolescents' early smoking incidents (e.g., Barnett et al., 2013; Xia et al., 2013). However, questions remain regarding (a) whether other people (in addition to friends and peers) are also present, and if so, what roles these people play, and (b) whether some teenagers try cigarettes on their own, and if so, why.

The existing research, mostly surveys, has provided label-like reasons/motivations for smoking without further explanations. Although *curiosity* is often ranked as the primary reason why adolescents want to try their first cigarette (e.g., Jiang, 2013; Li et al., 2013), little is known regarding what they are curious about (e.g., the taste or peer reactions) and whether they continue to smoke after their curiosity wanes. Thus, the role of curiosity in the smoking uptake process is considered important but is relatively unknown (Pierce, Distefan, Kaplan, & Gilpin, 2005). *Peer pressure*, which exerts a strong influence on teenagers' smoking attitudes and behaviors (Ukwayi, Eja, & Unwanede, 2012), consists of direct influence (e.g., encouragement and/or direct cigarette offers) and indirect influence (e.g., displaying social acceptance, increasing cigarette availability, and enforcing favorable smoking norms) (Conrad, Flay, & Hill, 1992). Researchers (Chen et al., 2013; Huang et al., 2013; Wan et al.,

2013) have reported that peer smoking is a strong predictor of adolescents' cigarette experimentation in China. Chinese teenagers' susceptibility to peer pressure for smoking can be attributed to their social need to be liked and accepted (Ji et al., 2013; & Jiang, 2013).

Coping with negative emotions has consistently been reported to be a key function of smoking (e.g., Murphy et al., 2003; Schleicher, Harris, Catley, & Nazir, 2009). Negative emotions, such as depression, anxiety (Murphy et al., 2003), regret (Conner, Sandberg, McMillan, & Higgins, 2006), anger (Morris, Zhang, & Bondy, 2006), and stress and boredom (Siqueria, Rolnitzky, & Rickert, 2001), are often associated with smoking experimentation. Additional smoking-related negative emotions include bad moods (Xia et al., 2013), frustration (Jiang, 2013), pressure from studying (Gao et al., 2013), and some generalized negative emotions (e.g., Wang & Chen, 2013). *Projecting an attractive image*, such as being cool, trendy, tough, sociable, sexy, independent, and mature, is also related to smoking uptake (Author, 2009, Chen et al., 2013; Guo et al., 2009; Ji et al., 2013). In addition, we have identified several other less-mentioned motives: imitating others (Jiang, 2013), staying awake/becoming stimulated (Ji et al., 2013), showing off wealth (Tong, 2006), having fun (Song, 2012), and commanding more attention from others (Chen, 2009).

Early smoking experiences play an important role in individuals' later smoking patterns (Kendler, Myers, Damaj, & Chen, 2013). Interestingly, DeLorme, Kreshel, and Reid (2003) found that most smokers' initial physical experiences with tobacco were often negative, but they did not explain how smokers overcame these negative physical experiences. As early as 1985, Friedman, Lichtenstein, and Biglan argued that improving knowledge about smoking onset among young people was critical to developing promising intervention programs.

Research Objectives

To obtain in-depth information regarding smoking initiation, our study aimed to (a) uncover the circumstances in which male teenagers smoke their first cigarettes, (b) gauge the

reasons and motivation for their early smoking behavior, (c) discover how male teenagers describe their physical experiences with initial cigarette smoking, and (d) identify salient issues that might emerge.

Methods

Participants

Based on the recommendations of the Chinese Association on Tobacco Control, we targeted students in vocational schools and junior colleges, which admit mostly junior high school graduates and some senior high school graduates. Students in these schools have a high smoking incidence and fit the demographics of our targeted male youth population. With approval from the research ethics committee at our university, we sent a screening questionnaire to our contacts in Shanxi and Guandong provinces, where we planned to recruit focus group interviewees. The former represented geographic areas in China with a high smoking incidence among men, whereas the latter represented areas with a relatively low smoking incidence.

Our contacts and their assistants distributed a solicitation letter and a screening questionnaire (with items on contact information) to male students at the campuses of the five participating schools in each provincial capital. A total of 646 students, approximately half from each city, completed a screening questionnaire. After screening out those who had never smoked and had never had any contact with cigarettes as well as those who were unwilling to participate, we included students who had smoked, had some contact with cigarettes, or had engaged in smoking interactions (e.g., being offered cigarettes) to reach a pool of 400 students for later focus group interviews. We followed the focus group interview guidelines published by the Centers for Disease Control and Prevention (2008) and randomly selected 20 groups of 7-10 male students from the pool of participants. Ten focus groups were conducted in school conference rooms in Shanxi ($n = 87$), and 10 were conducted in

Guangdong. ($n = 78$), resulting in a total sample of 165. See Table 1 for the sample characteristics.

– Insert Table 1 –

Interview Questionnaire and Procedures

Guided by our research objectives, we reviewed the literature including survey questionnaires related to teenage smoking and identified areas in need of in-depth information. After pilot-testing and subsequent improvements, the final interview protocol (in Chinese) consisted of three themes: (1) smoking onset, (2) cigarette giving/passing occasions, appeals, methods, and meanings, and (3) smoking resistance occasions, strategies, and barriers. The present report includes data on smoking onset. Four main questions asked about how participants were first directly exposed to cigarette smoking (i.e., How did you come into contact with a cigarette for the first time? How would you describe the occasion when you first smoked? How would you describe your experience when you smoked your first cigarettes? Why did you smoke the cigarettes?). Explanations, further probes, and contingency questions were provided for each main question.

To maintain consistency, one moderator in her early 20s was trained to conduct all of the focus group interviews in Mandarin at each participating vocational school or junior college. Prior to group interviews, all participants were read an informed consent and completed a short survey that recorded their demographics and smoking status-related information (see Table 1). Each participant was assigned a code name (1 through 10) that the moderator would state (e.g., “Your turn, Number 6.”) to mark participant responses on the audiotape. The focus group interviews lasted 70-90 minutes each. Each participant was paid 120 RMB (approximately 19 USD) immediately after the group session ended.

Coding

All interviews were transcribed verbatim in Chinese with timing markers for later

retrieval. The responses to all main questions and follow-up probes were included as the data corpus for the present study focusing on smoking onset. We followed Saldana's (2013) guidelines to code the data. Our data from the semi-structured interviews with multiple participants specifically warranted structural coding, which required a coding scheme. To develop this scheme, the first researcher conducted a thematic analysis by carefully reading the data, writing analytic memos, listening to the digital recordings for necessary clarifications, considering the reviewed literature, and applying previous knowledge and experiences. She identified main themes in accordance with the research purposes and the categories that logically followed those themes. She repeatedly read the data, made revisions and changes, and then constructed a hierarchical coding scheme. Many codes harmonized with the existing literature, while others emerged from the analytical memos.

The data were entered into the MAXQDA (a qualitative analysis software) system. The first and second researchers independently coded the data using the coding scheme. Each researcher wrote individual analytical memos, particularly for text that did not appear to fit a code or seemed ambiguous. The initial round of coding yielded a 90% inter-coder agreement. Disagreements resulting from clerical errors or misunderstandings were corrected based on the transcripts. Disagreements due to nuances in labels were resolved by adopting a more inclusive label. For example, "feeling lonely," which was originally coded as "companionship motive," was recoded as "coping with negative emotions." In the end, 100% inter-coder agreement was achieved for the first round of coding. The coding scheme appeared largely stable. The same techniques were used in the second round of coding for subcodes. In addition, we used MAXQDA's basic statistical capacity to compute the frequencies of unique mentions by individual participants (i.e., number of participants who responded). For example, if a participant stated the same reason for smoking onset twice at two different times, this reason counted only once; if a participant mentioned two different reasons, each

reason was included. We also used a procedure in MAXQDA to track for possible differences in patterns (e.g., physical experiences) between smokers and nonsmokers. The coded responses were then tabulated and analyzed.

Results

As there were few differences in the themes and subthemes in the answers from the Guangdong and Shaanxi samples, we report the frequency of mentions (i.e., the number of participants who responded) for the total sample, where appropriate. These frequencies serve as additional information to the classified categories. The strengths of these categories and the relationships between them must be examined via quantitative studies.

First Smoking Occasions

In describing their first smoking occasions, participants referred mainly to a few or all of these five elements: timing, people involved, venue, cigarette source, and social functions of the occasion.

Timing. Participants reported that their first smoking experience occurred in primary/elementary school ($n = 26$) (e.g., “I was in fourth grade when I had my first cigarette”), in the ages equivalent to junior high school ($n = 44$) and senior high school ($n = 20$), or other ($n = 12$) (e.g., as a toddler or after high school graduation).

People involved. The most frequently mentioned people were schoolmates ($n = 29$) and friends ($n = 29$); the former included classmates, students in lower or higher grades, and dorm-mates, and although often unspecified, the latter appeared to be peers of similar ages who were also sometimes schoolmates. Persons were coded as a “schoolmate” when they were explicitly mentioned as being in the same school as the interviewee. Five respondents mentioned family members and relatives (parents, brothers, cousins), and twelve mentioned others (e.g., father’s friends and strangers) as the people who offered them cigarettes. Twelve participants said that they had smoked alone, with no one else around.

Venue. Participants reported smoking their first cigarette in private places ($n = 14$) (e.g., home, when smoking alone), semi-private venues ($n = 9$) (e.g., dorm rooms and hallways), inconspicuous public locations ($n = 20$) (i.e., places accessible to the public but not easily noticeable such as school toilets, behind a classroom building, and bicycle parking shelters), and conspicuous public sites ($n = 30$) (e.g., bars, internet cafes, hotel lobbies, restaurants, during outings, on the way home, public parks, outdoor basketball courts, and outside of their home). Of all these mentioned venues ($n = 73$), 49.3% were associated with school, and 28.8% were associated with home. For example, one interviewee recounted, “My older brother smokes. I tried my first cigarette with him on the balcony (at home).” Another said, “After school, me and my friends would hide in the bushes behind the classroom building and smoke together.”

Cigarette source. Participants ($n = 65$) reported receiving their first cigarettes from others. Specifically, 75.4% said that schoolmates or other peers/friends offered them cigarettes, 7.7% asked peers for cigarettes (e.g., “I saw them smoking there and thought it was fun. I asked for one.”), and 16.9% received their first cigarettes from family members or relatives (e.g., “Grandpa gave me the cigarette.”). Twenty-two smoked their first cigarette on their own (e.g., “I was curious . . . I took a cigarette from my Dad without him noticing and smoked it when I was alone at home.”).

Social functions. We identified four main social functions, which appeared to be associated with the venue. *Routine interaction*, the most frequently mentioned social function ($n = 54$), often occurred at school ($n = 40$) or home ($n = 12$) and sometimes in internet cafes ($n = 2$). On campus, friends gathered in toilets or dorms, which were their favorite places to share cigarettes. Schoolmates offered cigarettes in classrooms when others were gone and on the way to and from school. Another central venue for routine interaction was home, where several interviewees had their first smoking experience – often involving a family member

(brother, father, or grandfather) providing a cigarette during his own smoking routine.

Internet cafes, which were frequented by some interviewees, were considered a “safe” place to share cigarettes. The social function of *casual fun time* ($n = 20$), i.e., having fun with peers without doing anything in specific, was associated with places designed for recreation, “after playing basketball,” “outside a park,” “in the woods in a park,” and “at a playground outside home.” *Ad hoc interactions* ($n = 12$) included “summer job breaks,” “outing in the suburb,” “encounters with Dad’s friend,” and “visiting a warehouse owned by a friend’s family.” *Special occasions* ($n = 7$), such as birthday parties, Chinese New Year gatherings, class reunions, luncheons, and ceremonial dinners, could also trigger cigarette offers.

Typical occasions illustrated. We selected two quotes that described the typical risky occasions in which male teenagers were vulnerable to being influenced. An ex-smoker, who quit smoking over the costs, recounted his first encounter with smoking in a toilet:

As I was graduating from elementary school, I experimented with smoking. I think I liked the smell . . . At that time the only place we could smoke was the toilets at school. Someone would bring at least half a pack so we could pass the cigarettes to our buddies . . . they would ask for cigarettes anyway . . .

One participant told of his first smoking encounter at a bar:

I smoked my first cigarette in a bar. My friends took me there. There were about 40-50 people, men and women . . . most of them were smoking . . . we were just drinking . . . Someone I didn’t know handed me a cigarette, which I took and put on my ear. I was going to just drink, but that guy turned on his lighter for me, and at that point, I had to smoke the cigarette.

Reasons for Smoking First Cigarettes

The *most* frequently mentioned reason ($n = 36$) pertained to social interaction-related motives, which were further classified into three categories: beginning and maintaining

friendship ($n = 12$) (e.g., “Need to be friendly to new friends” and “We are friends, I won’t turn him down.”), giving face ($n = 7$) (e.g., “This dude offered me cigarettes a few times already. I felt I needed to help him save face.”), and conforming to social norms ($n = 17$) (e.g., “. . . mainly because everybody was smoking . . . if you don’t smoke, you’d be showing that you are special. So I smoked what they gave me.”). The *second* most mentioned reason was curiosity ($n = 25$). The participants were curious about the taste of cigarettes, the taste of “this expensive brand,” “the uplifting feeling” described by friends,” “whether I could also make smoke rings,” “how it felt to exhale smoke through my nose,” and “what the smoking process was like” or otherwise unspecified general interest in smoking.

The *third* most cited reason was social image ($n = 14$) (e.g., to be “cool,” “rebellious,” or “a man” and to look “smart,” “trendy,” or “like a tough guy”). The *fourth* most quoted motive was entertainment ($n = 9$) (e.g., to “have fun” or “add fun to our good times”). The *fifth* most named reason was family influence ($n = 8$). In general, the interviewees were either offered their first cigarette or took the initiative to ask for a cigarette from a family member (father, grandparent, or uncle). They saw little wrong with smoking and took the consequences of smoking lightly. One participant joked, “My grandfather smokes, my dad smokes, and it’s my obligation to carry on the family torch.” The *sixth* most reported reason was satisfying utilitarian needs ($n = 7$). Typically, the interviewees decided to smoke to mask the odor in the toilet. One recounted, “It was so stinky in there. My buddy passed a cigarette to me, and I took it. (The cigarette) wasn’t bad, to be honest. I wasn’t knocked out, but I was dizzy and didn’t feel the stink . . . I felt alright.” The *seventh* reason was coping with negative emotions, such as frustration, loneliness, sadness, anger, and depression ($n = 6$).

In addition, we identified three less-mentioned reasons. Pastimes appeared to be a reason for smoking experimentation among those who had nothing better to do. Situational opportunities (e.g., “when the teacher was not watching us closely”) became a conduit for

smoking first cigarettes. Cutting losses was the most unexpected reason offered by two people who initially did not like to smoke (e.g., “A lot of secondhand smoke in there, I’d be harmed anyway . . . might as well join them . . . can’t hurt me any worse.”).

Early Physical Experiences with Smoking

Early smoking experiences refer to the participants’ physical reactions and responses to smoking their first cigarettes. Nine reported positive reactions, which they described as “nice smell,” “wonderful taste,” “happy dizziness,” and “feeling high like a heavenly king.” Twelve depicted neutral experiences, such as “dizzy but did not faint,” “no strong reaction,” “same cigarette smell I had smelled secondhand before,” and “could not tell, as I did not inhale.”

Twenty-four disclosed negative, uncomfortable experiences, with more detailed accounts than those who provided positive or neutral experiences. The most complained about symptoms were concurrent nasal irritation and coughing, followed by bad taste, teary eyes, runny nose, dizziness, nausea, and thirst. Some attributed their bad experience to not knowing how to smoke properly (“ . . . didn’t know how to inhale. I swallowed it and the smoke went directly into my stomach. . .”). One interviewee, who now smoked about only one cigarette a week, shared this first experience:

I really did not like the cigarette smell, so I felt irritated when I smoked my first one on Chinese New Year’s Day. (Because many people were around) I held the smoke in my mouth and tried to suppress the urge to cough . . . the taste was bitter. Then, I spit it out away from people and spit more to feel better. I wanted to cry. . .

A heavy smoker recollected his “awful” experience vividly:

My first smoking gave me a near-death experience. It was terrible. I smoked the entire cigarette hard, but I did not know whether it went to my lungs. I used my nose to breath in the smoke . . . my heart was racing and my blood boiling . . . I went to sleep in my

dorm bed, feeling terrified that I might die. However, after half an hour, I was fine. . .

Somehow I became drawn toward smoking.

Tracking smoking status in MAXQDA indicated that 87.5% of the positive experiencers, 100% of the neutral experiencers, and 87.5% of the negative experiencers were smokers, suggesting that valence of the first smoking experience had little to do with later smoking habits. It is possible that nonsmokers never smoked and that those who tried a cigarette were motivated to smoke anyway, regardless of how good or bad their experiences were; alternatively, perhaps those who continued to smoke were rewarded socially such as by peers' acceptance.

Eleven participants voluntarily disclosed their subsequent smoking experiences. Two, one with a negative first experience and another with a positive experience, reported negative second experiences ("coughing up bloody sputum" and "developing a throat inflammation") and never tried smoking again. Nine who reported positive second experiences were smokers; five of them had a positive first experience, and four had a bad first experience but learned smoking skills, particularly inhalation-related breathing techniques, and did not again experience the bad reactions that occurred the first time. These findings suggest that having a second positive experience was perhaps more important than a first smoking experience in leading to regular smoking, and consecutive negative experiences were possibly the reason that some interviewees did not become smokers.

Smoking Experimentation

Interviewees gave additional responses that pertained to smoking experimentation behaviors. From their responses, we identified several patterns. First, teenagers evolved from mainly social smoking to social and lone smoking. Quite often, the interviewees had initially smoked cigarettes offered in social occasions, and then they had "gotten used to the taste" and smoked on their own when alone. Second, teenagers began to offer cigarettes to others.

To return the favor, those who smoked others' cigarettes bought packages and passed their cigarettes to peers. Third, those who enjoyed smoking reported a gradual increase in cigarette intake. Fourth, teenagers progressed from occasional smoking to more frequent smoking. Some interviewees claimed that they were not addicted to smoking and smoked only in very few situations (e.g., when offered cigarettes), but they smoked more often later. Fifth, teenagers were engaged in venue-conditioned smoking. Internet cafés and public toilets appeared to prompt some participants to smoke. Finally, teenagers reported heavy experimentation before high school graduation (or the equivalent). A few interviewees could not pinpoint their first smoking encounter, but they recalled that they had intensified their experimentation with cigarettes in the last few months of high school because “teachers really did not watch us that closely” and they “would be grownups soon.”

Discussion

Our qualitative study uncovered some in-depth information not described in existing survey research. In addition to known early smoking venues such as dorms (e.g., Xia et al., 2013) and recreational places (Lu et al., 2013), we discovered a few new sites that were associated with school. Specifically, interviewees favored campus toilets for smoking to cover the unpleasant odor and to share cigarettes outside of teachers' watchful eyes. Occurring in toilets, behind buildings, and in classrooms (when others were gone), smoking on student campuses appeared to be more prevalent than indicated in the literature. Consistent with previous research, home was found to be a risky venue for early smoking, where male adolescents smoked their first cigarettes in the bathroom and bedroom and on the balcony. For early smoking occasions, we found that in addition to the frequently mentioned presence of friends and peers (e.g., Barnet et al., 2013; Xia et al., 2013), some parents and relatives offered teenagers cigarettes at home or family gatherings.

The previous literature has identified curiosity as a general, strong motive for cigarette experimentation but has not defined the specific curiosities (e.g., Li et al., 2013). Our focus group interviews revealed that male teenagers were curious about the attributes of the cigarettes (brand and taste), the process of smoking (how to inhale and make smoke rings), and physical reactions to smoking. Teenagers driven by curiosity tended to seek out cigarettes on their own without needing cigarette offers. The most surprising reason, however, stemmed from the belief that not smoking would not reduce the participants' health risks due to the pervasive presence of secondhand smoke. This belief caused teenagers to start smoking to "cut losses." Researchers must think of new ways to correct this belief.

Parents and peers have been considered to be the primary social influences in teenage smoking (e.g., Xia et al., 2013, Wang, et al., 2009). We discovered that in addition, siblings, relatives, family friends, and even strangers provided cigarettes to teenagers. Smoking appeared to be a facilitator of social interactions on various occasions (e.g., going to school together, parties, outings, playing basketball, and in the streets). The scope of social smoking discovered here appears to be much greater than that reported in previous surveys.

Previous studies reported that teenagers continued to smoke despite having initial negative physical experiences, but they did not offer explanations for this finding (see Scollo & Winstanley, 2016). Our study revealed that most of those who had negative first experiences seemed motivated to practice inhaling properly and eventually achieved a "positive feel." Thus, a negative first physical experience may have deterred tobacco-averse teenagers from further experimenting with smoking, but it dangerously served as a stronger motivation for tobacco-desiring teenagers to perfect their smoking techniques, which can lead to smoking addiction.

Our qualitative findings provided information needed to develop new antismoking intervention strategies that are alternative or complementary to the current approaches, which

focus on health information dissemination and education (Chinese Association on Tobacco Control, 2016). First, the broad use of cigarettes to facilitate social interactions (e.g., family gatherings, parties, and eating out at restaurants with friends) suggests that messages depicting smoke-free norms in various social situations might be cost-effective. For example, PSAs can be designed to portray joyful, normative social interactions without cigarettes and awkward interactions in the presence of cigarettes.

Second, to target smoking-inducing cognitions such as the “cutting losses” belief, we suggest using a cognitive response approach that refutes these beliefs through self-persuasion. For example, teenagers with this belief can be asked to generate elaborate cognitive responses that argue against “cutting losses” (i.e., self-persuasion) by writing graded essays. A cognitive response approach also can be used to guide teenagers in interpreting their first negative smoking experience in ways that decrease motivation for further smoking.

Third, early smoking on campus was found to be more pervasive than the literature indicates. Although most schools in China already have a smoking ban among students, the enforcement of that ban appears to be lackadaisical (as reflected in our participants’ accounts of smoking activities on campus). Schools must design ways to monitor risky venues on campus such as public toilets, dorms, and education buildings. Coupled with an improvement in sanitary conditions, the installation of smoke detectors in toilets and dorms might offer a deterrent or solution. As early smoking on campus largely results from cigarettes provided by schoolmates, developing peer education programs, which are currently lacking, could potentially be quite promising.

Fourth, in addition to school, homes appeared to be another location of frequent early smoking incidence. Home-based programs, which are uncommon in China, can likely be initiated from schools due to Chinese parents’ respect for educational institutes and the accessibility from schools to the homes of at-risk teenagers. Parents, guardians, and even

siblings can be invited to ensure homes remain a smoke-free environment. By asking parents to serve as role models and monitor their children's possible early smoking behaviors, nonsmoking parents will likely strengthen their negative attitudes toward smoking, and hopefully smoking parents will develop antismoking attitudes and reduce or quit smoking themselves.

Fifth, our findings pose challenges to effective interventions. A major challenge arises from curiosity-related smoking. As curiosity is innate to human nature, persuading teenagers to never try cigarettes is likely a difficult task. The information obtained regarding teenagers' specific curiosities provides an evidence base for researchers to develop programs and websites that explain smoking experiences, thereby decreasing their motivation to smoke. Researchers can also conduct studies focusing on realistic, effective interventions that tolerate initial cigarette-tasting and prevent further experimentation.

In summary, the situational elements, dynamics of cigarette experimentation, and vivid descriptions of early smoking occasions potentially provide a foundation for developing antismoking intervention materials that resonate with the target teenage population.

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Table 1

Sample Characteristics (N=165)

	<i>n</i>	<i>%</i>
Age : (<i>M</i> =17.82, <i>SD</i> =1.63, <i>Min</i> = 15, <i>Max</i> = 21)		
Age for smoking the first cigarette (<i>M</i> =14.65, <i>SD</i> =2.64)		
Smoking Status		
Daily Smoker (I smoke every day)	41	24.8
Regular Smoker (I smoke several times a week, but not every day)	24	14.5
Occasional Smoker (I smoke occasionally)	32	19.4
Mostly Nonsmoker (Tried several times before, but I don't smoke now)	38	23
Never Smoker (I have never smoked)	30	18.2
Parents' Smoking Status (<i>N</i> =165)		
Neither smoking	45	27.3
Father smoking	116	70.3
Mother smoking	0	0
Both smoking	2	1.2
Unsure	2	1.2
Mother's Education		
Primary school or lower	35	21.2
Junior high	55	33.3
Senior high	35	21.2
Trade school	11	6.7
Junior college	18	10.9
College	7	4.2
Unsure	4	2.4
Father's Education		
Primary school or lower	28	17
Junior high	53	32.1
Senior high	47	28.5
Trade school	6	3.6
Junior college	15	9.1
College	10	6.1
Graduate school or higher	1	0.6
Unsure	5	3
Family Monthly Income (RMB)		
<2,000	14	8.5
2,000-4,999	59	35.8
5,000-9,999	41	24.8
10,000-49,999	12	7.3
50,000	5	3
Unsure	34	20.6