Dental Students attitude towards tobacco cessation in and around the dental colleges of Hyderabad - A cross sectional survey

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Dental Students attitude towards tobacco cessation in and around the dental colleges of Hyderabad - A cross sectional survey

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Abstract

BACKGROUND: Tobacco use has a devastating effect on the health and well being of the people and dentists play an important role in helping patients to quit tobacco. AIM: To assess the dental students’ attitudes towards tobacco cessation in various dental colleges in and around Hyderabad. OBJECTIVES: 1) To evaluate dental graduates’ attitudes towards tobacco cessation activities and their effectiveness in pursuing tobacco cessation activities. 2) Perception of factors that interfere as barriers in tobacco cessation. 3) Willingness to participate in tobacco cessation programmes. METHODOLOGY: A descriptive, cross-sectional survey was done on 239 interns in six dental colleges. A 20 item questionnaire was employed to assess the dental students’ attitude, effectiveness, perceived barriers and willingness to participate in tobacco cessation. Data were entered using descriptive analysis. RESULTS: 96% of the dental students showed positive attitude towards their responsibility to educate patients about risks of tobacco use; 81% of the dental students agreed that tobacco cessation counseling in dental office could impact patient’s quitting. CONCLUSION: Attitudes of the dental students appeared to be positive regarding the dental professional’s responsibility in tobacco cessation counseling.

Introduction

Of all the rights cherished by human beings and enshrined in international law, health is fundamental among them. When asked by any man or woman around the world they rank good health as their fundamental desire. The greatest threat to this desire is epidemic use of tobacco today. Tobacco use is described as the single most preventable cause of morbidity and mortality globally, with the World Bank predicting over 450 million tobacco deaths in the next 50 years. Tobacco related mortality in India is among the highest in the world, with about 900,000 annual deaths attributable to smoking in the last decade. Annual oral cancer incidence in the Indian subcontinent has been estimated to be as high 10 per 100,000 among males, and oral cancer rates are steadily increasing in young tobacco users. By 2030, tobacco is expected to be the single biggest cause of death worldwide, accounting for about 10 million deaths per year. One half of these deaths will occur among people 35 to 69 years of age, losing an average of 20-25 years of life. For decades public health advocates have been giving a clear message that tobacco use in any form is harmful. All forms of tobacco including cigarettes, cigars, pipes and smokeless tobacco is harmful and have been established as causal for oral and pharyngeal cancer and are responsible for more than 75 percent of deaths caused by these malignancies. The dental office is an ideal setting for tobacco cessation services since preventive treatment services, oral screening, and patient education have always been a large part of the dental practice. A complex web of motivation and addiction drives each individual who refuses to heed the warnings, but the question for the health professionals is how to help the smokers to quit the habit and to discourage the non users from ever starting it. Here the role of the health professional comes into existence. A survey of smokers in US found that if given a choice, they would prefer to receive smoking cessation counseling from a health professional. When given the counseling by health professional 10-20% of cessation rates were found in the individuals. A recent survey in Hungary found that advice from health care professionals to quit ranked second in effectiveness after request from the smoker’s family. More amount of cessation rates can be seen if the cessation counseling is given by the dentists to help the patients quit the habit. However, compared to physicians and other health professionals, dentists are less likely to provide tobacco use cessation advice and counseling and feel inadequately prepared to provide tobacco cessation advice to their patients. The reasons for not providing it include time and reimbursement issues, poor education regarding tobacco cessation and lack of further postgraduate training and coordination of dental and smoking cessation services. Another area of research is the attitudes of dental students, the future dentists, towards tobacco control programs. When comes to the
dentists role or the upcoming graduates they play a significant role in motivating the patients to quit the habit and improve their oral as well as their general health and their socioeconomic status can also be improved. The dentists and the dental students should make it routine to speak about the habit to the patient and help him to quit the habit, but are they really doing it as oral health experts and this should be done to motivate the patient and also they can bring out an positive change in this area of public health. The aim of the present study was to assess the dental students attitudes towards tobacco cessation in a dental office/set up.

Methodology

The present study is a descriptive, cross-sectional, epidemiological survey conducted on interns to evaluate their attitudes towards tobacco cessation in various dental colleges in and around Hyderabad. The study population comprised of interns in various dental colleges in and around Hyderabad. The seven dental colleges which are located in and around Hyderabad were taken into consideration. Out of seven dental colleges six dental colleges has given the permission for the study. The interns who were at the end of their rotatory internship programme were taken as the sample. 239 interns participated in the study after the purpose of the study was explained to them and consent was taken from them before the start of the study. Colleges whose permission was obtained and interns present at the time of the study were included. A pilot study was carried out on a sample of 61 subjects to check the feasibility of conducting the survey and understanding the questionnaire. This pilot study also helped in exacting the pre-designed proforma (which included questions on socio demographic factors like age, gender, their habit of smoking, questions regarding their attitude towards tobacco cessation ) and in making modifications wherever necessary to design the final proforma. The pilot study subjects were not included in the main study. The study was systematically scheduled for a period of about two months from August 2013-September 2013. For the collection of data, a specially designed, pre tested questionnaire was used to test the dental students attitude towards tobacco cessation counseling, practices, barriers for not implementing these practices. The questionnaire consisted of questions regarding demographic data, questions regarding tobacco cessation counseling, implementing specific strategies, questions regarding barriers to tobacco cessation counseling practices. The purpose of the study was explained to the interns and only those who were willing to participate were asked to fill in the questionnaire. The questionnaire was given to the interns for filling and sufficient time was given to them for filling the questionnaire and the questionnaire forms were collected back from them on the same day after the completion of filling the questionnaire. The data obtained was compiled systematically, transformed from a pre-coded proforma to a computer and a master table was prepared using Microsoft Excel 2007. Descriptive statistical analysis was done to obtain the results.

Results

The present study was a cross sectional study conducted on 239 interns in various dental colleges in and around Hyderabad. Among 239 interns, 64.80%(155) were males and 35.1%(84) were females (Fig 1). From the total sample 92.4%(223) were planning to advice the patients about tobacco cessation in their professional career and 9%(22) were not sure about this(Fig 2). From the total sample 94%(221) feel that discussing specific strategies for tobacco cessation will help the patient to quit, 2.1%(5) were not sure about this(Fig 3). 66.8%(158) felt that involving other healthcare professionals would help the patient to quit the habit, 30.2%(73) were not sure about this(Fig 4). From the total sample 53.5%(128) disagree that the dental professional time can be spent on other things rather than on tobacco cessation counseling(Fig 5). From the total sample 62.6%(149) were interested in attending tobacco cessation programmes(Fig 6).

Discussion

The present study is a cross sectional study which was conducted in various dental colleges in and around Hyderabad. The dental office provides an excellent setting for providing tobacco cessation intervention services and so it is important that the dentist be prepared to intervene those who are willing to quit. Our study sample consisted of 239 interns and among them 64.8% were males and 35.1% were females. 92.4% of the study subjects were planning to advice the patients to quit the tobacco use in their professional career and this was similar to the respondents response in a study done by Pradeep S. Tangade et al this was because the students feel that it is their professional responsibility that they should advice the patients to quit and also motivate them to
quit the habit for their benefit. 94% of the study subjects agreed that discussing specific strategies would help the patients to quit the habit but this was not similar to the study done by Pradeep et al, but in a study done by Rajasundaram et al it was similar to the present study and the cessation counseling can be done in a sustainable and planned manner if specific strategies are planned for the patients this is possible if 5 A’s is followed and executed properly in the counseling sessions. 66% of the study subjects felt that involving other health care professionals would help the patients to quit the habit and this was similar to the study done by Rajasundaram et al and this is necessary to involve other health care professionals so that if any more improved plans are there for cessation counseling they can be implemented in a more sustainable way and also the other healthcare professionals might also have knowledge about the general health problems faced by the patients and they can deal with more attention when other organs are involved other than the oral cavity.

56% of the study subjects disagreed that their time can be spent on other things rather than tobacco cessation counseling and this was similar to the study done by Rajasundaram et al and Pradeep et al and this is seen in most of the practitioners and this might be due to their busy schedules in the practice and also if they are not trained properly the cessation counseling cannot be given properly to the patient by the practitioner and if the patient is not with strong motivation to quit the habit the professional time goes in vain in counseling the patient to quit and this is the major reason why many of the professionals feel that their time can be spent on other things rather than on tobacco cessation counseling. 63% of the study subjects were interested in attending tobacco cessation counseling programmes and this was similar to the study done by Pradeep et al and this is a good phenomenon that majority of the study subjects are interested in attending the tobacco cessation counseling programmes to improve their knowledge on the interventions and strategies which can be planned better for motivating the patients to quit the habit in a sustainable manner and also to provide quality care for the patients and also to improve their knowledge on such cessation counseling programmes. If the goal of tobacco cessation curricula is to influence students’ future clinical practice behaviors – to produce practitioners who incorporate tobacco cessation promotion as a routine component of dental practice then instructors must understand where students are starting from. Attitudes, concerns, and reservations must be acknowledged and addressed. Students need to understand the principles of tobacco cessation. Further, dental faculty need to reinforce the tobacco interventionists’ message more consistently and clearly.

Conclusion

A unified effort among health professionals is needed to reduce the morbidity and mortality associated with tobacco use. If more programmes are conducted by the institution and if faculty can also be included into this the students knowledge can be greatly improved. With a clear vision and administrative support, faculty could strive to develop practitioners who feel prepared and comfortable helping tobacco-using patients abstain. The results of this study indicate that tobacco cessation counseling may be practiced more widely if dental students were given additional training during their undergraduate education.

References

Illustrations

Illustration 1

Distribution of study subjects according to their gender.
Illustration 2

Distribution of study subjects based on their opinions about planning to advice the patients about tobacco cessation in their professional career.
Illustration 3

Distribution of study subjects based on their opinion about discussing specific strategies will help the patient to quit.
Illustration 4

Distribution of study subjects based on their opinions about involving other health professionals would help the patient to quit the habit.
Illustration 5

Distribution of study subjects who disagree that the dental professional time can be spent on other things rather than on tobacco cessation counseling.
Illustration 6

Distribution of study subjects based on their interest in attending tobacco cessation programmes.