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Factors Related to Smoking Behavior Among Students at Hainan Vocational University of Science and Technology in Yunlong Campus

Jing Yu^{1,*}, Shuhua Wang¹ and Wenhao Xie¹

¹ Hainan Vocational University of Science and Technology, Haikou, China

* Correspondence: Jing Yu, Hainan Vocational University of Science and Technology, Haikou, China

Abstract: This study was a descriptive cross-sectional analytical study design research aimed to (1) examine the smoking behavior of students at Hainan Vocational University of Science and Technology, Yunlong Campus, and (2) investigate the factors related to their smoking behavior. The sample consisted of 411 students. The research instrument was a structured questionnaire composed of four parts: personal information, knowledge about smoking, attitudes toward smoking, and smoking behavior. Data were analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Chi-square test) to identify factors related to smoking behavior. The findings revealed that 44.28% of the students reported currently smoking, 91.73% had a low level of knowledge about smoking, and 59.37% had a positive attitude toward smoking. Additionally, smoking behavior was found to have a statistically significant association with family and peer related, exposure to information about smoking, level of knowledge, and attitude toward smoking ($p < 0.05$). These results can serve as a guideline for developing school-based health promotion programs and implementing collaborative interventions between families and educational institutions to effectively reduce smoking rates and promote sustainable health behaviors among students.

Keywords: Smoking behavior; smoking attitudes; smoking knowledge; college students

1. Introduction

Background and Rationale: Tobacco use remains a severe global public health crisis. Despite the WHO FCTC (2005), only 32 countries are on track to meet the 30% reduction target by 2050. Globally, 1.1 billion smokers cause over 8 million deaths and \$400 billion in healthcare costs annually [1]. China alone accounts for one-third of the world's smokers, with over 1 million tobacco-related deaths yearly, projected to double by 2030 [2].

College students are especially vulnerable to smoking initiation. The 15–24 age group shows a rapidly rising smoking prevalence of ~17.9% [3]. China has approximately 130 million adolescent smokers, 15 million of whom currently smoke, while 540 million are exposed to secondhand smoke. Smoking during college years causes significant physical and mental harm, including impaired brain function and long-term addiction [4]. Early intervention at this stage is therefore critical [5].

1.1. Rationale

Tobacco use remains a critical public health challenge globally and in China, where smoking-related deaths continue to rise annually. College students are particularly vulnerable, with increasing smoking rates causing significant physical and mental health harm. This study investigates smoking behavior among students at the Yunlong Campus of Hainan Vocational University of Science and Technology to identify contributing factors and inform targeted tobacco control strategies. Notably, it addresses a regional research gap, as most domestic studies have focused on general undergraduate institutions in eastern China, with no empirical analysis of vocational colleges on island

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regions. The Yunlong Campus offers a unique context, with students from both urban and rural backgrounds whose smoking behavior may be shaped by multiple interacting factors.

1.2. Objective

To study the smoking behavior of students at Hainan Vocational University of Science and Technology in Yunlong Campus.

To study the factors related to the smoking behavior of students at Hainan Vocational University of science and Technology in Yunlong Campus.

1.3. Research Question

What is the smoking behavior of students at Hainan Vocational University of Science and Technology in Yunlong Campus?

Is the smoking behavior of students at Hainan Vocational University of Science and Technology in Yunlong Campus related to personal and Knowledge, Attitude factors?

1.4. Hypothesis

The students in the Hainan Vocational University of science and Technology in Yunlong Campus exhibit a high level of Smoking Behavior.

Personal and Knowledge, Attitude factors of smoking behavior of students at Hainan Vocational University of Science and Technology in Yunlong Campus are related.

1.5. Expected Benefits and Applications

The study will help reduce the smoking rate of students, safeguard their health, and promote the harmonious development of the college. The results can provide a scientific basis for developing school-based health promotion programs and implementing collaborative interventions between families and educational institutions to effectively reduce smoking rates and promote sustainable health behaviors among students.

2. Literature Review

2.1. Current Situation of Smoking among University Students

Global tobacco epidemic remains grim. China ranks top globally in tobacco output and consumption. Domestic college-student smoking prevalence shows regional and institutional heterogeneity. The 2021 national college-student tobacco-epidemic survey organized by China CDC reported overall smoking rate of Chinese college students as 7.8%, with males having far higher prevalence than females [6]. Some research discovered smoking rate rises as grade increases, while medical-major students usually possess relatively lower smoking risk [2]. Foreign cross-national investigations also indicated 18-24-year-old male university students have higher smoking prevalence than female counterparts [7].

2.2. Hazards of Smoking

Traditional-cigarette smoke contains thousands of harmful chemical substances and at least 70 carcinogens. Adolescent organs are immature; tobacco exposure produces more severe damage. Nicotine causes nervous-system suppression, fatigue and reaction retardation, interfering with study efficiency. Smokers face 20-fold higher lung-cancer risk compared with non-smokers; smoking is also risk factor for oral, esophageal, kidney cancers and osteoporosis.

In recent years e-cigarettes have gained popularity among young people. WHO clarifies e-cigarettes are harmful and cannot serve as reliable smoking-cessation tools. E-cigarette aerosols contain ultrafine particles, heavy metals and carcinogenic carbonyl compounds. Nicotine harms teenagers' brain development, potentially triggering learning difficulty and anxiety. Long-term e-cigarette use may induce oral diseases and mental-health problems among adolescents.

2.3. Influences on the Occurrence of Smoking Behavior among College Students

Gender Factors: Traditional view regards smoking as male-dominated behavior, yet several vocational-college investigations suggested gender difference in smoking

behavior turns insignificant [8]. Along with advancement of gender-equality concepts, gender's explanatory power for smoking behavior gradually weakens.

Age Factor: Smoking rate and age present non-linear correlation. Physiological nicotine dependence, risk perception and tobacco-control policies jointly shape this relationship. Adolescents tend to underestimate long-term health risk of tobacco.

Family factors: Family acts as primary behavioral-socialization environment. Students with smoking family members demonstrate higher smoking initiation possibility via behavioral imitation and long-term passive-smoke exposure [9]. Positive family communication and emotional support can lower youth smoking probability [10].

School factors: Loose campus tobacco-control regulations, insufficient enforcement and inadequate tobacco-hazard publicity will increase student smoking risk. Peer influence occupies critical position: young adults conform to group norms for social acceptance. When smoking is normalized within peer circles, individuals are more likely to take up smoking for social integration [11].

Individual tobacco-harm cognition: Adequate knowledge about tobacco hazards strengthens resistance to smoking temptation. Nevertheless, many college students hold cognitive misunderstandings, for instance believing smoking relieves stress or refreshes mind. Quite a number of students only know smoking causes lung cancer but ignore its cardiovascular hazards [4].

Attitudes towards smoking: Smoking attitude possesses strong predictive effect for smoking behavior. Multiple-regression analysis output $\beta=0.42(p<0.01)$, only secondary to peer-smoking-pressure variable [12]. Correcting cognitive bias is essential for campus tobacco-control intervention.

2.4. Research on Countermeasures to Control Smoking among College Students

Constructing smoke-free campus includes formulating clear no-smoking rules, dividing no-smoking zones and strengthening supervision. Relevant research proved smoke-free-campus construction can elevate students' awareness for tobacco hazards and reduce tobacco use [13]. Diversified health-education activities such as thematic lectures and group workshops help students acquire tobacco-hazard knowledge and reshape smoking attitudes. Health Belief Model, Theory of Planned Behavior and K-A-P model offer theoretical guidance for designing campus tobacco-control educational projects [2]. Cognitive Behavioral Therapy (CBT) can mitigate nicotine craving and improve psychological status of smokers.

2.5. Deficiencies in Previous Research and the Content of the Current Study

Existing domestic and overseas literature have explored youth smoking prevalence, hazards and interventions. However, most studies merely apply questionnaire surveys, lacking complementary qualitative-interview materials. Certain social-cultural influencing factors have not been fully excavated; long-term follow-up evaluation for intervention effectiveness is relatively scarce. Targeting these limitations, this study adopts questionnaire survey, and systematically analyzes personal background, knowledge and attitudinal variables associated with smoking among island-region vocational-college students.

3. Research Methodology

3.1. Research Design

This study is cross-sectional analytical research to identify factors correlated with smoking behavior of students on Yunlong Campus, Hainan Vocational University of Science and Technology.

3.2. Population and Sample Size

The target population contained 14 187 students from Yunlong Campus. Inclusion criteria: students aged ≥ 18 years old; voluntary participation with signed informed consent; capable of independently finishing questionnaires. Exclusion criteria: students

suffering from physical or mental disorders interfering with valid answering; participants who gave up investigation midway.

Sample size was calculated using the finite-population-correction formula. Adding 10% non-response compensation, final sample size reached 411 subjects. Stratified sampling was implemented: stratify participants by five constituent colleges, distribute sample quantity proportionally according to each college's total-student population, then conduct accidental sampling within each stratum.

The sample size was determined using a standard formula for estimating population proportions in survey research, which is widely recognized as a reliable tool for determining optimal sample size, ensuring statistical validity and representativeness.

3.3. Study Area

Hainan Vocational University of Science and Technology, Yunlong Campus, Haikou, Hainan Province, China.

3.4. Study Period

Data collection spanned from November 15, 2024 to February 15, 2025, lasting three months.

3.5. Research Method

1.Literature Review Method: Retrieve Chinese and English documents from CNKI, Wanfang, PubMed, Google Scholar using keywords "smoking behavior", "smoking attitude", "smoking knowledge", "college students". Sort out research on youth-smoking epidemiological characteristics, influencing factors and intervention experience to lay foundation for questionnaire compilation.

2.Questionnaire Survey Method: The self-designed questionnaire includes four modules: personal demographic information, smoking-knowledge items, smoking-attitude Likert-scale questions and smoking-behavior indicators. Pre-investigation was performed for reliability-validity evaluation before formal distribution. Questionnaires were delivered online via Questionnaire Star platform.

3. Mathematical and statistical methods: Raw data were cleaned, imported into Excel database and analyzed with SPSS 26.0. Descriptive statistics (frequency, percentage, mean, standard deviation) described sample characteristics; Chi-square test examined association between variables; P-value less than 0.05 was defined as statistical significance.

4.Quality control: Clarify survey requirements to reduce subjective bias; questionnaire validity >0.6, reliability coefficient 0.88 assessed by experts and pre-test; double-entry data-checking procedure eliminated logical errors; strictly follow ethical norms and guarantee respondents' anonymity and privacy.

3.6. Measurement Instruments

1.Personal Information: Gender, age, grade, faculty, monthly allowance, family-and-surrounding-people smoking situation, whether receiving smoking-related knowledge.

2.Smoking knowledge: Ten objective questions, scored 1 for correct answer and 0 for wrong answer. Score range 0-10; categorized into low (0-5), moderate (6-7), high (8-10) knowledge level.

3.Smoking attitudes: Ten-item 4-point Likert scale (1-4 points). Total score range 10-40; grouped as negative attitude (10-19), moderate attitude (20-29), positive attitude (30-40). Reverse scoring was applied for negative-statement items.

4.Smoking Behavior: Dimensions cover smoking status, age of first smoking, smoking motivation, cigarette brand, daily smoking quantity, smoking frequency, smoking occasion and location, physical sensation while smoking, withdrawal symptoms, cigarette-purchase channel, daily smoking expense and quitting willingness.

3.7. Data Collection

Obtain research authorization from Chiang Rai Rajabhat University; coordinate with each college's administrative staff; distribute anonymous online questionnaires to eligible

students. After collecting 411 valid samples, verify completeness of returned questionnaires and organize dataset for statistical analysis.

4. Results and Discussion

4.1. General Information of the Respondents

Among 411 respondents, females accounted for 65.20%, males 34.80%. Age concentrated within 18-23 years old. Grade distribution was relatively balanced. Nursing-college participants occupied the largest proportion (41.85%). Most students' monthly allowance fell within 1 001-1 500 Yuan. 62.04% of participants reported family members or surrounding acquaintances smoked; 69.10% had received tobacco-hazard-related knowledge previously.

4.2. Analysis of Smoking Knowledge

Correct-answer rate for each smoking-knowledge question was mostly below 35%. Mean knowledge score was 3.08 ± 1.54 . As high as 91.73% of students belonged to low-knowledge level; merely 1.46% achieved high-knowledge level, indicating overall smoking-hazard cognition among participants was very insufficient.

4.3. Analysis of Attitudes Toward Smoking

59.37% of students held positive attitudes toward smoking; 32.12% maintained moderate attitude; only 8.51% exhibited negative attitude. A large share of vocational-college students still possessed biased cognition towards smoking behaviors.

4.4. Analysis of Smoking Behavior

Only 13.87% of respondents were never-smokers; 41.85% had tried smoking yet did not smoke currently; current-smoking proportion reached 44.28%. Among students with smoking-related experience ($n=354$), initial-smoking age mainly distributed in 15-24 years. Primary smoking motivations included "to show maturity" (29.94%) and peer imitation (22.32%). Most smokers occasionally smoked; dormitory constituted the main smoking site. 54.24% of smoking-experienced students showed no willingness to give-up cigarettes.

4.5. Analysis of Factors Related with Smoking Behavior

Chi-square test outputs showed gender, age, grade, faculty and monthly allowance had no statistically-significant correlation with smoking behavior ($p>0.05$). Nevertheless, family-and-surrounding-people smoking condition ($\chi^2=136.288$, $p<0.001$), whether obtaining smoking-related knowledge ($\chi^2=10.160$, $p=0.006$), smoking-knowledge level ($\chi^2=24.459$, $p<0.001$) and smoking-attitude level ($\chi^2=12.160$, $p=0.016$) presented significant statistical association with student smoking behavior. Students exposed to smoking-behavior environment from family or peers, with low-level tobacco-hazard knowledge and positive smoking attitudes possessed higher risk of being current smokers.

5. Conclusions and Recommendations

5.1. Conclusion

1. The surveyed Yunlong-Campus vocational-college sample contained more female participants; most students were 18-23 years old. More than 60% were surrounded by smoking persons; nearly 70% had accessed smoking-relevant knowledge.

Students' overall smoking-hazard knowledge level was generally low; over half of participants held positive attitudes toward smoking.

3. Current-smoking rate among surveyed students was 44.28%, which stood at a relatively high level. Maturity-seeking psychology and peer imitation were major drivers for starting smoking; more than half of smoking-experienced students lacked willingness to quit smoking.

4. Demographic factors including gender, age, grade, major and monthly allowance had no significant correlation with smoking behavior. Family-peer smoking exposure, receiving status of smoking knowledge, smoking-knowledge level and smoking attitude were important factors statistically associated with student smoking behavior.

Targeted tobacco-control intervention should be urgently carried out for vocational-college students on this campus, to improve tobacco-hazard cognition, correct biased smoking attitudes and reduce smoking prevalence.

5.2. Discussion of Results

This study discovered gender was not a decisive factor for smoking behavior, consistent with some domestic vocational-college research, reflecting that smoking-related gender difference is gradually weakening with social-norm evolution. Since the research sample was confined to college-age youth (18-23 years old), age homogeneity masked age-related differences observed in broader-age-group studies. No significant grade-smoking-behavior correlation emerged; possible explanation was existing campus tobacco-control measures buffered grade-accumulated peer-exposure risk.

No major inter-major difference of smoking prevalence was observed. Even medical-majored students did not display obvious advantage on tobacco-hazard cognition, implying uniform health-education content cannot bring differentiated cognitive effect for different majors. Monthly allowance showed insignificant association with smoking behavior, because cheap local-market cigarettes and peer-sharing culture lowered economic threshold for student smoking.

Family-peer smoking exposure exerted prominent influence. Role-model imitation and long-term passive-smoke-formed cognitive inertia raise smoking risk for students coming from smoking-environment families; peer conformity pushes individuals to take-up smoking for social acceptance. This supports social-learning theory: tobacco-use behavior transmits via family-campus-peer social networks.

Comparing with smoking-rate data from inland vocational-colleges, current-smoking rate of this sample was higher. Potential reasons include local social-cultural atmosphere, vocational-college students' internship-employment pressure, and insufficient supervision for hidden smoking spots such as dormitories.

Smoking-knowledge level and smoking attitude significantly predicted smoking behavior. In line with planned-behavior-theory-based empirical research, insufficient hazard knowledge fosters positive attitudes toward smoking, further translating into actual smoking conduct. Therefore campus tobacco-control work should prioritize cognitive reconstruction: break misconceptions such as "smoking represents maturity" or "smoking relieves stress", improve tobacco-hazard knowledge system, and block the conversion path from favorable smoking-attitude to real smoking behavior.

5.3. Research Generalizability

The research outcomes are applicable for vocational-colleges with similar student composition (high proportion of nursing-medical majors), 18-23-year-old youth-student groups, and campuses with moderately-enforced tobacco-control policies. The correlation mechanism among family-peer influence, knowledge-level, attitude and smoking behavior can provide reference for analogous institutions.

5.4. Recommendation for Further Research

Expand sample scope: Enroll multiple local universities, balance gender proportion and cover more discipline categories to enhance external validity.

Adopt objective measuring means: Introduce biological markers (e.g. cotinine test) to reduce self-report bias; carry out longitudinal tracking study to observe dynamic change of smoking behavior and evaluate long-term intervention effect.

Explore extra influencing factors: Incorporate mental-health indicators (anxiety, depression, academic stress) and regional-cultural variables to analyze their function in youth-smoking initiation and maintenance.

Appendix

Questionnaire: Questionnaire on Factors Affecting Students' Smoking at Hainan Vocational University of Science and Technology in Yunlong Campus
Dear Students

In order to gain a deeper understanding of the current situation of students' smoking behavior and its influencing factors, so as to provide a reference for our school to develop more effective health education policies and interventions, we hereby conduct this anonymous survey. Your answers will only be used for statistical analysis and to ensure the absolute confidentiality of your personal information. Please fill in the following.

(Please check the boxes or fill in the blanks that apply to your situation)

Part I. Personal Information

Your gender.

☐ male

Female

Your Age

☐ 18-20 years

☐ 21-23 years

☐ ≥ 24 years

3. Your grade level

☐ first-year university student

☐ second-year university student

☐ third-year university student

☐ fourth-year university student

4. Your course of study

Music

Nursing

☐ accounting

Urban Construction

☐ medicine

What is your monthly allowance?

☐ ≤ 500

500-1,000

☐ 1001-1500

☐ 1501~2000

☐ ≥ 2000

Smoking by family members and people around

1. NO

2. Father

3. Mother

4. Siblings

5. Relatives

6. Friends

7. Other (please specify) _____

Receiving knowledge about smoking

1. No

2. Health officials

3. Teachers

4. Various media

Part II. Knowledge about Smoking

Do you know which disease smoking increases the risk of the most?

☐ Diabetes

☐ High blood pressure

☐ Lung cancer

☐ Kidney disease

Which substance in cigarettes causes addiction?

☐ Nicotine

☐ Tar

☐ Carbon monoxide

☐ Nitrogen dioxide

How does smoking affect heart health?

☐ Lowers blood pressure

☐ Increases risk of cardiovascular disease

☐ Improves blood circulation

☐ Has no effect on the heart

11. Which type of cancer does smoking most increase the risk of?

☐ Bladder cancer

☐ Lung cancer

☐ Thyroid cancer

☐ Brain cancer

Which body system does smoking damage the most?

☐ Nervous system

☐ Digestive system

☐ Respiratory system

☐ Reproductive system

How does tar in cigarettes affect the body?

☐ Causes yellowing of teeth

☐ Damages the nervous system

☐ Helps reduce stress

☐ Strengthens muscles

Do you know how smoking affects the skin?

☐ Makes skin oily

☐ Causes dullness and wrinkles

☐ Makes skin fairer

☐ Has no effect on skin

How does smoking affect the lungs?

☐ Increases lung capacity

☐ Reduces air exchange efficiency

☐ Strengthens the lungs

☐ Has no effect on the lungs

What is the long-term health impact of smoking?

☐ No long-term effect

☐ Increases risk of chronic diseases

☐ Improves overall health

☐ Helps extend lifespan

Do you know if children and the elderly exposed to smokers are at health risk?

☐ High risk

☐ No health impact

☐ Improves health

☐ Mild health risk

Part III: Attitudes Toward Smoking

Please select carefully the answer for each question and choose the answer by marking (✓) the response option that best represents. (☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree)

1. Cigarettes are not addictive, harmful to health or image.
2. Smoking helps relieve stress
3. People who don't smoke are considered outdated or old-fashioned in today's society.
4. Non-smokers have stronger body odor and more severe bad breath than smokers.
5. People who smoke can socialize more easily and have more friends.
6. Smoking helps increase focus and mindfulness.
7. Smoking in moderation is not harmful to health.
8. Smoking does not increase the risk of trying other types of drugs.
9. If students are among a group of smokers, they will not be forced to smoke.

10. Smoking is a normal behavior for both men and women.

Part IV: Smoking Behavior

Do you smoke or have you ever tried smoking?

- ☐ I have never smoked even one or two cigarettes.
- ☐ Never smoked (Do not answer the following question)
- ☐ Tried smoking but currently do not smoke
- ☐ Currently smoking

What was your age when you first started smoking?

- ☐ 10 - 14 years
- ☐ 15 - 19 years
- ☐ 20 - 24 years

Causes or motivations for smoking

- ☐ Stress/Anxiety
- ☐ Peer influence/Imitating friends
- ☐ To show maturity
- ☐ Curiosity
- ☐ For socializing
- ☐ To build confidence

Cigarette brands smoked

- ☐ Zhonghua
- ☐ Hongtashan
- ☐ Yunyan
- ☐ Jiaozi
- ☐ Furongwang
- ☐ Honghe
- ☐ Others

Average number of cigarettes smoked per day

- ☐ 1 - 3 cigarettes
- ☐ 4 - 6 cigarettes
- ☐ 7 - 9 cigarettes

Smoking frequency

- ☐ Every day
- ☐ Every 2-3 days
- ☐ Occasionally

Times when smoking

- ☐ After meals
- ☐ In the restroom
- ☐ After waking up
- ☐ While drinking alcohol
- ☐ Others

Places for smoking

- ☐ College
- ☐ Dormitory
- ☐ Park
- ☐ Smoking area
- ☐ Others

Feelings when smoking

1. Relaxed
 2. Happy
 3. Refreshed
 4. Relieved from anxiety
- Symptoms when not smoking

- ☐ Irritable
- ☐ Stressed

- ☐ Restless
- ☐ Others
- Sources for purchasing cigarettes
 - ☐ Convenience store
 - ☐ Grocery store
 - ☐ Street vendor
- Average daily expense on cigarettes
 - ☐ 10 Yuan
 - ☐ 20 Yuan
 - ☐ More than 20 yuan
- Desire to quit smoking:
 - ☐ Want to quit
 - ☐ Do not want to quit

Thank you for your patience in completing this questionnaire! Your feedback is very important to my research and will directly help us optimize our health education strategies to create healthier learning and living environments for our students.

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