

Study On the Ideological and Political Construction of College Courses from the Content of Tobacco Control Education

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Objectives: Using the theory of health education to guide students in efficient schools to carry out tobacco control intervention, and to study students' understanding of smoking, a behavior harmful to health. At the same time, it also studies the transformation from students' belief (attitude) to behavior. From this, through the content of tobacco control education, this paper studies the methods of Ideological and political construction in Colleges and universities. **Methods:** Through literature search, the research on tobacco control intervention at home and abroad was queried. The 18-20-year-old students of different majors in two meritorious universities a and B were given questionnaires by special personnel, and the questionnaires were filled in anonymously. After collecting the questionnaires, reject the unqualified questionnaires and sort out all the qualified questionnaires. EpiData was used to establish the database of the questionnaire, and SPSS was used for statistical analysis. According to the nature of the data, general descriptive analysis was used to explore the changes of various factors before and after the intervention of tobacco control health education. **Results:** In terms of smoking control attitude, 59.6% of smoking students did not want to quit smoking, and 85.1% of smoking students felt that smoking was conducive to social interaction. After the intervention of health education, the participation rate of students in tobacco control activities increased from 29.2% to 95.2%. The smoking rate decreased from 12.5% to 6.1%. More than 80% of smoking students have the desire to quit smoking. **Conclusion:** After making full use of the comprehensive health education method of the combination of new media and traditional intervention measures, students' mastery of the health theory of tobacco control has changed significantly. The attitude towards tobacco control is becoming more and more positive, and the smoking rate is much lower than that before the intervention. The research results can be used in the construction of Ideological and political education.

Key words: smoking rate, tobacco control education, ideological and political education, ideological construction.

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In 2011, the World Health Organization global tobacco epidemic pointed out that tobacco use is the leading cause of preventable death in the world¹. Every year, it causes nearly 6 million deaths

worldwide and hundreds of billions of yuan in economic losses. If the current trend continues, by 2030, tobacco will cause more than 8 million deaths worldwide every year, of which 80% of premature

deaths will occur in low-income and middle-income countries²⁻³. Tobacco harm has become one of the most serious public health problems in the world. As the world's largest tobacco consumer, China has a severe tobacco epidemic situation, with more than 300 million men smoking and more than 1 million people caused by smoking related diseases every year⁴. Tobacco waste contains more than 7000 kinds of toxic chemicals that will be toxic to the environment, including human carcinogens. Tobacco smoke emission will produce thousands of tons of human carcinogens, toxic substances and greenhouse gases, which will pollute the environment⁵⁻⁶. According to measurement, tobacco waste is the largest waste type in the world, and tobacco causes 16% of the total deaths from non communicable diseases.

In 2005, the Framework Convention on Tobacco Control came into effect, which was the first legally binding international public health treaty (referred to as the Convention) concluded under the auspices of the World Health Organization⁷. The Convention mainly controls tobacco from two aspects: reducing the supply of tobacco products and restraining the demand for tobacco products. It mainly protects two kinds of rights, namely, the right of smokers to know the harm of tobacco (right to know) and the right of non-smokers not to be harmed by secondhand smoke (that is, to avoid passive smoking)⁸. The Framework Convention on Tobacco Control came into effect in China in 2006⁹⁻¹⁰. After the Convention came into force, the Ministry of health and the State Administration for Industry and Commerce jointly issued the implementation measures for the identification of national smoke-free advertising cities¹¹. In 2009, the decision on the comprehensive prohibition of smoking in the national medical and health system from 2011 was issued. In 2010, the general office of the Ministry of education and the general office of the Ministry of

Health jointly issued the opinions on Further Strengthening tobacco control in schools. On June 1, 2015, the Beijing smoking control regulations, known as the "most stringent smoking control regulations in history", was revised and officially implemented¹². On May 30, 2016, "international tobacco control and legislation Summit Forum" was held in Beijing International Convention Center¹³. Focusing on the experience and lessons of China and other regions in the process of tobacco control law enforcement, this forum summarizes Beijing's tobacco control experience, focuses on tobacco control legislation, and then discusses the domestic and international experience of national tobacco control legislation, from urban smoke-free to national smoke-free, and then to world smoke-free¹⁴.

METHODS

Research object

The North District of AB International Education Park selected 18-20-year-old university students from two universities (AB Medical Science and technology school and AB Technician College). A total of 383 students were investigated, the actual effective number was 379, and the response rate was 99.0%.

Research content

Before the intervention, the knowledge, attitude and behavior of smoking control of sampled students were investigated and analyzed to explore the current situation of smoking and smoking control of university students. Then, a variety of new media methods were used for tobacco control intervention to analyze the change degree of students' knowledge, belief and behavior after the intervention. To summarize and explore reasonable means of tobacco control, so as to provide basis for strengthening effective tobacco control intervention for university students in the future¹⁵.

Research methods

Random cluster sampling was used. Students were randomly selected from

different professional classes. Taking the questionnaire uniformly designed by the China public health tobacco control capacity building project team as a reference, the questionnaire for tobacco control of university students was formulated by ourselves, investigators were trained uniformly, anonymous questionnaires were conducted on students, and the questionnaires were collected on the spot. Questionnaire survey was conducted before the start of the project, during and after the intervention. The survey contents mainly include: the basic information of the respondents, the basic situation of smoking, the understanding of the harm of smoking, the attitude towards learning and implementing tobacco control, and their own enthusiasm for tobacco control.

Statistical analysis: reject the unqualified questionnaires, collect and sort out the qualified questionnaires, establish a database for the questionnaires with EpiData, and test the consistency and reliability. SPSS 19.0 was used for statistical analysis. According to the nature of the data, general descriptive analysis, χ^2 test and other statistical methods were used to explore the changes of various factors before and after the intervention of tobacco control health education.

Intervention strategy: with the active cooperation of teachers and students in the two schools, the respondents were formed into a wechat group; Students install the cloud learning app on the mobile terminal and enter a resource library of tobacco control health education; And promote tobacco control official account. The learning of smoking control health knowledge in the resource base is basically once a week, and students can get corresponding points after learning. In this way, we can monitor the learning situation and activity participation of university students in the background. And through

the teacher's supervision and learning, so as to improve the scope and depth of the implementation of tobacco control health education. A mid-term survey will be conducted after three months of tobacco control education. Through the results of the mid-term survey, the content and frequency of tobacco control education will be adjusted to ensure the direction of the third survey.

Quality control: the selected students are all students in school, with controllable quantity and authenticity. The investigators are class teachers with good educational background and health knowledge. After corresponding training, they can guide students to fill in the questionnaire to avoid missing and wrong answers. During the intervention period, in addition to the monthly class meeting, students can use fragmented time in wechat group and QQ group to digest all kinds of tobacco control knowledge, news, etc. Once a week, sign in at the blue ink cloud class to watch videos or learn. After learning, do various exercises to obtain experience values and make the intervention controllable.

RESULTS

Smoking and smoking control of students in AB university

Among the 379 students in six majors, 47 smoked, with a smoking rate of 12.4%, of which 15.4% were boys and 7.2% were girls. $P < 0.05$, boys were higher than girls, the difference was statistically significant (see Table 1), and there was no significant difference in smoking rate among students of different majors (Table 2). 57.5% of the university students had less than ten male smoking friends, and 58.6% of the university students had less than ten female smoking friends; 23.2% of university students had smoking male friends of "ten to twenty" and 4.2% of university students had smoking female friends of "ten to twenty".

Table 1

Smoking Status Of Male And Female
Students In Sampled universities (N = 379)

Gender	Number of smokers	Number of non-smokers	Smoking rate	χ^2	P
Male	37	203	15.40%	5.056	0.016
Female	10	129	7.20%		

Table 2

Comparison Of Smoking Status Among university Students Of Different Majors

Major	Number of smokers	Number of non-smokers	Smoking rate	χ^2	P
Pharmaceutical preparations	21	113	15.7		
Pharmaceutical logistics	11	36	23.4		
Electrical automation	7	82	7.9	10.84	0.05
Equipment installation and maintenance	2	28	6.7	8	4
Mechatronics	3	39	7.1		
Refrigeration	3	34	8.1		

The sampled students knew that smoking was harmful to health, and that smoking was harmful to the cardiovascular system. Only 26.6% of the students knew that smoking was easy to induce cancer, 22.7% of the students did not know that smoking was harmful to sperm quality, and 41.4% of the students understood that smoking was an addictive behavior. 67% of the students knew about the regulations on smoking in public places, and

36.4% of the students knew about the Framework Convention on tobacco control. Male and female students of different genders have different attitudes towards "smoking is harmful to cardiovascular and respiratory system" "Smoking affects sperm quality" "The cognition of "smoking addiction" was not statistically significant, and the cognition of smoking induced cancer in girls was higher than that in boys (see Table 3).

Table 3

Awareness Of Smoking Harmful To
Health Among university Students

Problem	Correct number	Accuracy (%)
Know that smoking is harmful to health	379	100
I know that the state has the regulations on smoking in public places	254	67
Know the Framework Convention on tobacco control	138	36.4
Relationship between smoking and lung cancer	86	22.7

Harm of smoking to cardiovascular and respiratory system	101	26.6
Electronic cigarette is harmless to human body	44	11.6
Harmful components in tobacco	72	19
Know that nicotine and other substances affect sperm quality	12	3.2
Smoking is an addictive behavior	157	41.4

Among the 379 university students surveyed, in terms of attitude and behavior towards tobacco control, "quitting smoking is conducive to learning", "participated in tobacco control activities within one month", "advised others to quit smoking within one month", "included non-smoking in mate selection conditions", there is no statistical significance between smoking and non-smoking students, and there is no significant

difference in attitude and behavior between them". Schools should carry out tobacco control activities ", quitting smoking is conducive to future social networking ", no smoking for work or social needs ", no smoking in public places "and" willing to participate in tobacco control health education ". There are significant differences between smoking groups and non-smoking groups. The mental health comparison is shown in Figure 1.

Table 4

Attitudes And Behaviors Of Different Students Towards Tobacco Control

Project	Smoking n = 47	Non smoking n = 332	χ^2	P
Schools should carry out tobacco control activities	26	302	44.918	0.000
Quitting smoking is conducive to future study	41	288	0.005	0.942
Quitting smoking is good for future social life	7	213	56.065	0.000
Participated in tobacco control activities within one month	14	97	0.006	0.936
Advised others to quit smoking within a month	0	24	3.627	0.113
Inclusion of non-smoking in mate selection	18	157	1.339	0.247
Willing to participate in tobacco control health education	42	317	7.487	0.006
No smoking for work or social needs	1	209	59.211	0.000
Smoking is not allowed in public places	18	219	13.45	0.000

Changes of university students' knowledge, belief and practice of tobacco control after tobacco control health education

There were 379 university students surveyed before intervention, and 378 after intervention. Before and after the

intervention, the university students had no significant difference in gender, profession and basic information before intervention ($P>0.05$).

After comprehensive measures to enhance tobacco control education, university students have significantly increased in "harmful to

cardiovascular and respiratory system", "smoking is an addictive behavior", "relationship between smoking and cancer", "nicotine affects sperm quality", "harmful components in tobacco" and "e-cigarette is harmless to human body". Students' awareness of tobacco hazards is higher than that before intervention.

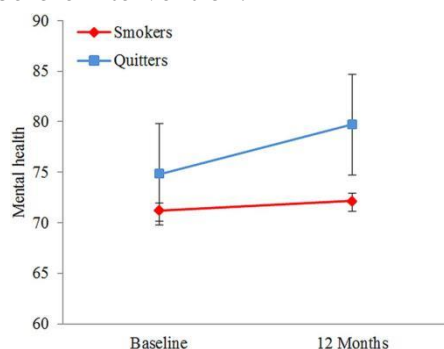


Figure 1 The mental health comparison

After health education and tobacco control intervention, the "recent participation in

tobacco control activities" of university students increased from 111 (29.2%) to 360 (95.2%)“ 37 (9.7%) had recently advised others to quit smoking, 159 before the intervention and 243 after the intervention. After the intervention, 62.4% of university students chose "future spouse does not smoke", 89.7% chose "no smoking in public places", 87.6% thought "quitting smoking is conducive to future learning", and 54.2% thought quitting smoking is conducive to social interaction. Before and after the intervention of tobacco control education, there were significant improvements in "recently participated in tobacco control activities", "hope that the work and learning environment will be smoke-free", "future spouses will not smoke", "no smoking in public places", and the difference was statistically significant.

Table 5

Smoking Control Attitude Of university Students After Intervention

Project	Before intervention n = 379		After intervention n = 378		x ²	P
	Yes	No	Yes	No		
Recently participated in tobacco control activities	111(29.2)	268	360(95.2)	18	350.168	0.000
Recently advised others to quit smoking	24(6.3)	355	37(9.7)	341	3.051	0.081
I hope the working and learning environment is smoke-free	159(42.0)	220	243(64.3)	135	37.903	0.000
Future spouse does not smoke	175(46.2)	204	236(62.4)	142	20.162	0.000
Smoking is not allowed in public places	237(62.5)	142	339(89.7)	39	76.675	0.000
Quitting smoking is conducive to future study	329(86.8)	50	331(87.6)	47	0.098	0.755
Quitting smoking is good for future social life	220(58.0)	159	205(54.2)	173	1.118	0.290

DISCUSSION

Analysis of Smoking Control Health Education for university Students

A large number of medical studies have confirmed that tobacco is not only one of the important factors endangering people's health, but also an important public health

problem all over the world. In recent years, Chinese smokers have shown a younger development trend. A survey shows that the smoking rate of college students in higher vocational colleges is about 20% - 30%. In this survey, the smoking rate of students in two universities in the north area of AB International Education Park is 12.5%, of which the smoking rate of boys is 15.4 and that of girls is 7.2%. Boys are more than girls. From the perspective of university students' knowledge of the health hazards of smoking, students all know that smoking is harmful to health, but they do not have much knowledge of the specific health hazards of smoking before intervention. In the future, for the specific knowledge of tobacco control health education, we must strengthen the intensity and frequency of publicity and education. The learning pressure of university students is relatively small, and they feel lonely and empty in the dormitory, so the utilization rate of mobile phones is very high. Through mobile wechat, cloud app and other means, they can use their fragmented time to strengthen the strength and frequency of tobacco control health education.

From the analysis of the attitude and behavior of university students towards tobacco control before the intervention, only 29.2% of them "recently participated in tobacco control activities", 42% of the students said they "hope that the working and learning environment will be smoke-free", and 46.2% of the students chose "their spouse will not smoke in the future". More than 60% in "no smoking in public places" and "quitting smoking is conducive to learning". Smoking and non-smoking students' attitudes towards tobacco control in the aspects of "schools should carry out tobacco control measures", "quitting smoking is conducive to future social networking", "no smoking for work or social needs", "no smoking in public places" and "willing to participate in tobacco control publicity", the smoking control attitude of non-smoking students is

significantly stronger than that of smoking students.

Effect Evaluation of Health Education on Tobacco Control Among university Students

The main measure of this health education is to use the theme class meeting, publicity and education and the cloud platform on the mobile phone of the new media network to carry out tobacco control knowledge education under the premise of active cooperation of the school. After each publicity and education assignment task activity is signed in and scored. university students' knowledge, belief and practice of tobacco control have been improved.

After the intervention, the number of students participating in tobacco control activities increased significantly, from 29.2% to 95.2%. 86.2% of the students felt that "quitting smoking is conducive to future learning"" Hope that spouses do not smoke "," no smoking in public places "and" hope that work and study environment is smoke-free "have been significantly improved after the tobacco control intervention. However, there is no significant difference in "quitting smoking is conducive to future social interaction" before and after the intervention. Most students feel that smoking can improve interpersonal relationship and social interaction under the influence of social atmosphere. Under the pressure of face and sociality, smoking is the most difficult to refuse, so when trying for the first time, more teenagers accept cigarettes rather than refuse them. In terms of the attitude of "recently admonishing others to quit smoking", there was no significant change before and after tobacco control education, and only less than 9% of people had recently admonished others to quit smoking. Therefore, moral education and psychological counseling can also be added to the health education measures of tobacco control, so as to increase the self willpower and social responsibility of

university students. The smoking behavior of university students decreased, and the smoking rate decreased from 12.5% to 6.1%. More than 80% of smoking students have the desire to quit smoking.

Countermeasures and Suggestions

Most university students are accommodation students, and the campus is their second home. The campus environment directly affects students' life, study, entertainment and growth. The construction of smoke-free campus can be conducive to the physical and mental development of students. Advocating the construction of smoke-free campus requires the school to make full use of resources to carry out rich and colorful tobacco control activities and the active participation of class organizations. Improve everyone's enthusiasm for learning health knowledge of tobacco control and develop good living habits like being in a smoke-free environment, which is conducive to gradually develop good healthy life behavior.

university students take their mobile phones with them every day except when they are in class and even when they walk and eat. With the popularization of mobile phone use and information means, the intervention of tobacco control health education using new media is to meet the needs of the times. In particular, mobile phone WeChat's official account of tobacco control shows that students can read their own interests in their spare time. Using the cloud class, there is no need to concentrate a large number of students in the class. Instead, various types of tobacco control health education resources can be released at any time. With the supervision of schools and teachers, students can get corresponding points after reading in fragmented time. It's bound to work.

It must take time to change a bad behavior and living habits. Both school teachers and students should persevere in smoking control intervention by using

KAP theory. university students are losers in the high school entrance examination and college entrance examination. The atmosphere of their peer group is not very good. In addition, their self-control is not good. It is bound to require long-term and determined tobacco control intervention.

The school is the home for university students to live and study for three years. Using the school environment to control smoking is a long-term project. We must change the single means of smoking control, moisten things silently according to the principle that blocking is better than sparse, and gradually change the unhealthy behavior mode of smoking students.

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