

**Study conducted under African Tobacco Situation Analysis (ATSA)  
Initiative of the International Development Research Centre (IDRC) &  
Bill and Melinda Gates Foundation (BMGF)**

**Report on**

**Health Professionals Survey in Mauritius:**

**Knowledge, Attitudes, Beliefs and**

**Practices with respect to tobacco use and**

**smoking cessation**

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## List of Abbreviations

ATSA	-	African Tobacco Situation Analysis
BMGF	-	Bill and Melinda Gates Foundation
CDC	-	Centre for Disease Control
FCTC	-	Framework Convention on Tobacco Control
GHPSS	-	Global Health Professional Students Survey
IDRC	-	International Development and Research Centre
KABP	-	Knowledge, Attitudes, Beliefs and Practices
MoH&QL	-	Ministry of Health and Quality of Life
WHO	-	World Health Organization

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## **EXECUTIVE SUMMARY**

During the African Tobacco Situation Analysis workshop held in June 2008, the need to survey health professionals on their knowledge, attitudes, beliefs and practices with respect to tobacco use and smoking cessation was identified. The objectives of the survey are therefore: (a) to determine tobacco use prevalence among health professionals working in the public health sector of Mauritius; (b) to explore their knowledge, attitudes, beliefs and practices (KABP) with respect to tobacco use and smoking cessation and; (c) to assess their skills and training needs in smoking cessation techniques.

This research work is a national cross-sectional survey of Mauritian health professionals in the fields of medicine, midwifery/nursing and dentistry, working in the public service. Stratified random sampling was used to constitute a sample of 370. The Global Health Professionals Students Survey questionnaire, which has been adapted to the Mauritian context, was used after ethical clearance was obtained from the MOH&QL Ethics Committee.

The overall prevalence of tobacco use among health professionals is 11.9%. The vast majority of health professionals are supportive of the required involvement for smoking cessation. However, 65% think that they do not have the necessary knowledge and skills to help smokers to quit in their practice. Moreover, 95.1% of health professionals think they need training in smoking cessation techniques and 94.3% are willing to receive such training. 93.2% health professionals would refer their patients who smoke to the smoking cessation clinic in their area of practice if available.

Three major recommendations emanate from findings of this study: (a) Health professionals need to be trained for improved practice with respect to smoking cessation approaches; (b) Health professionals who smoke need to be given the necessary support to quit smoking; (c) Effective smoking cessation services need to be enhanced by aggressive media communication and marketing at national level to meet the demand.

# **INTRODUCTION**

## **INTRODUCTION**

“The Role of Health Professionals in Tobacco Control” was the theme of the World Health Organization (WHO) World No Tobacco Day in 2005 [WHO 2005]. Health professionals are not only responsible for primary health care and education for tobacco related problems, but are also role models in the community [WHO 2005]. The preamble of the WHO Framework Convention on Tobacco Control (WHO-FCTC) emphasizes the role of health professional bodies in efforts to include tobacco control in the public health agenda and contribute actively to the reduction of tobacco consumption. [WHO 2003]

The WHO-FCTC is the first international public health treaty on tobacco control [WHO 2003]. Mauritius ratified the WHO-FCTC in May 2004 and consequently, the Ministry of Health and Quality of Life (MoH&QL) put forward the National Action Plan on Tobacco Control 2008-2012. Its main objective is to reduce tobacco related mortality and morbidity by preventing the use of tobacco products, promoting cessation and protecting from exposure to environmental tobacco smoke [MoH&QL 2007]. In conformity with the FCTC, Mauritius passed new regulations on tobacco known as the Public Health (Restrictions on Tobacco Products) Regulations 2008 in November 2008 and these regulations have been effective as from 1 March 2009 [MoH&QL 2008].

Mauritius, is one of the twelve sub-Saharan countries participating in the African Tobacco Situation Analysis (ATSA) initiative supported by the International Development and Research Centre (IDRC) and the Bill and Melinda Gates Foundation (BMGF). Following a baseline assessment, a stakeholders meeting and a mapping exercise during the ATSA workshop in June 2008, three priorities for action-research have been identified:



- (1) supporting the WHO and MoH&QL smoking cessation programme
- (2) evaluating the impact of text-based health warnings on cigarette packages; and
- (3) supporting smoke-free initiatives in public places and workplaces.

In order to support the smoking cessation initiative by the WHO and the MoH&QL, health professionals have to be empowered with the necessary knowledge and skills with respect to smoking cessation techniques and interventions. It is therefore pertinent to survey this population on their knowledge, attitudes, beliefs and practices with respect to tobacco use and smoking cessation.

The WHO, the US Center for Disease Control and Prevention and the Canadian Public Health Association developed the Global Health Professionals Students Survey (GHPSS) to collect data on tobacco use and cessation counselling among health-profession students [WHO 2010].

Being given the absence of studies on tobacco use and cessation counselling, neither among health professional students nor among working health professionals, in Mauritius, the need for this research work was identified during the ATSA workshop. A study to have a better understanding of the knowledge, attitudes, beliefs and practices (KABP) of health professionals will contribute a lot in implementing effective smoking cessation service.

The rationale for surveying only health professionals of the public sector is the fact that the MoH&QL is planning to run smoking cessation clinics in the public sector nationwide. In fact, as Mauritius started to implement the National Tobacco Action Plan 2008-2012, a smoking

cessation clinic was launched on a pilot basis at Odette Leal Health Clinic, situated at Beau Bassin, in December 2008. There is a strong political will and commitment to extend this smoking cessation service on a national basis. This governmental decision will get a boost as Mauritius is one of the seven countries which have been selected by the WHO to benefit from European Union financial and technical support to set up and improve smoking cessation service.

The implementation of a nationwide cessation services is necessary as tobacco-related morbidity and mortality are increasing in Mauritius. In 2008, respiratory and circulatory diseases represent 18.6% of causes of hospital attendance, digestive disorders (7.2%) and endocrine disorders (5.1%) also need to be considered as these diseases are aggravated by tobacco use [Health Statistics Report 2008]. Respiratory tract, oral and stomach cancers consists 30% of all new cancers among males during the 2005-2008 period and 41% of male cancer mortality [National Cancer Registry Report 2005-2008].

# **OBJECTIVES**

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### **The objectives of the survey are:**

- (1) To determine tobacco use prevalence among health professionals working in the public health sector of Mauritius
- (2) To explore their knowledge, attitudes, beliefs and practices (KABP) with respect to tobacco use and smoking cessation
- (3) To assess their skills and training needs in smoking cessation techniques.

# **METHODOLOGY**

## **METHODOLOGY**

This is a national cross-sectional survey of Mauritian health professionals working in the public service.

The study population consists of health professionals in the fields of medicine, nursing/midwifery and dentistry, working in the public sector of Mauritius.

Stratified random sampling was used; the strata consisted of various categories of health professionals, namely Medical Officers (doctors), Specialist Doctors, Dental Officers (dentists) and Qualified Nurses/Midwives.

Considering a margin of error of 5%, at a confidence level of 95%, a minimum sample size of 370 was targeted. In case of refusal to participate in the survey, non-respondents were substituted by the next selected health professional within the same category and hospital.

Data was collected by means of an adapted version of the self-administered Global Health Professional Students Survey (GHPSS) questionnaire, which required about 15 minutes for completion. Two experienced data collectors were recruited for delivery and collection of questionnaires for obtaining a better response and understanding of the objectives of the study.

Data entry and statistical analysis were done by an experienced independent biostatistician using SPSS 17.0.

**Ethical considerations:**

Ethical clearance from the MOH&QL Ethics Committee was obtained and authorization from the MOH&QL to carry out the survey in the public health sector of Mauritius was granted.

The self-administered questionnaire was sent to each of the selected health professionals together with a *Covering Letter*, a *Participation Information Sheet* and an *Informed Consent Form* to be signed prior to start of questionnaire. Anonymity has been respected by allocating a code number to each questionnaire. The list of identification numbers is known only by the investigators and is kept in a secure place. Confidentiality of data has been assured throughout the research process.

# **RESULTS**



## **RESULTS**

### **1. Characteristics of the sample population**

Table 1 shows the characteristics of the sample population, which constitutes of 17.5% of doctors, 7.8% of specialist doctors, 1.3% of dentists and 73.4% of nurses/midwives.

*Table 1: Characteristics of the sample population*

	Male		Female		Total	
	n	%	n	%	n	%
<b>Category of health professionals</b>						
Medical Officers	46	70.8	19	29.2	65	17.5
Specialist Doctors	25	86.2	4	13.8	29	7.8
Dental Officers	4	80.0	1	20.0	5	1.3
Nurses/ Midwives	97	35.8	174	64.2	271	73.4
<b>Age group</b>						
≤ 25	1	16.7	5	83.3	6	1.6
26 – 35	71	47.0	80	53.0	151	40.9
36 – 50	46	38.0	75	62.0	121	32.8
51+	52	57.8	38	42.2	90	24.7
<b>Hospital</b>						
Dr A.G. Jeetoo	27	42.9	36	57.1	63	16.9
SSRN	34	41.5	48	58.5	82	22.0
Flacq	22	42.3	30	57.7	52	14.0
J. Nehru	36	46.8	41	53.2	77	20.7
Victoria	53	55.2	43	44.8	96	26.3
<b>Years of service</b>						
≤ 5	30	50.0	30	50.0	60	16.3
6 – 15	57	47.5	63	52.5	120	32.5
16 – 25	40	45.5	48	54.5	88	23.8
> 25	44	43.6	57	56.4	101	27.4
<b>Total</b>	<b>172*</b>	<b>46.5</b>	<b>198*</b>	<b>53.5</b>	<b>370*</b>	<b>100</b>

\* Total may not tally because data was not provided by respondents.

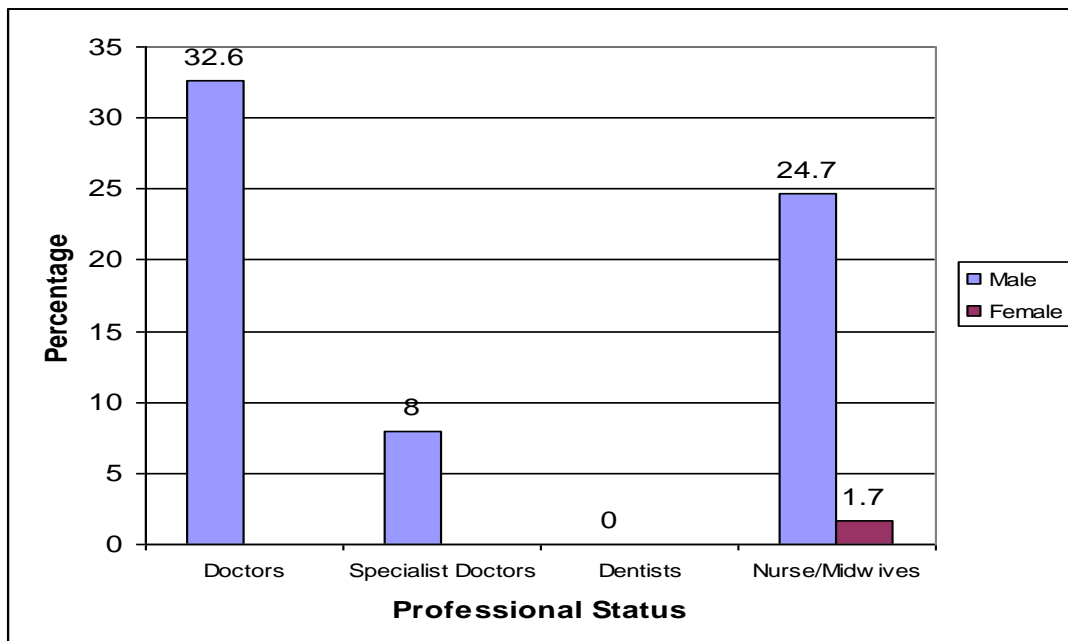
The overall percentage of women and men among the health professionals surveyed was 53.5% and 46.5% respectively.

About 10 respondents, mainly doctors and specialist doctors, refused to participate and were immediately replaced by the next health professional within the same category and hospital.

## 2. Tobacco use prevalence

The overall prevalence of tobacco use among health professionals is 11.9%. 6.5% of health professionals are ex-smokers while 81.5% are non-smokers. The prevalence of tobacco use among health professionals is 23.8% among men and 1.5% among women.

Figure 1 shows the prevalence of smoking among health professionals by category and gender.



*Figure 1: Prevalence of smoking among health professionals by category and sex*

The highest prevalence is noted among male doctors (32.6%) followed by male nurses/midwives (24.7%) and male specialist doctors (8.0%). There are no smokers among the five dentists who were surveyed.

75.0% of smokers report having less than 21 years when they tried the first cigarette.

55.6% of smokers report that they are daily smokers.

Among the health professionals who smoke, 77.8% report having smoked cigarettes on work premises during the past six months.

### **3. Attitudes and attempts to quit**

*Table 3: Intention and Attempts to Quit Among Current Smokers*

	CURRENT CIGARETTE SMOKERS		
	Want to quit smoking cigarettes now (%)	Tried to stop smoking cigarettes during the past year (%)	Ever received help or advice to quit smoking cigarettes (%)
All Smokers (n = 45)	84.4	83.7	9.9*
Male Medical Officers (n = 15)	60.0	80.0	28.3*
Male Specialist Doctors (n = 2)	50.0	50.0	4.0 *
Male Nurses (n = 24)	100.0	100.0	19.6*
Female Nurses/Midwives (n = 3)	100.0	0.0	1.7 *

\* *Multiple answers*

Table 3 reveals the quit intention and attempts among health professionals who are current smokers as well as the support they had ever received to quit smoking.

84.4% of health professionals who smoke report that they actually want to stop smoking and 83.7% had tried to stop smoking cigarettes during the past year.

Among male doctors who smoke, 60% are willing to quit smoking. All the nurses/midwives who smoke have expressed the wish to stop smoking and have tried to stop smoking during the past year.

A little less than 10% of health professionals who smoke have ever received help or advice to quit smoking cigarettes.

#### **4. Attitudes and beliefs of health professionals**

Table 4 provides information on the attitudes and beliefs of participants by category of professionals.

The vast majority of health professionals are supportive of the required involvement for smoking cessation. However, 65% think that they do not have the necessary knowledge and skills.

**Table 4: Attitudes/Beliefs of health professionals about smoking cessation**

Category of health professional  Question	Percentage answering “Yes”				
	All health professionals (n = 370)	Medical Officers (n = 65)	Specialist Doctors (n = 29)	Dental Officers (n = 5)	Nurses / Midwives (n = 271)
Are health professionals who smoke less likely to advise patients to stop smoking?	75.8	73.8	75.9	80.0	76.2
Should health professionals get specific training on smoking cessation techniques?	96.0	95.3	8.1	80.0	96.0
Do health professionals serve as “role models” for their patients and the public?	77.8	77.8	77.8	50.0	78.3
Should health professionals routinely advise their patients who smoke to quit smoking?	98.6	100	96.3	100.0	98.5
Do health professionals have a role in giving advice about smoking cessation to patients?	98.9	98.4	100	100.0	98.9
Are a patient’s chances of quitting smoking increased if a health professional advises him or her to quit?	91.2	89.1	96.3	80.0	91.4
Do you think you have the knowledge and skills to help smokers to quit in your practice?	34.9	53.2	44.4	50.0	29.5
Do you think tobacco cessation techniques are effective?	77.9	74.2	88.5	100.0	77.3

## 5. Knowledge and training needs of health professionals

Table 5 provides details on the knowledge and training needs of participants by category of health professionals.

More than 90% of health professionals, irrespective of their categories, think they need training in smoking cessation techniques and are willing to receive such training.

*Table 5: Knowledge and training needs of health professionals*

Category of health professionals  Question	Percentage answering "Yes"				
	All health professionals (n = 370)	Medical Officers (n = 65)	Specialist Doctors (n = 29)	Dental Officers (n = 5)	Nurses / Midwives (n = 271)
Learned about the dangers of smoking during professional training	87.4	98.4	96.3	100.0	83.6
Learned the importance of recording tobacco use history as part of patients' general medical history	55.7	96.9	96.3	100.0	41.1
Received formal training on smoking cessation during professional training	9.6	20.6	14.8	0.0	6.7
Received training in smoking cessation techniques during period of service	8.2	20.6	7.4	0.0	5.6
Think they need training in smoking cessation techniques	95.1	93.8	92.6	100.0	95.6
Are willing to receive formal training in smoking cessation techniques	94.3	93.7	86.2	100.0	95.2

**6. Practice of health professionals with respect to smoking cessation**

*Table 6a: Current practice of health professionals with respect to smoking cessation*

<b>Current practice of health professionals (n = 370)</b>	<b>Yes (%)</b>
Individual counselling	58.5
Group counselling	21.5
Brochures/Pamphlets	35.3
Medication/Nicotine Replacement Therapy	10.3
Others	8.3

Table 6a shows the positive responses provided by health professionals when they were asked whether they usually provide any of the measures mentioned in the table to their patients during their current practice. 58.5% report they provide individual counselling.

According to health professionals, the possible barriers to promote smoking cessation were:

- Lack of training (76.8%)
- Patient resistance (66%)
- Work load (69.8%)
- Health professional unwillingness (32.9%).

It is to be pointed out that multiple answers were possible.

Table 6b provides information per category of health professionals on their practice with respect to:

- (1) advice provided to patients about the dangers of smoking and
- (2) referral of patients to a smoking cessation clinic in their area of practice if available.

**Table 6b: Current practice of health professionals with respect to smoking cessation**

Question	Percentage answering "Yes"				
	All health professionals (n = 370)	Medical Officers (n = 65)	Specialist Doctors (n = 29)	Dental Officers (n = 5)	Nurses / Midwives (n = 271)
Do you routinely advise your patients about the dangers of smoking?	63.4	76.9	66.7	80*	59.6
Would you refer your patients who smoke to a smoking cessation clinic in your area of practice if available?	93.2	87.7	96.6	100.0*	94.0

The majority of health professionals would be supportive of the smoking cessation clinics if available in their area of practice.



# **DISCUSSION**

## **DISCUSSION**

### **1. Tobacco use and smoking cessation**

The findings of the GHPSS indicated that current cigarette smoking among health-profession students was higher than 20% in seven of the 10 countries surveyed [WHO 2005]. In Mauritius, 12% of health professionals currently smoke and they are predominantly male. This is in line with data from GHPSS which showed a general trend of more male than female students as current smokers [WHO 2005].

The Non-Communicable Diseases Survey Reports showed that the male prevalence of current smokers in Mauritius increased from 35.9% in 2004 to 40.3% in 2009 while the female prevalence decreased from 5.1% in 2004 to 3.7% in 2009 [MoH&QL 2004 and 2009]. This survey reveals that the prevalence among health professionals is 23.8% among males and 1.5% among females as compared to 40.3% and 3.7% respectively.

However, the current prevalence of tobacco use among health professionals is considered high in Mauritius and needs to be addressed by providing them with the necessary skills and support to quit smoking successfully. Even the lowest prevalence of current smokers among health professionals is a matter of concern. This is because for health professionals who smoke the ability to deliver effective anti-tobacco counselling to patients decreases [Lenz 2008]. For health professionals to be efficient in all aspects of their practice, they should be encouraged to quit smoking.

Similar to the American Academy of Family Physicians which strongly encourages all its members and staff to personally avoid tobacco use, the MoH&QL should encourage the health professionals who smoke to quit smoking by providing them with the necessary support and environment [Leawood 2005]. The tobacco legislation in Mauritius bans smoking in health institutions, therefore enforcement and compliance to the law should be the golden rule.

## **2. Role of health professionals in tobacco control**

WHO is encouraging health professionals to provide patients with information about the health consequences of smoking, help their smoking patients to quit and act as role models who promote tobacco free lifestyles [GTTS Collaborative Group 2006]. The perception that health professionals serve as “role models” for their patients and the public is being confirmed by 77.8% of doctors.

Referring to the GHPSS, the majority of medical students agreed that health professionals act as role models: 97.1% Indonesian, 87.3% Bangladeshi, and 80.3% Nepalese students. Similar attitudes and beliefs prevail among dental students : 97.5% Indonesian and 97.2% Indian and 93.3% Bangladeshi students (GHPSS Reports 2005-2008). In Mauritius 75% of dentists perceive that they serve as ‘role models’ for their patients.

The findings of the GHPSS indicated that 87% - 99% of the students surveyed believed they should have a role in counselling patients to quit smoking [WHO 2005]; In Mauritius, 99% of the health professionals surveyed believe they have a significant role in giving advice or information about smoking cessation to patients; 99% of health professionals perceive that they should routinely advise their patients who smoke to quit smoking.

### **3. Training needs of health professionals**

Supporting patients to quit smoking is an important activity for physicians. Health professionals need to acquire the knowledge and skills and to keep abreast with smoking cessation approaches and medication to be used. As per the *Treating Tobacco Use and Dependence: 2008 Update*, there are now seven medications approved by the Food and Drug Administration which are used as smoking cessation treatments that dramatically increase the success of quitting. These medications are: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline [Fiore et al. 2008].

This survey reveals that even though nearly 90% of health professionals were taught about the dangers of smoking, less than 10% of them have ever received any training in smoking cessation approaches during their professional studies. Besides only less than 10% have ever received any training on smoking cessation techniques during their period of service. There is therefore an urgent need to address the training of health professionals. More so, because it has been demonstrated that healthcare professionals who had received training were more likely to perform tasks of smoking cessation than untrained controls [Lancaster et al. 2000].

It is observed that the percentage of medical students who have received formal training in cessation counselling spans from 5.2% in Argentina to 32.6% in Republic of Serbia, Belgrade [CDC 2005]. Investigation by GHPSS research coordinators of curricula in the four target disciplines of the GHPSS revealed that, in 25 of the 31 countries surveyed, there was no formal training at any time [Warren et al. 2008].

The current survey of health professionals in Mauritius confirms that many health professionals who have been trained in Mauritius and other countries in the world do not have the necessary knowledge and skills with respect to smoking cessation techniques. In line with recommendations from the GHPSS, schools for health professionals and health organizations should work together to incorporate training in smoking cessation for all health-profession students. All medical and paramedical programmes of studies in Mauritius should provide in-depth, effective tutorials in prevention of tobacco uptake and training in smoking cessation.

It is important to take into consideration that the majority of health professionals in Mauritius think that they need training in smoking cessation approaches and are willing to receive formal training on the smoking cessation techniques. Health professionals should not only be provided with skills in tobacco cessation, they should also be sensitized on the importance of prevention of tobacco uptake and on the importance of history-taking. It is noted with concern that only 55.7% of health professionals learnt about the importance of taking history on tobacco consumption. Health professionals should ask all their patients about smoking status as well as advise and help those who smoke to quit.

#### **4. Health professionals practice towards smoking cessation counselling**

In practice, however, there are various barriers to promote smoking cessation. Besides lack of training, two other main barriers put forward by health professionals are: workload and patient resistance. Though there are barriers to promotion of smoking cessation, it is interesting to note that nearly 80% of health professionals think that tobacco cessation techniques are effective.

Moreover, this survey reveals that more than 90% of health professionals would refer patients who smoke to a smoking cessation clinic if this service were available in their area of practice. Therefore, different categories of health professionals can work cooperatively toward elimination of all tobacco use by providing cessation counselling and other forms of treatment. The MoH&QL, on its part, will need to indulge in the effective delivery of the smoking cessation services.

One of the strategies to reduce the number of smoking related deaths is to encourage the involvement of health professionals in tobacco use prevention and cessation counselling [WHO 2006]. Counselling by itself or especially in conjunction with medication can greatly increase a person's success in quitting. In particular, quit lines have been found to be effective and can reach a large number of people [Fiore et al. 2008]. Moreover, there is convincing evidence that smoking cessation interventions delivered in primary care settings increase the proportion of smokers who successfully quit. Longer counselling is more effective than brief counselling, but even brief counselling (< 3 minutes) can increase quit rates. [USPSTF 2009]

In light of the above, the MoH&QL has to encourage health professionals to become involved in smoking cessation programs within their community. In parallel, health promotion strategies should endeavour to work towards the prevention of uptake of tobacco use especially among adolescents.

# **RECOMMENDATIONS**



## **RECOMMENDATIONS**

The data with respect to tobacco use, smoking cessation and cessation counselling among health professionals in Mauritius constitute new knowledge for the country. Three major recommendations emanate from findings of this study.

### **1. Health professionals need to be trained for improved practice with respect to smoking cessation approaches**

Health professionals have explicitly articulated their need for training with respect to smoking cessation techniques and positively expressed their willingness to attend such training. A lack of training of health professionals in smoking cessation interventions is the main barrier to implementation of effective smoking cessation services for patients in Mauritius.

This study highlights the need to organize workshops for each category of health professionals to address their training needs with respect to smoking cessation approaches and techniques. It is imperative to invite experts in the field of smoking cessation to conduct regular workshops so as to constitute a critical mass of empowered health professionals committed to prevention and cessation programs.

In the context of the Public Health (Restrictions on Tobacco Products) Regulations 2008, which came into force as from 1 March 2009, it is important that health professionals, both smokers and non-smokers, be given the appropriate knowledge and skills so as to support patients to successfully quit smoking. Health professionals need to be

empowered so as to be able to lead the battle together with the Mauritian nation against the tobacco epidemic and its harmful effects.

## **2. Health professionals who smoke need to be given the necessary support to quit smoking**

Reduction of tobacco use among health professionals should be one of the goals of tobacco control efforts in Mauritius as health professionals are viewed as role models in society. They are also key stakeholders in the prevention of tobacco uptake and in the promotion of smoking cessation among patients. However, achieving this goal presents challenges and requires innovative strategies by the MoH&QL as well as the involvement of health professional organizations in Mauritius.

A holistic approach to facilitate smoking cessation has to be implemented on work premises. It is important that health professionals who smoke be given special consideration in terms of dedicated time and psychological support to benefit from smoking cessation strategies by specialized resource persons. They also need to be given the proper environment to enable quitting and sustain smoking cessation.

## **3. Strategies for effective smoking cessation services need to be enhanced**

As a pillar to the recent tobacco restrictions regulations, an effective smoking cessation service is mandatory. In fact, the joint MOH&QL/WHO smoking cessation programme in Mauritius needs to be implemented and extended on a nationwide basis. The pilot smoking cessation clinic at Beau Bassin and the plan to set up additional clinics

in other parts of the country need to benefit from aggressive media communication and marketing at national level.

Taking into consideration the recent pictorial health warnings on cigarette packs, many smokers contemplate quitting as the ultimate solution. Therefore, smoking cessation services need to be in place to meet the soaring demand. Successful smoking cessation services will lead to a decrease in the prevalence of smokers in Mauritius. In turn, a reduction in tobacco-related morbidity and mortality will be in the interest of the population as they contribute to a healthier Mauritius.

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