

global health professions student survey

Country reports

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), Atlanta, developed the Global Health Professions Student Survey to track tobacco use among health professions students across countries using a common methodology and core questionnaire. Information from the Survey is compiled within the participating country by a Research Coordinator nominated by the Ministry of Health, and technically reviewed by WHO and CDC. The content has not otherwise been edited by WHO or CDC.

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**World Health
Organization**

Regional Office for the Eastern Mediterranean



**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

The Libyan Arab Jamahiriya Global Health Professionals Student Survey (GHPSS) Libya- Report 2006.

Prepared By: Ahmed M Buni & Mohamed E.Saleh

Introduction:

Tobacco use is one of the leading causes of many chronic disease and death in developed as well as in some developing countries. According to recent WHO estimates of the global burden of disease, tobacco use cigarettes and other types, results in nearly 5 million deaths (4 million males and 1 million females)

Projections in this context, indicating that if current trends continue, the number of deaths will increase to more than 10 million deaths annually by the year 2020.

The history of Tobacco control in Libya can be summarized as follows:

The General People Committee issued a Law NO 494 in 1989 prohibiting smoking in general public places, schools and transportation, and banning any kind of advertisement for tobacco whether in magazines, Radio, TV, or any other type of media.

Concerning the world health organization-Framework Convention of Tobacco Control(WHO FCTC) which was adopted by the 56th World Assembly in May 2003 and become international law in February 27, 2005, Libya signed the WHO FCTC in 19-6-2004.and ratified the WHO-FCTC on 7-6- 2005.

The WHO_FCTC is the world's first public health treaty on tobacco control.

Article 20 in the WHO FCTC is emphasizing the call for all countries, especially those who ratify the treaty, to develop, or establish and implement, and maintain effective tobacco control surveillance systems.

WHO, the US. Centers for Disease Control and prevention (CDC) and the Canadian public health Association developed Tobacco Surveillance System (GTSS) to assist WHO members states in establishing continuous tobacco control surveillance and monitoring .The GTSS provides a flexible system that includes common data items but allows countries to include important unique information at their discretion. It also uses a common survey methodology, similar field procedures for data collection, and similar data management and processing techniques. The GTSS includes collection of data through three surveys: The Global Youth Tobacco Survey (GYTS) for youth (13to 15 year old), The Global

School Personal Survey (GSPS), and the Global Health Professional Student Survey for Adults (GHPSS).

Many people, and regardless of their social classes look to the health professionals as a Role Model in The Context of Health and Disease. So health professionals definitely can serve as critical role in reducing tobacco use. The 5A,s Model for Facilitating Smoking Cessation (behavioral steps) which doctors can use to help their patients to stop smoking are Address, Assess, Advice, Assist, and Arrange. So even brief and simple advice from health professionals can substantially increase smoking- cessation rates among patients.

Many countries now are collecting data from health professional students about their tobacco use and training as cessation counselors, but GHPSS in Libya is conducted for the first time – as it is proposed by WHO regional office.

The Global Health Professions Student Survey (GHPSS).

The WHO ,with the cooperation with the U.S Centers for Disease Control and Prevention, and the Canadian Public Health Association developed the GHPSS, and the interested countries in many different parts of he world implemented the Survey in four disciplines namely, Dental, Nursing, Pharmacy, and Medicine.

This report summarizes data from the (GHPSS) conducted in Libya among 3rd years medical students in three health professions disciplines namely Dentistry, Medicine, and Pharmacy in year 2006.

Method:

The GHPSS is a university- based survey of 3rd year students pursuing their degrees in dentistry, medicine, nursing, and pharmacy. In this report only 3 disciplines were included, medicine, dentistry, and pharmacy.

The main core elements, of the GHPSS include:

1- Demography - 2- prevalence of tobacco use - 3- knowledge and attitudes about tobacco use, 4- exposure to environmental tobacco smoke – 5- school curricula. In addition, 6- training received in counseling patients on smoking-cessation techniques.

The GHPSS has to some extent a standardized methodology for sample selection, data collection process, and uniform data-processing procedures.

The school response rates to the GHPSS in Libya were 80% for medical school, and 50% for each of dental and pharmacy schools.

The student response rates were more than 72% in all 3 schools of a total of 2126 students: Dental, 78.1% of 182 students, Medicine, 78.3% of 1780 students, and pharmacy, 38.3% of 164 students.

The GHPSS in all faculties was administered in the original English language form after making very light modification for some items, some words was translated to the students if they cannot understand.

EPI Info 2003 was used for the data analysis

SUDAAN (Release 7.5 Research Triangle Park, North Carolina), a software package developed for statistical analysis of correlated data was used to compute standard errors of the estimates and to produce 95% confidence intervals, which are shown as lower and upper bounds. Statistical differences noted are at the $P < .05$ level.

It should be mentioned that some individual items are not presented if there were fewer than 35 respondents in a cell, due to instability of estimates with small denominators.

RESULTS:

Prevalence:

Approximately 2 in 10 of dental students (24.1%), 7.6%, of pharmacy students, and 3 in 10 of medical students (31.9%) had ever smoked cigarettes (Table 1)

Among dental and medical students, males were significantly more likely than females to have ever smoked cigarettes.

Male medical students were significantly more likely than all students in the three disciplines (male and females) to have ever used tobacco products other than cigarettes (Table 1)

Table 1
Prevalence of Tobacco lifetime use among 3rd year Dental, pharmacy and
medical students by discipline and gender.
Libya, GHPSS, 2006.

Discipline & Gender	Lifetime use Percentage (95% CI)	
	Cigarettes	Other tobacco products
Dental		
Male	56.9(44.2-68.8)	13.2 (6.5- 24.9)
Female	12.8(8.2-19.5)	13.4 (8.8-19.8)
Total	24.1(18.7-30.4)	12.9(9.0-18.2)
Pharmacy		
Male	*	*
Female	4.3 (2.3 – 8.2)	5.7(3.3 – 9.6)
Total	7.6 (4.8 – 11.8)	6.0 (3.6 – 9.7)
Medical		
Male	54.8 (52.7 – 56.9)	26.7(24.9 – 28.5)
Female	15.0(13.8-16.4)	12.5 (11.4 -13.6)
Total	31.9(30.6 – 33.1)	18.6 (17.6 – 19.6)

*<35 cases in the denominator

Current Cigarette Use:

Current cigarette smoking ranged from 1.2% for pharmacy students, to 2.6% for dental students and 10.8% for medical students (Table 2)

Among dental and medical students males were significantly more likely than females to currently smoke cigarettes.

Current use of other tobacco products other than cigarettes ranged from 0.4% for pharmacy students, to 5.8% for dental students and 11.8 % for medical students. (Table2) Male medical and dental students had the highest rate to use other tobacco products (19.1% &16.2% respectively)

.In other words male medical and dental students were significantly unlikely than female students to use other tobacco products.

Table 2

Prevalence of current tobacco use among 3rd year dental, pharmacy, and medical students by gender- Libya GHPSS, 2006.

Current Use		
Discipline & Gender	Cigarettes	Other Tobacco products
Dental		
Total	2.6 (1.2 – 5.5)	5.8 (3.4 – 9.8)
Male	7.7 (3.2 –17.3)	16.2 (8.8-27.9)
Female	0.8 (.01 - 4.3)	2.2 (0.8-5.9)
Pharmacy		
Total	1.2(0.4- 4.1)	0.4(0.1 – 2.0)
Male	*	*
Female	0.0	0.5 (0.1- 2.0)
Medical		
Total	10.8 (10.0 -11.6)	11.8(11.0-12.6)
Male	22.4(20.7-24.2)	19.1(17.6-20.7)
Female	2.3(1.9-2.9)	6.7(5.9-7.6)

Abbreviation : CI, confidence interval

*< 35 cases in the denominator.

Prevalence of Tobacco use on school property.

Concerning the prevalence of tobacco use on school property among Ever smokers, during the past year , it has been found that 42.6% of medical students smoked cigarettes on school premises property during the past year.(Table 3) Also, it was found that 33.6% of medical students smoked cigarettes in school buildings during the past year .

Table 3
Prevalence of Tobacco use on school property among Ever Smokers, 3rd
year dental, pharmacy, and medical students by gender.
Libya GHPSS, 2006.

Ever cigarette smokers		
Discipline & Gender	Smoked on school premises/property During the past year	Smoked in school buildings during the past year
Dental		
Total	*	*
Male	*	*
Female	*	*
Pharmacy		
Total	*	*
Male	*	*
Female	*	*
Medical		
Total	42.6(39.5-45.8)	33.6(30.8-36.5)
Male	46.1(42.5-49.8)	36.4(33.1-39.8)
Female	34.6(28.1-41.6)	26.9(21.3-33.2)

Exposure to Second Smoke

Almost half of medical students (48.1%), 37.3% of dental student and 23.4% pharmacy student reported that they were exposed to second hand smoke (S H S) from others in their home during the past week, and 45.1% of dental student, 64.7 % of pharmacy student and 62.1%of medical student were exposed to S H S from others in public place during the past week (Table 4)

In dental and medical disciplines males were more likely than females to be exposed to second hand smoke, both at home and in public places where as females in pharmacy student were more likely to be exposed to S H S again, both at home and in public .(Table 4)

Table 4
Prevalence of Exposure to Secondhand Smoke in the Past Week among
Third-year Dental, Medical and Pharmacy Students.
LIBYA GHPSS, 2006

	Exposure to smoke at home during the past week			Exposure to smoke in public places during the past week		
	Total	Never Cigarette Smokers	Current Cigarette Smokers	Total	Never Cigarette Smokers	Current Cigarette Smokers
	ETS-HOME % (CI)	ETS-NS HOME % (CI)	ETS-NS HOME % (CI)	ETS-CS OTHER PL ACES % (CI)	ETS-CS OTHER PL ACES % (CI)	ETS-CS OTHERPL ACES % (CI)
Dental Students						
Total	37.3 (31.0-44.0)	29.5 (22.8-37.3)	79.5 (35.1-96.5)	45.1 (38.6-51.9)	38.1 (30.8-46.0)	*
Women	25.8 (19.3-22.6)	23.9 (17.1-32.4)	*	37.1(29.7-45.1)	34.1 (26.3-42.8)	*
Men	64.6 (52.2-75.3)	*	*	60.8 (48.3-72.0)	*	*
Pharmacy students						
Total	23.4 (18.2-29.6)	24.8 (19.2-31.4)	*	64.7 (58.3-70.6)	64.5 (57.8-70.7)	*
Women	26.7 (20.6-22.8)	27.8 (21.4-35.2)	*	71.4 (64.5-77.4)	71.8 (64.6-78.0)	*
Men	*	*	*	*	*	*
Medical Students						
Total	48.1 (46.8-49.4)	39.0 (37.4-40.5)	71.5 (67.7-75.0)	62.1 (60.8-63.3)	55.5 (53.9-57.7)	85.0 (81.9-87.7)

Women	44.0 (42.3-45.7)	38.9 (37.1-40.8)	*	56.2 (54.5-57.9)	53.1 (51.2-55.0)	*
Men	52.4 (50.4-54.4)	37.2 (34.3-40.2)	70.3 (66.1-74.1)	69.9 (68.0-71.7)	60.5 (57.4-63.4)	86.9 (83.6-89.6)

- < 35 cases in the denominator

Knowledge and Attitude:

Knowledge and attitude toward banning smoking in restaurants, coffee shops and all enclosed public places and attitudes toward banning tobacco sale to adolescents and complete ban on advertising of tobacco products. Indicated the following:

93.7% of pharmacy students, 77.4% of medical students, and 67.1% of dental student reported that smoking should be banned in restaurants. Where as 94.1% of pharmacy students, 74.1% of medical students and 61.8% of dental students were in favor of banning smoking in coffee shop.

Among pharmacy students, data indicated that 93.7%, 94.1% and 93.3% of them were in favor banning smoking in Restaurants, coffee shops and all enclosed public places respectively.

Among medical students, 77.4%, 74,1% and 79.2% were in favor banning smoking in restaurants, coffee shops and all enclosed public places respectively, where as 67.1%,61.8%, and 69.2% of dental students were in favor banning smoking in the places mentioned before respectively (table 6).

Data indicated also that 92.0% of pharmacy students, 69.8% of medical students, and 52.6% of dental students believed that tobacco sales to adolescents should be banned, and 91.6% of pharmacy students ,77.7% of medical students and 70.2% of dental students think that there should be a complete ban on the advertising of tobacco products.(Table 5).

Table 5
 Percentage of responses of third year Dental, pharmacy, and Medical
 students concerning banning smoking and its sale .
 Libya- GHPPS 2006

	Percentage Answering "Yes" to "Should Smoking Be Banned in ..."			Percentage who think tobacco sales to adolescents should be banned	Percentage who think there should be a complete ban on the advertising of tobacco products
	Restaurants	Discos, Bars, Pubs	All Enclosed Public Places		
	TOT_CORE1 6 % (CI)	TOT_CORE1 7 % (CI)	TOT_CORE1 8 % (CI)	TOT_CORE1 4 % (CI)	TOT_CORE1 5 % (CI)
Dental Students					
Total	67.1(60.5-73.1)	61.8(55.2-68.0)	69.2(62.7-75.0)	52.6(45.9-59.3)	70.2(63.6-76.1)
Women	64.9(54.9-72.1)	64.2(56.2-71.4)	73.6(66.0-80.0)	49.1(41.0-57.2)	70.1(62.1-77.0)
Men	70.4(57.9-80.5)	55.7(43.2-67.6)	54.3(41.7-66.4)	60.1(47.2-71.6)	68.0(54.9-78.7)
Pharmacy Students					
Total	93.7(90.4-95.9)	94.1(90.8-96.2)	93.3(89.5-95.7)	92.0(88.1-94.7)	91.6(87.7-94.4)
Women	94.8(91.2-97.0)	95.3(91.8-97.3)	95.3(91.4-97.4)	93.3(89.0-96.0)	92.8(88.4-95.6)
Men	*	*	*	*	*
Medical Students					
Total	77.4(76.3-78.4)	74.1(73.0-75.0)	79.2(78.1-80.2)	69.8(68.6-71.0)	77.7(76.6-78.7)
Women	81.6(80.2-82.8)	80.9(79.5-82.1)	81.9(80.6-83.2)	69.3(67.7-70.8)	81.6(80.2-82.8)
Men	72.9(71.1-74.7)	64.8(62.9-66.8)	76.2(74.3-77.9)	70.6(68.7-72.5)	73.2(71.3-75.0)

*<35 cases in the denominator

Policy banning smoking in Buildings and clinics

Only 4.4 %, 10.5% and 16.4% of pharmacy, medical and dental students respectively reported that their schools have an official policy banning smoking in school building and clinics. (Table6) The data also indicate that 20.0%, 30.8% and 42.8% of pharmacy, dental and medical students respectively reported that their schools policy was enforced.

TABLE 6
Percent of colleges with policy Banning Smoking in Buildings and Clinics and those Enforce the Ban, 3rd year Dental, Medical, and Pharmacy Students, LIBYA GHPSS, 2006

	All Respondents	
	Percentage of colleges with official policy banning smoking in college buildings and clinics	Of colleges that had an official policy banning smoking in school buildings and clinics, percentage that enforced it.
	SCH_POLICY (95% CI)	SCH-POLICY-ENFORCE (95% CI)
Dental Students		
Total	16.4 (11.9-22.1)	*
Women	13.7 (8.9-20.3)	*
Men	17.0 (9.6-28.2)	*
Pharmacy Students		
Total	4.4 (2.4-8.0)	*
Women	4.8 (2.5-9.0)	*
Men	*	*
Medical Students		
Total	10.5 (9.7-11.3)	42.8 (38.4-47.3)

Women	10.0 (9.0-11.1)	46.2 (40.3-52.1)
Men	11.6 (10.4-13.0)	38.0 (31.8-44.8)

* < 35 cases in the denominator.

Health Professional as Role Models, and in Giving Advice on Smoking

More than 9 in 10 students in pharmacy school and more than 7 in 10 students in dental and medical schools believed that health professionals serve as a role models for their patients and the public (Table 7)

More than 9 in 10 students in pharmacy school, and more than 8 in 10 in dental school, and more than 7 in 10 in medical school believed that health professionals have a role in giving advice or information on smoking – cessation techniques (Table 7)

Table 7
 Percentage of Third-Year Dental, Medical and Pharmacy Students Who
 Reported That Health Professionals Have a responsibility to Counsel
 Patients about smoking and cessation.

LIBYA GHPSS, 2006

	Percentage Answering "Yes"							
	Do health professionals serve as role models for their patients and the public?		Do health professional have a role in giving advice or information about smoking cessation to patients?		Are health professionals who use other tobacco products less likely to advise patients to stop smoking?		Should health professionals get specific training	
Dental Students								
Total	71.1	(64.6-76.7)	85.3	(80.1-89.3)	73.6	(67.3-79.0)	85.2	(79.8-89.3)
Women	76.3	(68.9-82.4)	88.3	(82.5-92.4)	80.5	(73.4-86.1)	88.5	(82.4-92.6)
Men	61.1	(48.2-72.6)	77.8	(65.6-86.6)	54.5	(42.0-66.6)	75.1	(62.6-84.5)
Pharmacy Students								
Total	92.9	(89.4-95.3)	96.1	(93.5-97.7)	79.2	(73.0-84.4)	92.4	(88.4-95.1)
Women	92.9	(89.0-95.5)	96.7	(93.9-98.2)	80.0	(73.1-85.5)	93.3	(89.0-96.0)
Men	*		*		*		*	
Medical Students								
Total	77.2	(76.1-78.2)	73.4	(72.2-74.5)	70.9	(69.7-72.1)	86.9	(86.0-87.7)

Women	79.5 (78.2- 80.9)	73.5 (72.0- 75.0)	71.6 (70.1- 73.1)	88.4 (87.3- 89.5)
Men	74.7 (72.9- 76.4)	74.4 (72.6- 76.1)	70.3 (68.4- 76.0)	85.5 (84.0- 86.9)

* < 35 cases in the denominator

More than 7 in 10 students in dental, medical, and pharmacy schools believed that health professional who use other tobacco products are less likely to advise patients to stop smoking.

Cessation:

Concerning cessation techniques more than 8 in 10 students in dental and medical school and more than 9 in 10 students in pharmacy school believed that health professional should get specific training on cessation techniques.(Table7).

Curriculum and Training:

Less than 4 in 10 students in all three disciplines reported that they learned cessation approaches to use with patients.

Dental students (32.9%) were the most likely to have learned cessation approaches, and pharmacy students (13.3%) were the least likely. (Table 8)

Table 8
Percentage of Third-Year Dental, and Pharmacy students who
reported receiving training in college to support tobacco cessation,
LIBYA GHPSS, 2006

	Learned cessation approaches to use with patients	Learned to provide educational material to support cessation among patient who want to quit	Had heard about using antidepressants to support cessation
Dental students			
Total	32.9 (26.8-39.6)	54.1 (47.2-60.7)	30.1 (24.2-63.7)
Women	35.4(28.0-43.6)	57.4 (49.3-65.1)	31.1 (24.1-39.1)
Men	24.4 (14.8-37.4)	47.8 (35.4-60.5)	27.4 (17.4-40.3)
Pharmacy Students			
Total	13.3 (9.7-17.9)	35.3 (29.2-42.6)	59.2 (52.4-65.7)
Women	9.1 (6.0-13.5)	34.3 (27.5-41.8)	62.5 (55.0-69.5)
Men	*	*	*
Medical Students			
Total	23.4 (22.4-24.6)	50.1 (48.8-51.4)	50.9 (49.6-52.2)
Women	23.4 (21.9-24.9)	52.9 (51.2-54.5)	53.4 (51.7-55.1)
Men	23.2 (21.6-25.0)	46.4 (44.4-48.4)	47.2 (45.2-49.2)

* < 35 cases in the denominator.

Over 5 in 10 students in dental and medical schools, and only Over 3 in 10 students in pharmacy school learned to provide educational material to support cessation among patients who want to quit (Table 8).

Only 3 in 10 students in dental school and about 5 in 10 students in pharmacy and medical school had heard about antidepressant to support cessation (Table 8)

Discussion:

Physicians or any other health professionals who smoke cigarettes or any other types of tobacco products send an unethical or inconsistent (contradictory) message to people in general and to their patients whom they meet and counsel to quit smoking in particular. The finding of many medical and behavioral research over the past decades disputably revealed that smoking represent one of the major lifestyles factors responsible for many types of cancers and other non-communicable diseases(NCD s)

Concentrating on medical students as the focus and target group in many studies and this study, because the attitudes and practices of these young future health professionals towards smoking will have a strong influence on the ant-activists smoking programs, positive or negative .The results presented here show that the total student response rate to the questionnaires of the study was about 72% in all 3 schools or disciplines. The prevalence of current smokers among third year students in the three disciplines in the year 2006 ranged from 1.2% for pharmacy students to 2.6% for dental students and 10.8% for medical students. This prevalence is lower than the prevalence of current smokers (daily or occasionally) in the Libyan health professionals' survey done by the WHO Regional Office in Easter mediterrieas, 2002-2004 (17.1%). And it is also lower than the prevalence of current smokers in students of European medical students (21%), and other Asian medical students (18%).

It is encouraging to find that between 7 in 10 and between 9 in 10 students in all 3 disciplines believe that health professionals should serve as role models for their patients and the public, and should have role in giving advice or information on smoking cessation techniques.

Because of the importance role and image of the health professionals in promoting tobacco free life style, Students in all 3 disciplines should be trained to help people in general and their patients in particular about the harmful health effects of tobacco use and assistance with quitting smoking, through counseling, referred to other services and, where so regulated, prescribing medication that are effective for smoking

cessation.(1) Finding from GHPSS data also show that less than 4 in 10 students in all 3 disciplines reported that they learned cessation approaches to use with their patients, even though more than 8 in 10 students in all 3 disciplines believed that health professionals should get specific training on cessation techniques. Although there is a law which is designed to protect the health of non smokers and prohibit smoking in public places such as schools, hospitals, and bus transportation, but data from GHPSS, however shows lack of enforcement of this law.

Conclusion:

Discouraging or preventing tobacco use among health professionals is an essential and necessary step in any comprehensive tobacco control policy and programs designated to fight smoking, and help others whether they are patients or general people to quit smoking. The prevalence of current smokers among present students in this study ranged from 1.2% for pharmacy students, to 2.6% for dental students and 10.8 for medical students, this indicating that the problem is exist and if it continues, it will be a major obstacle to progress against tobacco epidemic.

Libya ratified the WHO frame work convention on Tobacco Control in year 2005. As a party to the WHO FCTC, the country has an obligation to develop and implement a national action plan to curb tobacco consumption, starting with health professionals, children, youths and ending with other adult's populations (men and women). Smoking must be banned, not only by written laws, but by real action in all hospitals, universities, and other public places. Specific training cessation programs and counseling about tobacco use; especially cigarettes should be part of the required curriculum at medical universities.

Most important, WHO FCTC which has been ratified by Libya as mentioned before need to be enforced. WHO FCTC emphasized in its Article 5 (General Obligation) the following:

1- Each party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which it is a party.

2- Toward this end, each party shall, in accordance with its capabilities:

(a) establish or reinforce and finance a national coordinating or focal points for tobacco control; and

(b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

Unfortunately, this national coordinating Mechanism (Committee) is not yet exists up to date December 2007.

Without a strong political commitment from the authority, a compressive application of tobacco control measures will not be meet the lowest level of the objectives of the WHOFCTF.

Finally, as has been stated by DR Gezairy, Regional ,Director of WHO-EMRO (It is very important to realize that there is no value at all in the data we are collecting if the results are not interpreted and translated into action at national level, Surveillance systems are not an end in themselves but a tool to bring about change.

Dr Ahmed M Buni

Ahmedmombuni@hotmail.com

Mobil: 00218-0925278360

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