



A cross sectional survey on knowledge, attitude and practices of health care professionals towards tobacco control in south India

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ABSTRACT

Smoking tobacco is one of the leading and preventable cause of death worldwide. Apart from the responsibility of the Governments and the Non-governmental organizations, it is the duty of every health care professional to promote the awareness about the hazards of tobacco usage to their patients. This study was aimed to assess the knowledge, attitude and practice of tobacco control measures by the selected group of health care professionals. A self administered e-questionnaire was sent to 106 health care professionals including Physicians, Dentists and Physiotherapists to their personal email address. E-responses were collected during the study period between September to November, 2015. Responses were analysed. About 89.6% of the healthcare professionals felt strongly that smoking is bad for health. Eighty one percent of the participants responded that they do not use any form of tobacco and 98.1% of the respondents accepted that it is the duty of a health care professional to advise people against the ill effects of tobacco usage. Also 94.2% of them suggested updated topics on tobacco control programmes to be inducted into the curriculum of their respective area of health care profession. Even though the health care professionals were found doing their role in tobacco control measures, their suggestion to incorporate more informations on tobacco control into the curriculum is an urgent concern.

Keywords: Tobacco control, Health care professionals, Tobacco use.

INTRODUCTION

Tobacco smoking constitutes the leading and preventable cause of death according to the Global Health World Report in 2015, claiming an alarming rate of 6 millions/year. Nearly 80% of the World's 1 billion smokers live in low and middle income countries [1]. The number of smokers were estimated to be 1.3 billion and it is expected to rise to 1.7 billion if the current trend continues. This situation promoted the 192 member states of the World Health Assembly in may 2003 to adopt the WHO Framework Convention on Tobacco Control [WHO FCTC], the first negotiated treaty in tackling Tobacco[2]. Many countries have not yet adopted a nationalized policy on account of weak consensus and lack of proper enforcement[3].

The Health care professionals are expected to be a role model to the patients actively promoting the awareness against smoking and its ill effects, although they can actively influence people to give up tobacco[4]. A significant barrier is reported to be the self use of cigarettes and a lack of structured programme designed for tobacco cessation. The behavior of any healthcare professional strongly influences the patient's behavior and actions. This lead us to conduct a short term survey on the knowledge, attitude and practices of health care professionals towards tobacco control in South India.

The main objectives of this study is to determine the knowledge, attitude and practices of different health care professionals regarding the adverse health risks of smoking and also to determine how well these professionals currently feel with respect to the implementation of tobacco control measures towards their patients.

MATERIALS AND METHODS

This was a descriptive cross-sectional study and was conducted in accordance with the ethical standards laid down in the declaration of Helsinki(1964).E-questionnaire was anonymous, did not contain any critical questions and confidentiality of the data were maintained.

A self administered e-questionnaire was send to 125 health care professionals that includes Physicians, Dentists and Physiotherapist to their personal email address. The questionnaire was designed in the open source google forms with 30 questions to answer. Google forms are online collaborative software designed to easily produce surveys online and then upload their corresponding answers to Microsoft excel for easy statistical analysis. The participants of the survey were also provided with an online consent form which recorded their response, after which they participated in the survey. All questions had choices to choose and the responses were pooled in an excel sheet automatically. Duplication of the response by a single respondent was cross checked. The study period extended between September to November, 2015.We were able to accumulate responses from 107 participants, however we have to reject 2 responses due to the incomplete data given. Final data was then coded and analysed for percentage distribution of the parameters we were looking into.

RESULTS

A total of 125 questionnaires were administered to the health professionals of 3 different sections of health care. Of which 107 responded(response rate 85.6%),2 with incomplete responses was dropped out from the study. Distribution of the participants by age, gender and profession were given in table 1.

Table 1.Representation of the health professionals by Age, Gender and Profession

Variable	Number	Percentage
Sex		
Male	54	51.42
Female	51	48.57
Age group		
23-27 years	60	57.14
28-32 years	25	23.80
33-37 years	17	16.19
38-42 years	03	02.85
Field of healthcare		
Physician	28	26.66
Dentist	51	48.57
Physiotherapist	26	24.76
Type of job		
General practice	80	76.19
Teaching	19	18.09
Post graduate	06	05.71

Table 2 explains the details on the tobacco usage among the health care professionals. Results showed a good percentage of them not using tobacco, however nearly 11.42% of them used tobacco. These health care professionals quitting tobacco is the need of the hour.

Table 2.Details on tobacco usage among the participants

Variable	Number	Percentage
Tobacco use		
Yes	12	11.42
No	93	88.57
Type of tobacco used		
Smoking	11	10.47
Smokeless	01	00.95
Not applicable	93	88.57
Number of cigarettes/day		
<5	08	07.61
6-10	03	02.85
11-15	01	00.95
Not applicable	93	88.57

Although participants were from three different sectors of health care, representation of dental professionals outnumbered the other two in responding. Most of them (75%) did clinical practice and hence their relevance in dealing with tobacco control measures in the community is fulfilled. Young health care professionals who attend

less than fifty patients in a week who get a lot of time to attend and care for their patients have responded. Their concern for their patients about the harmful effects of smoking is also impressive(83%)(Table 3). Nearly 3/4th of them have learned to understand that smoking is associated with only lung cancer, however it indicates that there is fallback in the knowledge about the ill effects caused by smoking. This needs to be addressed by including a comprehensive chapter on the ill-effects of smoking in the curriculum of all the three health sector courses.

Table 3.Details on the clinical practice of the participants

Variable	Number	Percentage
Years of clinical practice		
1-5	78	74.28
6-10	18	17.14
>11	09	08.57
No of patients handled/ week,		
<50	74	70.47
51-100	23	21.90
>100	08	07.61
Are you concerned about the harmful effects of smoking (active & passive) on your health?		
Very concerned	87	82.85
Fairly concerned	15	14.28
Slightly concerned	01	00.95
Not concerned	02	01.90
Which of the disease is in close association with smoking?		
Lung cancer	79	75.23
Oral cancer	24	22.85
Leukoplakia	02	01.90
How often you smoke while at work?		
Never	07	06.66
Occasionally	04	03.80
Frequently	01	00.95
Not applicable	93	88.57

Study participants were highly motivated to check with their patient's smoking habit(78%).While a minimum of these professionals(12%) who do not have a habit of advising their patients to quit tobacco is of serious concern as the health care professionals are entitled to guide, counsel and advice their patients for a better living. This section of health care professionals need to be motivated though (table 4).

Table 4.Details on the tobacco control measures undertaken by the participants

Variable	Number	Percentage
Do you routinely enquire the patient about their smoking habit,		
Yes	82	78.09
No	23	21.90
Do you advice your patients to stop smoking		
All	37	35.23
<30%	10	09.52
30-70%	24	22.85
>70%	22	20.95
None	12	11.42
Do you have a No Smoking board in your patient waiting room,		
Yes	36	34.28
No	69	65.71
Do you enforce No smoking at your clinic,		
Yes	70	66.67
No	35	33.34
How often would you advice against smoking?		
1.only when patients have symptoms /diagnosis of smoking related diseases.	47	44.76
2.only when the patient himself raises the question about smoking	11	10.47
3.Only when a patient is a smoker who has no symptoms /diagnosis of smoking related diseases and does not himself raises the question about smoking.	47	44.76

Advocacy in all forms is promoted by Governments and Non-governmental organizations to quit smoking. But in our study only 65% of health care practitioners had "No smoking" sign boards in their clinical set up. This could be

improved such that every smoker/ tobacco user visiting a health clinic gets an opportunity to look into the advocacy against smoking.

Ninety percent of the respondents accepted it to be the duty of the health care professional to convince people to stop smoking, however most of them agreed that they will not advise unless the patient himself raised the problems related to smoking. Ninety one percent of people reported that better communication could bring about better tobacco control as far as laymen are considered. Thirty percent of people opted for more knowledge on tobacco control and nearly 95% of the respondents suggested their respective curriculum to have more inputs on tobacco control measures by the government (table 5).

Table 5. Details on the responsibilities of the health care professional towards tobacco control

Variable	Number	Percentage
It's the duty of the health care professional to convince people to stop smoking.		
Yes	94	89.52
No	11	10.47
It's the responsibility of the a health care professional to be an example by not smoking.		
Yes	102	97.14
No	03	02.85
Will it be enough for a doctor's advice to quit smoking,		
Yes	15	14.28
No	90	85.71
Will communicating more to a layperson by a health care professional will bring better tobacco control		
Yes	96	91.42
No	09	08.57
Does the current knowledge on tobacco control you have is suffice to counsel a patient on quitting smoking,		
Yes	73	69.52
No	32	30.47
Do your persuade patients to quit smoking on every visit,		
Yes	67	63.80
No	38	36.19
Suggest inclusion of more topics on tobacco control in the curriculum,		
Yes	99	94.28
No	06	05.71

DISCUSSION

The present study was conducted upon 105 participants that includes, 28 Physicians, 51 dentist and 26 physiotherapist. It showed a common interest in acquiring knowledge about the ill-effects of tobacco and training on tobacco control measures. This is nearly similar to the results of a study by Eldein HN *et al.* which found the same interest among the family physicians in Egypt (5). Often the poor knowledge of smoking cessation interventions or tobacco control measures are due to a lack of emphasis on smoking related education in the curriculum (5). Our results were consistent with the above said, as nearly 95% of our respondents have suggested for inclusion of these topics in their respective curriculum.

This study also showed that majority of the health care professionals (90%) accepted it to be the duty of the health care providers to convince people to stop smoking. Our participants are in line with the United States Preventive Services Task force recommendations, "that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products" (6).

Our study results were better in advocacy than the study by Yao *et al* in which only 25% of the respondents asked their patients about smoking and 27.2% advised the smokers to quit smoking (7). Whereas 44.76% of our respondents did advocacy against smoking irrespective of the factor that the patient is visiting their clinic a patient is a smoker who has no symptoms /diagnosis of smoking related diseases and does not himself raises the question about smoking.

In the present study the participants identified themselves as the responsible persons in the community to fight against tobacco. However the barriers they pointed out was their poor competency to implement the 5 'A's Asking (Identifying users), Advising (urging users to quit), Assessing (Determining user's willingness to quit), Assisting (through counselling or drug therapy), and Arranging (for follow up) as guidelines issued by the Public Health Service in promoting tobacco control (8).

CONCLUSION

The present study showed better attitude and good practices among the three different health care professionals against tobacco control in the community they serve. Their interest towards learning more on tobacco related topics and tobacco cessation protocols is encouraging. Their suggestion to include more topics on tobacco control in their respective curriculum which is the need of the hour explains the responsibility they bear in mind against the menace of tobacco. Agencies that decide on imparting knowledge to these health care professions need to address these problems such that more and more health care professionals will be equipped to fight against the tobacco menace and that might lead to a tobacco free country one day.

LIMITATIONS

Although the attitude and practices of the health care professionals was tested by multiple questions, these informations are self reported. This study is also limited by the non-probability of the sample.

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