

# 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**

***Republic of Somaliland***  
***Ministry of health & Labour***

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***Report on the global health professionals' student survey 2007***

***Somaliland GHPSS,2007,Hargeisa Somaliland.***

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## **1. Introduction:**

Tobacco use is one of the major preventable causes of premature death and disease in the world of the 1.3 of current smokers world –wide four-fifth, live in developing countries, while tobacco use causes almost 5million deaths each year according to who estimates. this current death toll is likely to double by the year 2030 if the present tobacco use is not stopped and over 70% of those deaths is reckoned to occur in the developing countries.

The burden of disease from the tobacco epidemic is general and Africa in particular. it is therefore ture that both the burden from communicable diseases and non-communicable chronic diseases are shifting to exert undue pressure from disease on this tiny and poor nation.

Generally, 50% of young people above the age 15 years do smoke cigarettes including those in the medical and nursing professional schools it is not therefore surprising to worry about how credibly those fresh blood generation of health workforce would be able to make a difference in the control of tobacco in the services of the nation during their professional practice and career development as trained and qualified health workers and will be able to institute tobacco cessation programmers for their patients and the public at large.

The Somaliland has then been conducted as a school-based survey to elicit the needed information on the variables of relevance to gather the desired information that could be useful in monitoring and developing Somaliland’s comprehensive tobacco control strategies and programmers in educational institutions and public health organizations.

## **2. Methods**

### **Design**

The global health professionals student survey is one of the most important tobacco surveillance systems among the currently employed tobacco use data collection systems which include: Global School Youth Tobacco Survey(GYTS),Global School Personnel Survey(GSPS),Global Health Professional Student survey(GHPSS)and the Global Adult Tobacco Survey(GATS).

The Somaliland GHPSS was school-based survey involving all medical colleges and nursing schools in Somaliland All third year medical and nursing student s were eligible to complete the

survey. The two existing medical schools in Somaliland and Hargeisa Institute of Health Sciences for the nursing students were covered by survey.

Standard core questions were used to collect data on key variables of interest which among others include: Demographics, Prevalence of Cigarette Smoking, Use of Other Tobacco Products, ETS and training and desire to quit smoking, as well as, counseling on cessation techniques. In Somaliland two medical classes for 27 students and one nursing class for 36 students have participated in the survey. The classes that were included in the survey were those of the 3<sup>rd</sup> year student.

The questionnaire was translated into Somali language and back into the original English version for perfect medical and the Somali version was administered to the survey. No sampling variables were needed when analyzing the 2007 Somaliland Medical and Nursing GHPSS data because all third year Medical and Nursing Students have been covered by the survey. The response rate for schools statistical tests using 95% confidence interval.

#### 4. Results

Table 1. Overall Response Rates of Colleges and Third-Year Medical and Nursing Students In Somaliland GHPSS, 2007.

	Medical	Nursing
Schools (%)	100	100
Schools (n)	2	1
Students (%)	100	100
Students (n)	27	36

The above mentioned table depicts 2007 Somaliland GHPSS

The above mentioned table depicts 2007 Somaliland GHPSS (Global Health Professional Student Survey) Somaliland Medical Schools.

All third-year medical students in all schools were surveyed. Overall response rate of schools were 100%, where both schools participated. While 100% of the 27 sampled students

completed the questionnaires. Similarly, Somaliland Nursing School response rate was 100% of the 1 sampled school and for 36 of the 36 students completed the questionnaire survey.

The above results can be used for tobacco use risk behavior of 3<sup>rd</sup> year medical and nursing students in Somaliland.

## Measurement

This reports includes information on current cigarette Smoking, current use of tobacco products

Other than cigarettes ,exposures second hand smoke to SHS at home and in public places, and the extent to which schools have official policies banning smoking in school buildings and Clinics ,and if the policies are enforced .in addition ,attitude questions were asked regarding ;health professionals as role their patients, whether health professionals think they should get training in patient cessation techniques ,and if they have ever received formal training on such cessation counseling techniques,

## Students characteristics

The percentages of medical students who were females was almost 0% while 59.4% of nursing ?students were females and 75% were less than age 25. There were no other disciplines that students were studying . the present medical and other health professionals education is confirmed to medical and nursing field in Somliand.

A little over 50 % of medical students have had ever smoked in their life time .while three-tenths initiated smoking before the of 16 years more over . only 1 in 10 are used other tobacco form. The worry is that they started Smoking at a very young age.

While almost 6% of medical students currently smoke cigarettes but none of them reported using other tobacco products, either, therefore it is apparent that there has been drastic drop among medical stud

Table 2. Lifetime and Current Prevalence of Tobacco Use among Third-Year Medical and Nursing Students

Somaliland GHPSS, 2007

	All Respondents			Current Use	
	Ever smoked cigarettes	Ever smokers who initiated daily cigarette smoking before age 16 years	Ever used chewing tobacco, snuff, cigars, or pipes	Cigarettes	Chewing tobacco, snuff, cigars, or pipes
	ESMOKER	INITIATION16	EOTOB	CSMOKER	COTOB
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
<b>Medical Students</b>					
Total	52.6	30.0	10.5	5.6	0.0
Women	*	*	*	*	*
Men	66.7	*	*	*	*
<b>Nursing Students</b>					
Total	30.0	*	6.3	6.5	6.3
Women	*	*	*	*	*
Men	*	*	*	*	*

ents in cigarettes smoking terms of

Or not hence inclusion of questions establishing causal –relationships is highly desirable to strengthen training in smoking cessation or otherwise.

Surprisingly all users of other tobacco products rather than smoking have had given up and having empowerment to give counseling cessation cessations sessions to their patients to enable them quit use of tobacco and smoking at least theoretical.

Nursing schools

3 in 10 of the nursing students ever used smoking and 6.3 % of them ,had ever used other forms of tobacco products ,while currently 6.5 % smoke and the some numbers of nursing students use other forms of tobacco ,,the current users of any tobacco products among nursing students in Somaliland is higher then that reported by medical students and requires immediate intervention through training for cessation programmers

**Table 3. Policy and Exposure to Secondhand Smoke among Third-Year Medical and Nursuing Students**

Somaliland GHPSS, 2007

	Ever Cigarette Smokers			All Respondents		
	Smoked on college premises/property during the past year	Smoked in college buildings during the past year	Colleges with an official policy banning smoking in college buildings and clinics	Colleges that had an official policy banning smoking in school buildings and clinics that enforced the ban	Exposure to smoke at home during the past week	Exposure to smoke in public places during the past week
	CORE4 % (CI)	CORE5 % (CI)	SCH_POLICY % (CI)	SCHPOLICYENFORCE % (CI)	ETS_HOME % (CI)	ETS_OTHERPLACES % (CI)
Medical Students	*	*	42.1	*	52.6	73.7
Nursing Students	*	*	40.0	60.0	65.6	65.6

2 in 5 of the medical students and the same number of nursing students responded that they have official policy banning smoking in college / school buildings

And clinic. while three fifth of the nursing students pointed out the officials policy banning smoking in their school buildings and clinic is enforced .



A higher percentages of nursing students reported that they have been exposed to environment tobacco smoke (ETS) at home during the past week. This is of particular concern, since non smokers who have been exposed to ETS have 30% to 50% increased risks of developing health problems that are similar to those actual smokers should have to encounter in their lifetime. While 7 in 10 among the medical student and almost the same number of nursing student have been exposed to smoke from others in public places during the past week. This calls the need of introducing regulatory framework of banning smoking in public place across the Somaliland Republic.

**Table 4. Cessation, Education and Perception of Responsibility to Counsel Patients among Ever Smokers, Third-Year Medical and Nursing students**

Somaliland GHPSS, 2007

	Current Cigarette Smokers who want to quit smoking cigarettes now	Current Users of Other Tobacco Products who want to quit using other tobacco products now	Percentage Answering "Yes"		Learned cessation approaches to use with patients
			Do health professionals serve as role models for their patients and the public?	Should health professionals get specific training on cessation techniques?	
	CESS_CIGS % (CI)	CESS_OTOB % (CI)	TOT_CORE20 % (CI)	TOT_CORE19 % (CI)	CORE36 % (CI)
Medical Students	*	NA	52.6	42.1	38.9
Nursing Students	*	*	84.4	83.9	77.4

Over fifty percent of medical student and nearly 9 in 10 of the nursing student are of the opinion that health professionals have clear roles and responsibilities to advice and warn their patients and the public about the dangers of smoking and other forms of tobacco use.

Similarly, 2 in 5 of the medical students and four-fifth of the nursing students have positively responded on the need of getting specific training on cessation techniques on their basic training courses in colleges.

While 2 in 5 of the medical students and almost four-fifth, among the nursing student in health teaching schools in Somaliland have had pinpointed that they have learned. cessation approaches to use with patients in their routine clinical and patient care giving tasks.

However, the tradeoffs between theoretical knowledge, skills development and action taking in tobacco use control strategies and cessation techniques should have to be balanced within the ordinary theory and practical sessions during the training in colleges/schools if we are determined to make the 'difference'.

It is true that knowledge it self will not automatically produce the desired results immediately .it is thus evident to augment knowledge with practice by taking action and translating what is learnt into practical realities.

#### **4. Discussion**

Nursing student had highest prevalence (6.5%) of current cigarette smoking .The prevalence of current cigarette smoking was lowest among (Medical) students (5.6%).However there is no significant difference the two groups. While the overall current smoking among them is essentially low (6.3%).Tobacco use endangers the health of health professions student and negatively influences the future health professions workforce to deliver effective anti-tobacco counseling measures when they start seeing patients .The tobacco community should target tobacco users among health professional student to overcome this situation. Educational institutions health professional student should help their student quit using tobacco by providing encouragement and information to student who are considering quitting and providing assistance to student who are motivated to quit with the understanding the health hazards that are embodied with in the use of all kinds of the deadly tobacco epidemic.

Over 65% of the student reported they were exposed to SHS in public places as well as at home.60% of student reported their schools have an official policy banning smoking in school building and clinics. Enforcement of the school policies is HIGH. Educational institutions training health professions student should be encouraged to provide smoke free work and study areas by banning smoking in their building and clinics .A smoke free work environment has been shown to improve air quality, reduce health problems associated with exposure tobacco smoke, support and encourage cessation attempts among smokers trying to quit ,and receive high levels of public support from people who spend time in the area .Furthermore, the creation of smoke free area by health education institutions sends a clear message to educators, student,patients,and clinicians about negative impact of tobacco .

Health professions student should be trained provide effective, accurate, and accessible advice to patients on all aspects of health. The Somaliland GHPSS data show that over 84% of nursing student but only 52.6% medical students recognize that they are role models in society.

The Somaliland GHPSS surveyed 3<sup>rd</sup> year students, so it is possible that student receive training on patient cessation techniques the latter years of their programs. To address this possibility, the GHPSS research coordinator, raised this question to the school administrators and found that, in the majority of the, there is no formal training at any time. Of the institutions with some training, the type of training included: problem-based learning, included in generic counseling curricula; or included in curricula as part of community medicine or public health courses. This study did not make an effort to evaluate the adequacy of cessation training in the Republic of Somaliland at the time of reporting this type of survey. However, professional training for health professions student should include courses detailing the harmful health effects to tobacco use an exposure to secondhand smoke, as well as training in counseling on tobacco cessation methods and pastier.

Curricula should include a course or supplements to existing courses specifically relevant to tobacco issues. It management is resistant to making changes in the core curricula, schools should be encouraged to incorporate tobacco –related modules within existing courses.

So for at majority of evaluation research conducted on tobacco-related curricula has been carried in high income countries .Relatively little information about the process of teaching health professions student in low and middle-income countries about smoking prevention and cessation is accessible to the international tobacco control community; Peer-reviewed studies in international settings about educational materials and techniques to improve the capacity of health professions students to treat and counsel patients on cessation are necessary to focus limited resources on effective and efficient strategies to reduce the prevalence to tobacco use. Concerted efforts should be made to assess and share the content of tobacco control components within the forma; teaching should be carried out to assess the impact of existing tobacco control-related materials and training provided in health professions schools in a variety of cultural and economic environments. The products from such research could from a compendium of “best practices “of patient counseling for training health professions students relevant to countries with a broad spectrum of health resources and infrastructures.

## **5.Conclusions/Recommendations**

Educational institutions, public health organizations, and education officials should discourage tobacco use among health professions students and work together to design and implement programs that train health professions students in effective non-initiation cessation-counseling technique on smoking programmers. The health professions in Somaliland GHPSS has shown significant unmet need for cessation assistance among health professions student as well as, gaps in professional training to provide similar effective assistance to their future patients. The health professions GHPSS is helpful in evaluating the behavior and attitudes regarding tobacco among health students, but additional research is necessary to improve the evidence base for effective tobacco-related curricula, especially materials

that are appropriate for a range of cultural and economic settings. In the Republic of SOMALILAND if the goal of tobacco control in the community is to reduce substantially the use of tobacco products, then resource should be invested in improving the quality of education of health professions students with respect to tobacco control, and of course is to be addressed urgently as top priority interventions; while the whole initiative in developing countries including the Republic of Somaliland has dual advantages ; increase of household savings and improved public health and is something that can be achieved by trained health professionals in the field of tobacco control, when they are rightly prepared to take the lead.

The high drop among medical and nursing students in the use of tobacco including smoking after initiation, when they joined health teaching institutions might be employed as starting point to launch comprehensive tobacco cessation policies, strategies that would eventually make a difference.

It is therefore highly recommended the design in development and use, of evidence-based curricula on tobacco use prevention and control modalities within the context of Somaliland must be achievable for adoption by educational institutions, public health organizations, and education officials and interested parties.

It is highly recommended more appropriate, tested; practical result-oriented and achievement based methods must be employed for transfer of knowledge and skills to health professions students, in order to enable them capture on the many ways of tobacco use control and scale-up prevention against exposure to E.T.S by themselves and the public.

Need for more investigation and mobilizations of resource envelope to effect pertinent and efficient actions at the right time.