

EDUCATION OF THE HIGHER SCHOOL STUDENTS IN BITOLA REFERING TO TOBACCO USE AND THEIR ROLE IN HEALTH PROMOTIVE ACTIVITES

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SUMMARY

Health professionals should have a key role in health promotive activates, referring to reduced tobacco use. The aim of the study was to present the students knowledge level related to harm smoking and presenting the students degree of gained training for smoking cessation. **Materials and methods:** The study is realized through epidemiological study using cross sectional study, according standardized methodology of Global Health Professional Survey. Study population comprised 100 examined of the college students. **Results:** During the educational process 77,5% females, and 93,1% males have got some training about harm and danger due to smoking, but as for the approaches for quitting smoking 59,2% females and 62,1% males; 86,6% from them are at the age of 18 to 24 years. **Conclusion:** Qualitative changes are needed in the current educational curriculums and programs.

Key words: smoking, medical students, education, knowledge.

1. INTRODUCTION

Tobacco use is the single largest preventable cause of death worldwide. Every year, nearly 5 million people die from tobacco-related illnesses, while that number is expected to more than double by year 2020 (1,2). By that time, 70% of those deaths will occur in developing countries. (3) In the era of prevention and promotion of health habits associated to the health professionals are worth special attention. Doctors and other health staff are role models for patient behavior to the entire population. They play an advisory role in smoking prevention and quitting of the smoking habits, which is the primary goal group for campaign against smoking as recommended by the WHO (4). It is quite paradox that in spite of numerous information on the harmful effects, caused by smoking, gained during studies in medical schools, smoking continues to be practiced among students in these schools(5).

Health professionals should have a key role in health promotive activities, referring to reduced tobacco use. That is an important cost effective method for smoking reduction.(6)

Aim of the study:

- Presenting the students knowledge level related to harm smoking.
- Presenting the students degree of gained training for smoking cessation.

2. MATERIAL AND METHODS

The study is realized through epidemiological study using cross sectional study for the period march-april 2010, according standardized methodology of Global Health Professional Survey (GHPS), established by WHO- Center for Diseases Control (CDC)-USA and Canadian Public Association (CPHA), 2005. Fundamental instrument is a Core Questionnaire of Global Health Professional Survey (GHPS), composed of 43 questions. In the structure of this standardized questionnaire there are six segments with different aspects referring to posed questions. First segment refers to smoking prevalence. Second segment refers to passive smoking at home and other places. Third segment comprises data referring to education, training and knowledge about health effects due to smoking. The fourth segment is composed of questions which should provide data about attitudes of investigated referring to tobacco use, the fifth part of the

questionnaire refers to students education for harmful effects due to smoking. For the needs of this study, the fifth part of the questionnaire is used. Target population is students of the Medical College in Bitola. Study population comprised 100 examined of the college students from the first, second and third year of studies. The collected data are shown in tables and figures. Statistical significance was tested using the chi-square test.

3.RESULTS

The highest percent of females during their study process have been taught about dangers due to smoking 77,5%, 22,5%, have not been. Percentage difference registered at females in refer to that whether they have or haven't got training is statistical significant for $p=0,0000$ (table 2). The highest percent of males during their study process have been trained about dangers due to smoking 93,1%, 6,9% have not been. Percentage difference registered at males in refer to that whether they have or haven't got training is statistical significant for $p=0,0000$ (table 3).

Percentage difference registered between female and male smokers in refer to gaining training is statistical non significant for $p=0,0752$ (table 2).

The highest percent of investigated who during their study process have got training about harmful and dangerous effect of smoking are at the age the age of 18 to 24 years- 86,6%, 3,7% are at the age of 25 to 29 and 1,9% over 30 years old. Percentage difference registered at those at the age of 18-24 in refer to the rest who got training is statistical significant for $p=0,0000$ (table 2). Percentage difference registered between those at age 18-24 who got training (86,6%) in refer to those who didn't get training (94,4) is statistical non significant for $p=0,3753$ (table 2).

The highest percent of females during their training have been thought about approaches for quitting smoking that can be used at their patients – 59,2%, 40,8% haven't trained. . Percentage difference registered at females in refer to that whether they have or haven't got training is statistical non significant for $p=0,2158$ (table 3).

The highest percent of males during their training haven't been thought about approaches for quitting smoking that can be used at their patients – 62,1%, 37,9% have been taught. Percentage difference registered at males in refer to that whether they have or haven't got training is statistical non significant for $p=0,0706$ (table 4). Percentage difference registered

between female and male smokers in refer to received training is statistical non significant for $p=0,0568$ (table 3).

The highest percent of investigated who during their educational process have got training about approaches for quitting smoking that can be used at their patients are at age of 18 to 24 86,8% , 1,9% are at the age of 25 to 29 and 11,3 are over 30 years. Percentage difference registered at those at the age of 18 to 24 in refer to the rest who got training is statistical significant $p=0,0000$ (table 3). Percentage difference registered between those at age of 18-24 who got training (86,8%) in refer to those who have not got training (89,4%) is statistical non significant for $p=0,6903$ (table 3)

4. DISCUSSION AND CONCLUSION

Numerous studies are performed in the Republic of Macedonia about smoking from several aspects: within the frames of WHO-s activates through the project Global Youth Tobacco Survey-GYTS supported by CDC Atlanta and WHO regional Office for Europe in the Republic of Macedonia in year 2002, 8,2% smoking prevalence is confirmed at youth age 13-15 and 20% out of them have notified their smoking beginning before the age of 10. In the study for smoking at adolescents conveyed by questionnaire- social medical aspects of tobacco use at Youth in Macedonia in 2005, 420 investigated were comprised - age 13-16 in the region of Skopje. The results showed that almost 21,2% have used tobacco and 15,9% are still using it.

In the study performed in year 2000/2001 about role of Health education for risk factors prevention for occurring health ischemic disease at the population- age 15-64 is confirmed a high smoking prevalence of 42,7%. (7) The study at doctors in The Republic of Macedonia showed that more than 1/3 of investigated doctors are every days smokers, 39% males and 30% females. Over 35% of investigated smoke more than 20 cigarettes daily. Average age of smokers is 16,38 at males and 14,37 at females.(8) Analysis of knowledge about smoking through the question: Has anybody thought them during their training (studying) about harmful effects of smoking? Positively replied 93,1% of males and 77,5% of females.

The highest percent of investigated that have been trained about harmful effects of smoking during their educational process is at the age of 18-24 – 86,6% that corresponds to the age structure of the students in the Medical College in Bitola. As for the education of investigated,

whether somebody has taught them of smoking cessation approaches that can be also used with their patients, positively replied 59,2% of females and 62,1% of males, so that the highest percent of those who replied positively are at the age of 18-24.

Tobacco smoking is widespread habit almost all countries in the world have same or similar problems related to that harmful habit. So, for instance in Poland: 38% of men and 26% women are smokers (9). That habit is also common among medical students despite a perception in society expecting future medical workers to maintain a healthy life style. The data obtained from students of the Medical University of Gdansk not long ago, showed that 21% of them were daily smokers; 28% of men and 17% of women.(10) Any how , polish medical students smoke less than their colleagues in Greece, Spain, Turkey or Slovakia, but much more than in the USA, Australia, Norway, China etc.(11) Data showed that tobacco smoking increased during the years of education. For example in India there were 7% of smokers at the first year and more than twice as many at the fourth year of studies (12) It is similar situation in Albania, where tobacco smoking among medical students is very popular there, in the first year 34% men and 5% of women started smoking, whereas in the sixth year 55% of men and 34% of women were smokers.(13)

Cigarette smoking is still the leading cause of preventable morbidity and mortality in USA, (14) 45 million Americans are smokers.(15) Because of that, the Public Health Service guidelines recommend that every clinician counsel patients to quit smoking and a large body of evidence supports the effectiveness of physician interventions. It is also recommended- tobacco dependence counseling to be included as core curriculum for US medical studies.

Generally, it is evident that promotion of the knowledge level is necessary for the students of medical professional school about harmful effects due to smoking through qualitative changes of the current curriculums and programs.

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