

Original article

Attitudes of students of a health sciences university towards the extension of smoke-free policies at the university campuses of Barcelona (Spain)



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ARTICLE INFO

Article history:

Received 9 May 2016

Accepted 26 August 2016

Available online 27 October 2016

Keywords:

Smoke-free policy

Exposure to second-hand smoke

Medical students

Nursing students

ABSTRACT

Objective: To assess attitudes towards the extension of outdoor smoke-free areas on university campuses.

Methods: Cross-sectional study (n = 384) conducted using a questionnaire administered to medical and nursing students in Barcelona in 2014. Information was obtained pertaining to support for indoor and outdoor smoking bans on university campuses, and the importance of acting as role models. Logistic regression analyses were performed to examine agreement.

Results: Most of the students agreed on the importance of health professionals and students as role models (74.9% and 64.1%, respectively) although there were statistically significant differences by smoking status and age. 90% of students reported exposure to smoke on campus. Students expressed strong support for indoor smoke-free policies (97.9%). However, only 39.3% of participants supported regulation of outdoor smoking for university campuses. Non-smokers (OR = 12.315; 95% CI: 5.377–28.204) and students ≥ 22 years old (OR = 3.001; 95% CI: 1.439–6.257) were the strongest supporters.

Conclusions: The students supported indoor smoke-free policies for universities. However, support for extending smoke-free regulations to outdoor areas of university campuses was limited. It is necessary to educate students about tobacco control and emphasise their importance as role models before extending outdoor smoke-free legislation at university campuses.

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Actitudes de los estudiantes de una universidad de ciencias de la salud sobre la extensión de las políticas de espacios sin humo en los campus universitarios de Barcelona (España)

RESUMEN

Objetivo: Evaluar las actitudes hacia la extensión de las políticas de campus exteriores sin humo.

Métodos: Estudio transversal (n = 384) mediante cuestionario administrado a estudiantes de enfermería y medicina de Barcelona en 2014. Se obtuvo información sobre el apoyo a los recintos universitarios sin tabaco (interior y exterior) y el acuerdo con el rol ejemplar. Se realizaron análisis de regresión logística para examinar el acuerdo.

Resultados: La mayoría de los estudiantes están de acuerdo en la importancia del rol ejemplar de los profesionales y de los estudiantes sanitarios (74,9% y 64,1%, respectivamente), aunque hay diferencias estadísticamente significativas por edad y consumo de tabaco. El 90% afirman estar expuestos al tabaco en el campus. Existe un gran apoyo a los espacios interiores libres de humo (97,9%), pero solo el 39,3% apoya la regulación de los espacios exteriores en el campus; los no fumadores (*odds ratio* [OR] = 12,315; intervalo de confianza del 95% [IC95%]: 5,377–28,204) y el grupo de ≥ 22 años de edad (OR = 3,001, IC95%: 1,439–6,257) expresaron el mayor apoyo.

Conclusiones: Los estudiantes apoyan las prohibiciones de consumo de tabaco en los espacios interiores de las universidades. Existe un apoyo limitado para extender la regulación de espacios sin humo a los exteriores de los campus universitarios. Es necesario sensibilizar a los estudiantes sobre el control del tabaco y fomentar su rol ejemplar antes de extender la legislación de espacios exteriores.

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Palabras clave:

Políticas sin humo

Exposición al humo ambiental del tabaco

Estudiantes de medicina

Estudiantes de enfermería

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Introduction

Smoke-free laws are an important instrument in tobacco control to protect people from the hazards of secondhand smoke (SHS)^{1,2} and to reduce smoking consumption rates, especially among young adults.³ Since the approval of the World Health Organization Framework Convention for Tobacco Control (WHO-FCTC) in 2003, many countries have introduced policies to restrict smoking in indoor public places and workplaces, including health care and educational locations.² However, research has demonstrated that despite the existence of indoor regulation, non-smokers continue to be exposed to SHS in outdoor areas where smoking is still allowed,^{4,5} mainly because smokers have moved outdoors due to indoor smoking bans.⁶ SHS exposure in outdoor locations will decrease when a more restrictive regulation comes into force⁷ and smoking prevalence will drop, especially among the youth.⁸

High concentrations of outdoor SHS are determined by the density of smokers, the creation of semi-open places, a lack of wind and the presence of stable atmospheric conditions.⁹ The presence of nitrosamines and particulate matter $\leq 2.5 \mu\text{m}$ in diameter (PM_{2.5}) has been found in both open and semi-open places,^{9,10} with the associated risks for health. Besides health concerns, there are other reasons to support the prohibition of outdoor smoking such as reducing the litter, decreasing fire risks, and, most importantly, establishing a positive smoke-free model for youth in order to reduce imitative behavior.¹¹

In Spain, 28.6% of young adults aged 18 to 24 years old are enrolled in university-level degree programs.¹² Universities, especially those that offer degree programs in health-related disciplines, can contribute to the health of the wider community by setting an example of good practice and banning smoking from their premises.¹³ Similarly, university health professional students (HPS) should act as role models for their patients, and acquire knowledge and skills to assist their patients stop smoking.¹⁴

Previous studies have demonstrated that university smoke-free policies are associated with a drop in student smoking rates¹⁵ and with fewer students reporting exposure to SHS or seeing someone smoke on campus.¹⁶ These studies have been conducted in the United States (US), where tobacco-free campus policies are a growing trend as of October 2015, 1,620 US universities were 100% smoke-free campuses.¹⁷

In many European countries outdoor smoke-free regulation are less prevalent, and limited mainly to primary and secondary schools.² Since the year 2011, Spain has had one of the most comprehensive smoke-free regulations indoors; in addition, the current legislation also restricts smoking in some outdoor public areas including hospital premises, primary and secondary school grounds and playgrounds.¹⁸ Nevertheless, the existing ban does not prohibit smoking on university campuses. As a result, entrances areas and outdoor areas in near proximity to these entrances often concentrate numerous smokers, which could represent a health risk for non-smokers due to ongoing exposure to SHS over times.⁷ A study conducted in Barcelona found that 90% of university students reported being exposed to SHS in outdoor areas of their university campuses.⁵

In the last 20 years, smoking rates have decreased substantially among Spanish adults (aged 16 to 24 years old) –from 32.1% in 1993¹⁹ to 24.7% in 2013²⁰–; however, these rates are still high when compared to other developed countries such as the US (18.7%)²¹ or Australia (18.5%).²² According to studies published in the same period (1997 to 2016), smoking prevalence among HPS in Spain ranged from 38.7%²³ to 18.2%²⁴ among nursing students, and from 27.0%²⁵ to 15.7%²⁶ among medical students.

Given that the process of adopting smoke-free legislation requires strong political will and population support, it is essential

to determine student support before implementing outdoor smoke-free policies at university campuses. The current legislation means that HPS have become one of the university student groups most affected by smoke-free regulations in Spain. Mainly because medical and nursing faculties are often located near acute care hospitals and, of course, these students spend much of their practical training in such facilities. As a result, they are affected by both indoor and outdoor smoking bans. This is the case at the Universitat Internacional de Catalunya (UIC) Health Professions Campus, which is located adjacent to an acute care hospital, although both institutions have separate main entrances.

In this context, we sought to investigate whether HPS are influenced by outdoor smoking bans in hospitals and also whether they agree with extending smoking regulations to outdoor campus areas. Our main aims were to identify the factors that influence these students in having a more favorable attitude towards outdoor smoking bans and to ascertain support for such policies.

Methods

Design and participants

This is a cross-sectional study conducted at the Faculty of Medicine and Health Sciences at the Universitat Internacional de Catalunya (UIC), located in Barcelona (Spain).

Participants were students from the Nursing and Medicine degree courses at the UIC who were enrolled in classes during the first quarter of the 2014–2015 academic year. For inclusion, subjects were required to meet the following criteria: 1) enrolled in the nursing or medicine degree program, 2) age ≥ 18 years during the 2014 academic year, and 3) registered in the class in which the study data were collected. Students in practical training during the study period were excluded due to difficulties in reaching them. Consequently, we included nursing students from the 1st to 3rd year of school, and medical students from the 1st to 4th year.

Instrumentation

An anonymous, self-administered questionnaire based on the Global Health Professions Student Survey (GHPSS) was designed to be administered during regular class hours. This questionnaire included questions covering tobacco use, SHS exposure, enforcement of smoking bans, attitudes and beliefs towards tobacco control activities, and agreement with the health professionals (HP) and HPS' role.²⁷

To collect information about “compliance with the smoke-free campus ban”, “agreement with the smoking ban” and “exposure to SHS”, we differentiated between indoor and outdoor areas. Each of the questions had five response options (ranging from “totally agree” to “totally disagree”). For purposes of this study, responses were recalculated into two dichotomous answers (agreement = totally agree and agree, and non-agreement = not agree, not disagree, disagree, totally disagree). We also collected data on participants' demographic characteristics, including sex (male or female), age group (≤ 18 years old, age 19–21, ≥ 22 years old), degree (medicine or nursing) and degree program year (1, 2, 3, 4). For this paper, the main independent variables were smoking status²⁸ [classified as smokers (including daily and occasional smokers) and non-smokers (including both former smokers not smoking for 6 months or longer, and never smokers)], degree, sex, and age group. We ruled out degree program as independent variable for performing the analysis because it was highly correlated with age group.

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