

# UNIVERSITY CURRICULUM AND PERCEIVED TOBACCO CONTROL POLICIES AMONGST STAFF AND STUDENTS OF UNIVERSITY COLLEGE OF DENTISTRY, LAHORE

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## ABSTRACT

*The aim of this study was to investigate the university curriculum and perceived tobacco control policies amongst staff and students of University College of Dentistry, Lahore, Pakistan. A modified self reported validated standardized global youth tobacco survey (GYTS) was used amongst two hundred and fifty five staff members and students of faculty of dentistry, the University of Lahore, Pakistan. Of all the participants 59.3% demonstrated below median level of activity in any tobacco related teaching or learning in last one year. Staff (68.7%) members were significantly less likely to have been participated in tobacco related activities over the last one year compared to students (54.7%)  $p < 0.05$ . Only 12.3% of all the participants perceived that their institute had all three tobacco control policies (i.e. a policy preventing students to use tobacco in campus, a policy preventing University personnel from using tobacco in campus and / or a policy declaring the campus "Tobacco Free") out of which at least one was enforced in the campus. Males (19.6%) perceived that their institute was 'Tobacco free' and prevents students and university personnel from in campus tobacco use compared to females (6.4%)  $p < 0.05$ . University staff was 2.42 (95% Confidence Interval = 1.05-5.57) times significantly more likely to perceive that their institute had all three tobacco control policies compared to students  $p < 0.05$ . The results of the study emphasize the need to amend the curriculum at health care institution / university level towards tobacco control. Stricter policies and better implementation is necessary to meet the international tobacco free campus initiative.*

**Key words:** Tobacco control, University curriculum, Tobacco control policies.

## INTRODUCTION

Tobacco killed hundred million people in 20<sup>th</sup> century and this could increase by tenfold to a billion deaths in 21<sup>st</sup> century if the current trends continue.<sup>1</sup> World Health Organisation (WHO) has formulated a Framework Convention on Tobacco Control (FCTC) to provide blueprint for the countries on Tobacco Control policies in order to counter the devastation being caused by tobacco alone.<sup>2</sup> In 2004, a code of practice on Tobacco Control for Health Professional Organisation was released which emphasized the need and role of Health Care Professionals (HCP) towards tobacco con-

trol.<sup>3,4</sup> Knowing the effects of tobacco, HCP's can act as mentor or role models for the general public towards tobacco control, provided they do not use tobacco themselves. HCP's tobacco use can influence their advice and counselling to their patients towards tobacco control.<sup>5</sup> Therefore, it is important to assess not only the knowledge and attitude of HCP's regarding tobacco use but also to assess the current curriculum adopted in various Health care institutes and the on campus tobacco control policies.

Knowledge and attitude towards tobacco use among staff and students in health care institutes of Pakistan

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has already been reported in various studies, with about 14.5-21.5% of HCP using some form of tobacco in various countries including Pakistan, these studies have demonstrated the need for amending the university/institutional curriculum towards tobacco related issues.<sup>6,7,8,9</sup> Little work has however been done in Pakistan on HCP's university curriculum and perceived tobacco control policies in various institutions of Pakistan. No study has probably been conducted at institute level in Lahore to assess the institute's curriculum and perceived tobacco control policies amongst staff and students.

## METHODOLOGY

This study was a self-reported questionnaire based survey which followed a cross sectional research design. The data were collected using selected questions regarding curriculum and perceived tobacco control policies from validated standardized global youth tobacco survey (GYTS) questionnaire, developed by the World Health Organization (WHO)<sup>10</sup>. The questionnaire has been previously used and validated in many studies.<sup>11, 12, 13</sup> As recommended by the World Health Organization (WHO) a few questions were modified according to the geographical location, cultural values and religious practices, so that the questionnaire becomes acceptable to all participants. Since the questionnaire was to be introduced at the University therefore the phrase "college" in each question was replaced by "University". The modified questionnaire consisted of 17 questions in total, under the domains of demographics, university policies and university curriculum. The demographic details collected in this study included gender and primary position held at the University.

Before conducting the study permission was sought from the research ethics committee of the institute. Upon approval piloting for the study was done by administering the questionnaire to 30 BDS students and 20 staff members of faculty of dentistry the University of Lahore. The participants were then asked about any difficulties that they faced while responding to the questions. It was found that the questionnaire was easy to understand and could be independently completed by participants without difficulty. The actual study was then conducted from 15<sup>th</sup> to 18<sup>th</sup> of February 2011, amongst academic, clerical staff and students of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and final year bachelors of dentistry (BDS), faculty of dentistry, the University of Lahore, Pakistan. All two hundred and fifty five staff members and students of the faculty of dentistry participated in the study. The participants independently filled up the questionnaire without any names and identification numbers. After completion the questionnaires were checked. Five forms were found incomplete at the end and therefore were not included in the study.

The correctly completed two hundred and fifty questionnaires were then entered in SPSS version 16 for statistical analysis. The responses were coded as numeric in order to facilitate the data analysis. Curriculum and tobacco related policies in the institute during the past one year were measured by making two different composite scales. Questions (3 to 6) reflecting tobacco related policies in the University were added to make a University tobacco policies composite scale, whereas questions (7 to 17) reflecting the curriculum related to tobacco in the institute were added to make a University tobacco curriculum composite scale. Respondents were then categorized into two groups under each of these categories based on their total score i.e. above or below the median.

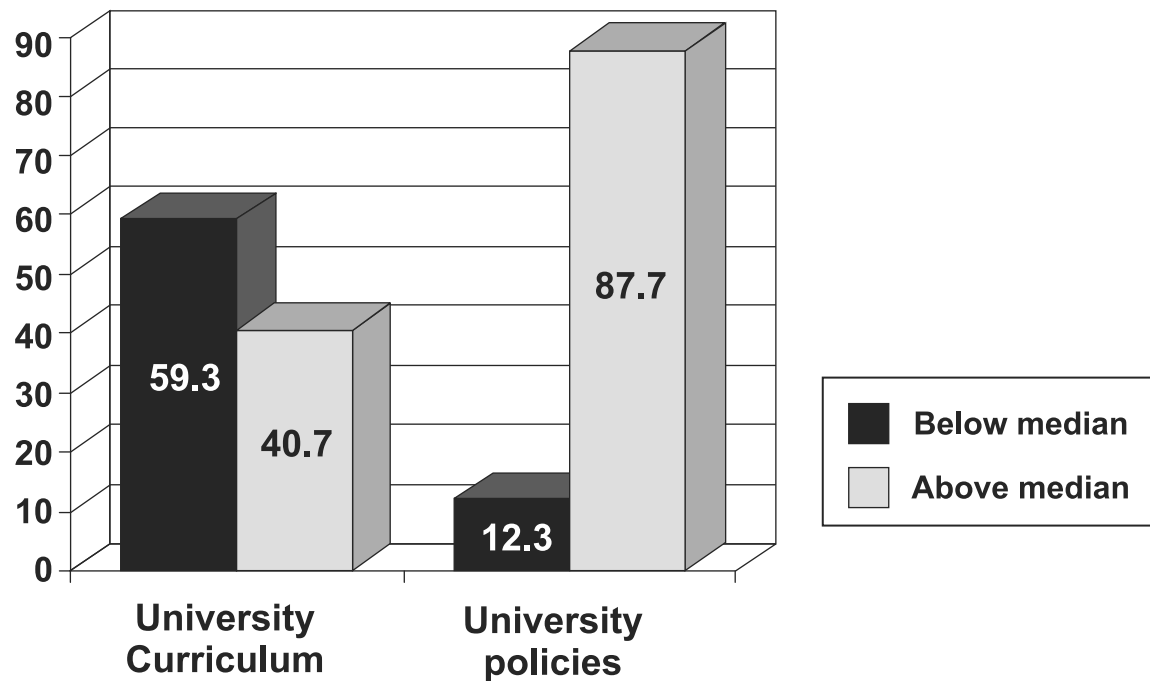
Respondents who scored below the median score in University tobacco policy composite scale had answered positively to at least 2 out of the 4 questions indicating that they perceived presence of at least 2 tobacco cessation policies in the University. (Questionnaire attached as annex-1). Similarly the respondents who scored below the median in University tobacco curriculum composite scale had answered negatively to at least 9 out of 11 questions demonstrating below median level of activity in any tobacco related teaching or learning in last one year.

## RESULTS

Sixty seven percent of the participants in this study were dental students and the remaining 33% consisted of staff in dental school (21.9% doctors and 11.1% clerical staff).

Figure 1 shows that 59.3% of the participants demonstrated below median level of activity in any tobacco related teaching or learning in last one year. Only 12.3% of the participants perceived that their institute had all three tobacco control policies (i.e. a policy preventing students to use tobacco in campus, a policy preventing University personnel from using tobacco in campus and/or a policy declaring the campus "Tobacco Free") out of which at least one was enforced in the campus.

Table 1 demonstrates the relationship of gender and position held in university with curriculum and perceived tobacco control policies in the institute. Staff (68.7%) members were significantly less likely to have been participated in tobacco related activities over the last one year compared to students (54.7%). This association was found to be statistically significant at  $p < 0.05$ . Table also shows that a statistically significant number of females (19.6%) perceived that their institute was 'Tobacco free' and prevents students and university personnel from in campus tobacco use com-



- \* Below median (university curriculum) = Percentage of respondents showing below the median activity in any tobacco related teaching or learning in last one year
- \* Below median (university policies) = Percentage of respondents who perceived that their institute had all three tobacco control policies (Tobacco Free Campus, Preventing Tobacco use by Students and by University Personnel).

Fig 1: Overall responses to questions of University tobacco curriculum composite scale and perceived University tobacco policies

TABLE 1: RELATIONSHIP OF GENDER AND POSITION HELD IN UNIVERSITY WITH UNIVERSITY TOBACCO CURRICULUM AND PERCEIVED TOBACCO CONTROL POLICIES IN THE UNIVERSITY

Category	Gender		Significance (p value)	Position Held		Significance (p value)
	Male (%)	Female (%)		Student (%)	Staff (%)	
*University Tobacco Curriculum Composite	62.5%	56.7%	0.21	54.7%	68.7%	0.02
**University Tobacco Perceived Policies Composite	6.4%	19.6%	0.00	7.6%	21.7%	0.00

\* Below median activity in any tobacco related teaching or learning in last one year.

\*\* Perceived that their institute had all three tobacco control policies (Tobacco Free Campus, Preventing Tobacco use by Students and by University Personnel).

pared to males (6.4%)  $p < 0.05$ . However, significantly fewer students (7.6%) than staff (21.7%) perceived this about their institute  $p < 0.05$ . University staff was 2.42 (95% Confidence Interval= 1.05-5.57) times significantly more likely to perceive that their institute had all three tobacco control policies compared to students  $p < 0.05$ .

## DISCUSSION

The results of the study confirmed weaknesses in university tobacco related curriculum i.e. tobacco related teaching and learning activities as well as lapse in implementation of in campus tobacco control policies. Only 12.3% of the respondents perceived that at least one tobacco control policy is enforced in the institute.

This could be because of lack of awareness about tobacco control policies with only 12.3-15.4% of respondents being aware of in campus tobacco control policies or weakness in implementation of tobacco free policies in the university campus. This finding is in coherence with study conducted in Nigeria by Aina BA et al which also showed minimal tobacco related teaching and learning activities amongst pharmacy students and lapse in implementation of in campus tobacco control policies.<sup>14</sup> According to another study in Karachi, although about half of the respondents perceived the university had effective tobacco control policies, but weakness in implementation was evident and majority supported the need for stronger tobacco cessation policies.<sup>8</sup>

Of the eleven questions related to tobacco related activities in the university, about 40.7% of respondents demonstrated no participation in any of such activities. University staff reported lesser activity in tobacco related learning or teaching compared to students. This demonstrates poor attitude of HCP's towards tobacco related initiatives. WHO in 2004 emphasized on role of HCP in tobacco control. A HCP gets an opportunity to act at an individual level by assessing, offering and arranging support to an individual in quitting tobacco.<sup>15</sup> University staff has a responsibility in developing these skills in graduating HCP's. There is an urgent need to act and amend the curriculum towards tobacco related initiatives in universities graduating HCP's. It is therefore recommended that there should be active involvement of staff in developing teaching and learning programs related to tobacco. Reformation in institutes by introducing a 'Tobacco Control Department' under Public Health departments can be helpful. Introducing a modular examination on tobacco related issues will help in orienting positive learning and teaching process among staff and students in Universities.<sup>16</sup> Examinations can be based on theoretical knowledge, poster presentations in public, street plays, etc. This will not only help the development of skills in HCP's towards tobacco control, but will also help local population.

University administration should take major responsibilities in making their campus 'Tobacco Free'. More 'Tobacco Free' posters should be displayed at different points in the campus to increase awareness. University clerical staff, department heads, clinicians, security and personnel should also contribute by spreading awareness about tobacco control and Tobacco free campus.<sup>17</sup> If required, fine should be collected from individuals using tobacco products in the campus. Few designated individuals among all the university staff should be given the authority to impose fine on any individual using tobacco in the campus.

The results of the study endorse the need to amend the curriculum at health care institutions/university level towards tobacco control. Stricter policies and better implementation is necessary to meet the international tobacco free campus initiative.

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