

Report on India Global Health Professionals Survey (Medical), 2006



**Ministry of Health and Family Welfare,
Government of India,
New Delhi**



**World Health Organization
India Office, New Delhi**



**World Health Organization,
South East Asia Regional Office
New Delhi**

Principal Investigator Dr Dharendra Narain Sinha
Co investigators Dr Gupteshwar Singh & Dr Shila Singh
School of Preventive Oncology, Patna, India

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Executive Summary

India has having 170 medical schools recognized by Indian Medical Council that offers medical degree. The GHPS India 2006 study was done on 15 sampled medical schools of India during the first quarter of 2006. The survey was conducted through trained survey administrators. India GHPS core questionnaire was suitably expanded and pre tested among medical students.

The following GHPS data are presented in this report: lifetime cigarette use; initiation of smoking at the age 15; current cigarette smoking, current use of tobacco products other than cigarettes; dependency on cigarettes among current smokers; exposure to secondhand smoke (SHS) at home; exposure to SHS in public places; perception of role of health professional's role in counseling and cessation, willingness to stop smoking, and training received regarding patient counseling on smoking cessation techniques.

The data in this report show

- High prevalence of tobacco use among students in medical schools of India
- High prevalence of secondhand smoke among students in medical schools
- Policy and enforcement on smoking ban in medical schools of India is decimal
- Most of tobacco user students want to quit
- Cessation help in medical schools is poor
- Formal cessation training in medical schools of India is non existent.
- Almost all students want training

Passing the ITCA was a public health milestone for India. Effective enforcement of these laws is the continuing challenge to tobacco control community. India needs to use the GHPS data to assist in the development of its National Program for Tobacco Control Development of an effective comprehensive tobacco control program will require careful monitoring and evaluation of existing programs and the likely development of new efforts. The synergy between India's leadership in ratifying the WHO FCTC and in supporting the conduction of the GHPS at national level offers India an excellent opportunity to develop, implement and evaluate a comprehensive tobacco control policy that can be most helpful to India.

The GHPS methodology provides an excellent framework for monitoring and guiding the implementation of India's tobacco control program, while making it compliant with the FCTC requirements on surveillance and reporting.

Ministry of Health and family welfare, Government of India should disseminate this report to all medical schools requesting principals and superintendents to enforce the existing smoking ban policy of GOI in their respective places to protect the health of medical students, patients and attendants; should develop tobacco cessation training manual for medical students and include it in undergraduate medical curriculum; expand Tobacco cessation clinic in each medical school.

Introduction

Tobacco burden and control situation in India

Out of over one billion Indians, about 300 million adults use tobacco in various forms(47% of men and 14% of women use tobacco in India) Each year nearly one million people die of tobacco related morbidity in India and thousands of million exchequers is wasted . To meet this challenge, in 2003, India has passed its national tobacco control legislation, which includes provisions designed to reduce tobacco consumption and protect citizens from exposure to second hand smoke.

India has shown its leadership in WHO FCTC convention and ratified at the right moment on February 5, 2004. The WHO FCTC is the world's first public health treaty on tobacco control. The WHO FCTC provides the driving force and blueprint for the global response to the pandemic of tobacco-induced death and disease. The Convention embodies a coordinated, effective, and urgent action plan to curb tobacco consumption, laying out cost-effective tobacco control strategies for public policies, such as bans on tobacco advertising, tobacco tax and price increases, promoting smoke-free public places and workplaces, and prominent health messages on tobacco packaging. One important feature of the WHO FCTC is the call for countries to establish programs for national, regional, and global surveillance (Article 20).

Furthermore, the preamble of the 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. These activities are also described in the Code of Practice for Health Professionals which has been officially adopted now by several Health Professional Associations worldwide.

Tobacco control is a multi-sectoral issue, which needs active collaboration of various professions, departments/ministries of the government, civil societies and non-governmental organizations. Health professionals play a pivotal role in tobacco cessation and motivating people not to initiate consumption of tobacco. Even a brief and simple advice from the health professionals can substantially increase tobacco cessation rates. Therefore one of the important strategies to reduce tobacco related diseases, disabilities and deaths is to encourage the involvement of health professionals to prevent and control tobacco usages. Hence WHO and Ministry of Health and Family welfare took the initiative of conducting GHPS in India.

The Global Health Professionals Survey (GHPS)

The GHPS piloted in ten countries including Bangladesh and India, in four health professional disciplines (dentistry, medicine, nursing and pharmacy) during the first quarter of 2005. After this initial success, many countries asked WHO and CDC for assistance in participating in GHPS.

The GHPS uses a standardized methodology for constructing sampling frames, selecting schools and classes, preparing questionnaires, carrying out field procedures, and processing data. The GHPS is a school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, nursing and pharmacy. The GHPS has a standardized protocol for selecting participating schools and classes and has uniform data processing procedures.

The GHPS uses a core questionnaire on demographics, prevalence of cigarette smoking and other tobacco use, knowledge and attitudes about tobacco use, exposure to second-hand tobacco smoke, perception of role of health professional's role in counseling and cessation, willingness to stop smoking, and training received regarding patient counseling on smoking cessation techniques.

The GHPS questionnaire is self-administered in classrooms, and school, class, and student anonymity is maintained throughout the GHPS process. Country-specific questionnaires consist of a core set of questions that all countries ask as well as unique country-specific questions. The final country questionnaires are translated in-country into local languages and back-translated to check for accuracy. GHPS country research coordinators conduct focus groups of medical students to further test the accuracy of the expansion and student understanding of the questions.

The following GHPS data are presented in this report: lifetime cigarette use; initiation of smoking at the age 15; current cigarette smoking, current use of tobacco products other than cigarettes; dependency on cigarettes among current smokers; exposure to secondhand smoke (SHS) at home; exposure to SHS in public places; perception of role of health professional's role in counseling and cessation, willingness to stop smoking, and training received regarding patient counseling on smoking cessation techniques.

Methods

India has 170 medical schools recognized by Indian Medical Council that offers medical degree. The GHPS India 2006 study was done on 15 sampled medical schools of India during the first quarter of 2006. The survey was conducted through trained survey administrators. India GHPS core questionnaire was suitably expanded and pre tested among medical students.

The GHPS uses a one-stage cluster sample design that produces representative samples of students in third year of these health professional faculties. The sampling frame includes all schools containing any of the identified class. At the first stage, the probability of schools being selected is proportional to the number of students enrolled in the third year of that faculty

All students in selected classes attending school the day the survey is administered are eligible to participate. Student participation is voluntary and anonymous using self-administered data-collection procedures. The GHPS sample design produces representative, independent, cross-sectional estimates for each site.

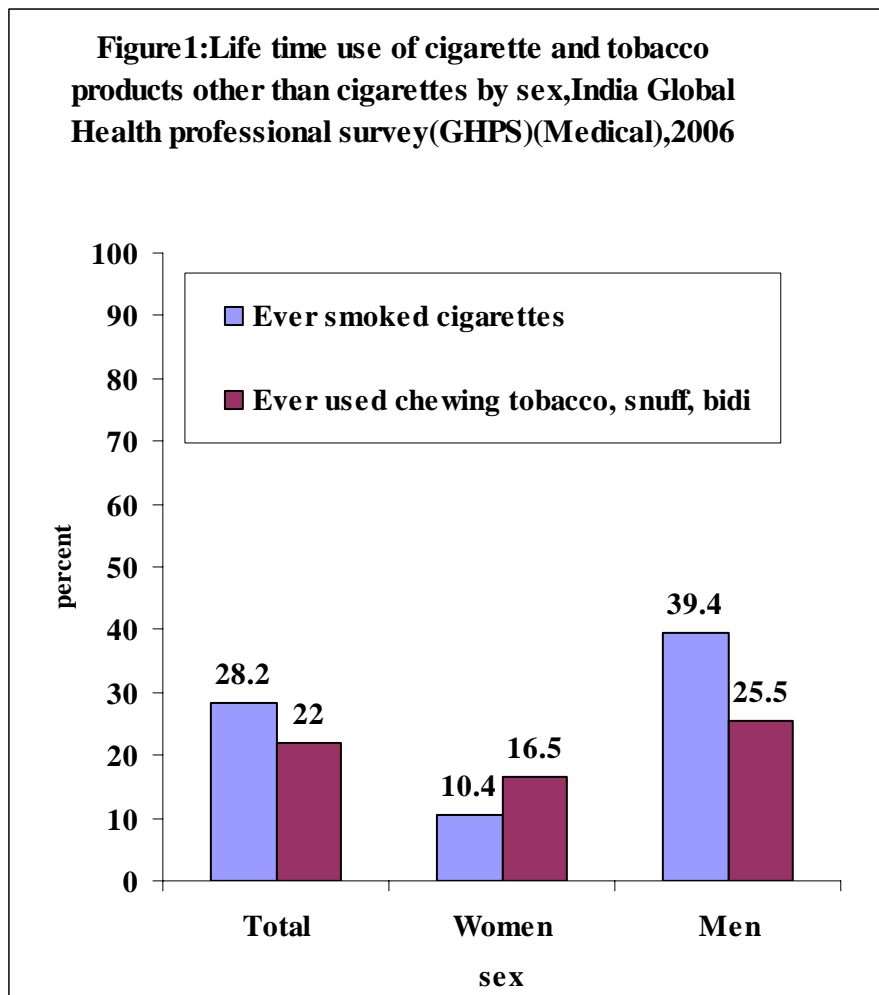
A weighting factor is applied to each student record to adjust for non-response (by school, and student) and variation in the probability of selection at the school, class, and student levels. A final adjustment sums the weights by grade and gender to the population of medical/dental/pharmacy/nursing students in the selected schools in each sample site. SUDAAN, a software package for statistical analysis of correlated data, was used to compute standard errors of the estimates and produced 95% confidence intervals which are shown as lower and upper bounds.

Results

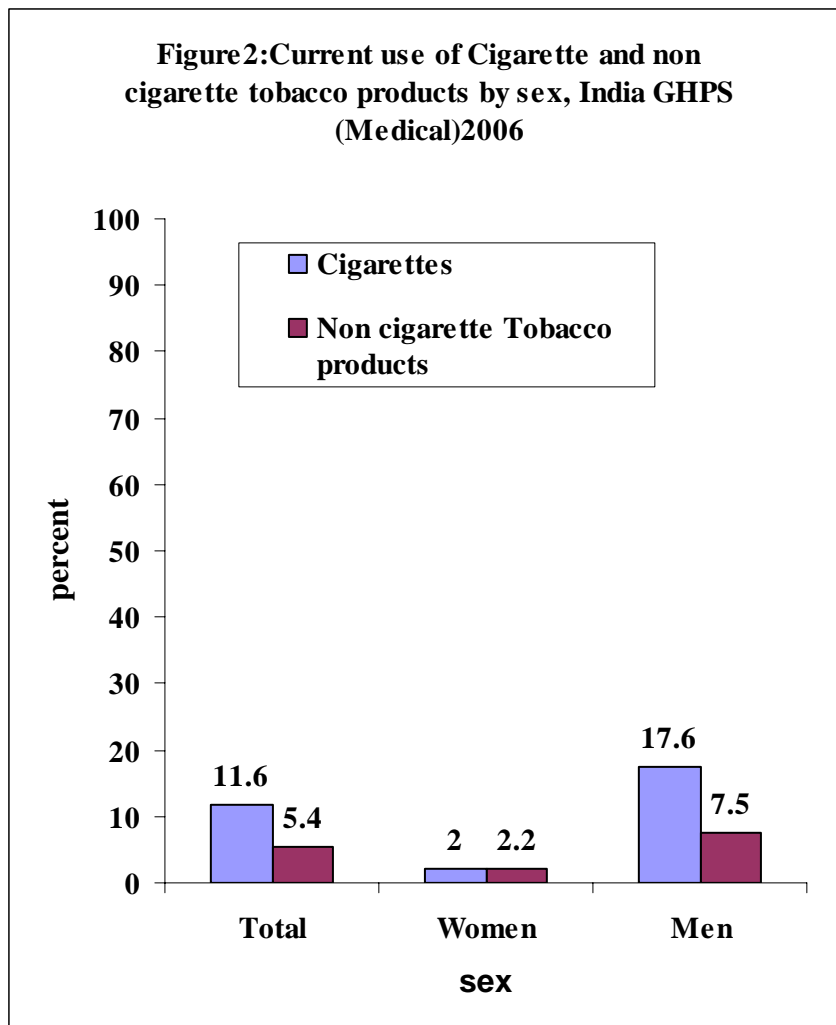
Among 15 sampled medical schools, 13 responded (school response rate 86.7%). Out of 1321 sampled students, 1117 participated voluntarily and recorded their responses on machine readable answer sheets (Students response rate 89.1%). Overall response rate was 77.1%. Most of the participating students (92.3%) belonged in the age group 19 to 24 years; 60.0% were males and 40.0% were females.

Tobacco Use Prevalence

Lifetime prevalence of cigarette smoking (ever smoked a cigarette, even one or two puffs) and use of other tobacco products among third-year medical students was reported 28.2% and 22% respectively; Female medical students were significantly less likely than male medical students to have ever smoke cigarette (2.0% vs 17.6%). Over one fourth (27.2%) of medical students initiated daily cigarette smoking before age 15 (Table 1; Figure 1).



Current cigarette smoking and use of other tobacco products among third-year medical students was reported 11.6% and 5.4% respectively. Female medical students were less likely than male medical students to currently smoke cigarette and use other tobacco products. Nearly half (47.1%) of current cigarette smokers reported to have desire for a cigarette within 30 minutes of awaking in the morning (Table 2; Figure 2) indicating strong dependence on tobacco.



School policy

Less than half (48.0%) students reported that their college has an official policy banning smoking in college buildings and clinics (Figure 3A) and of them 62.9% said that it is enforced (Figure 3B). Over 28% of ever smokers reported smoking on school premises/property (Figure 4A) and 14% in school buildings during the past year (Figure 4B).

Figure 3A:Percentage of colleges with an official policy banning smoking in college buildings and clinics, India GHPS(Medical),2006

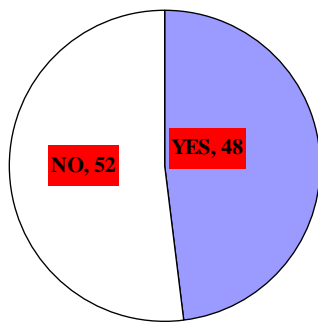


Figure 3B:Of colleges that had an official policy banning smoking in school buildings and clinics percentage that inforced it,India GHPS(Medical), 2006

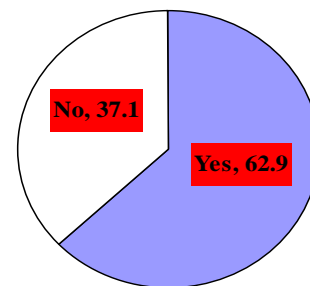


Figure 4A:Ever cigarette smokers who smoked in school premises/property during the past year,India GHPS(Medical) 2006

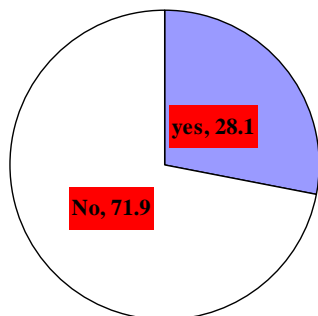
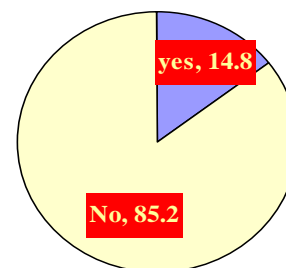
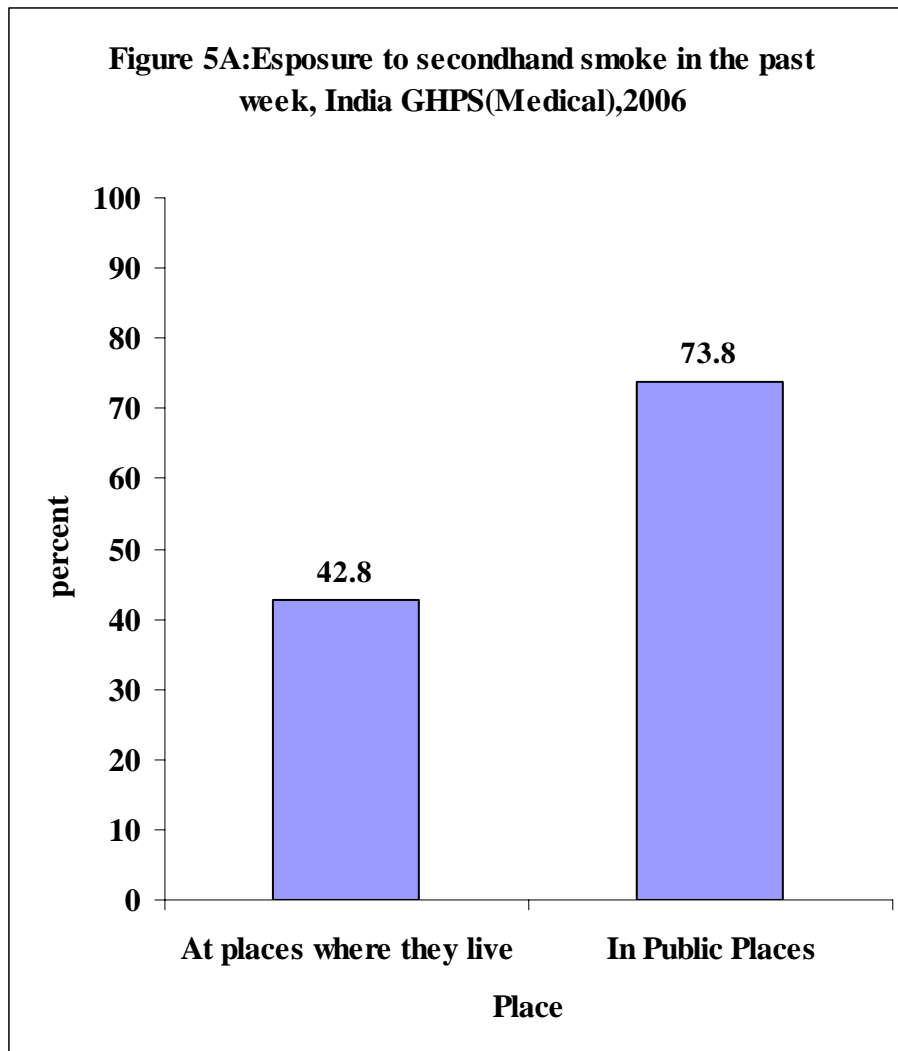


Figure 4B:Ever cigarette smokers smoked in school building during the past year,India GHPS(Medical) 2006

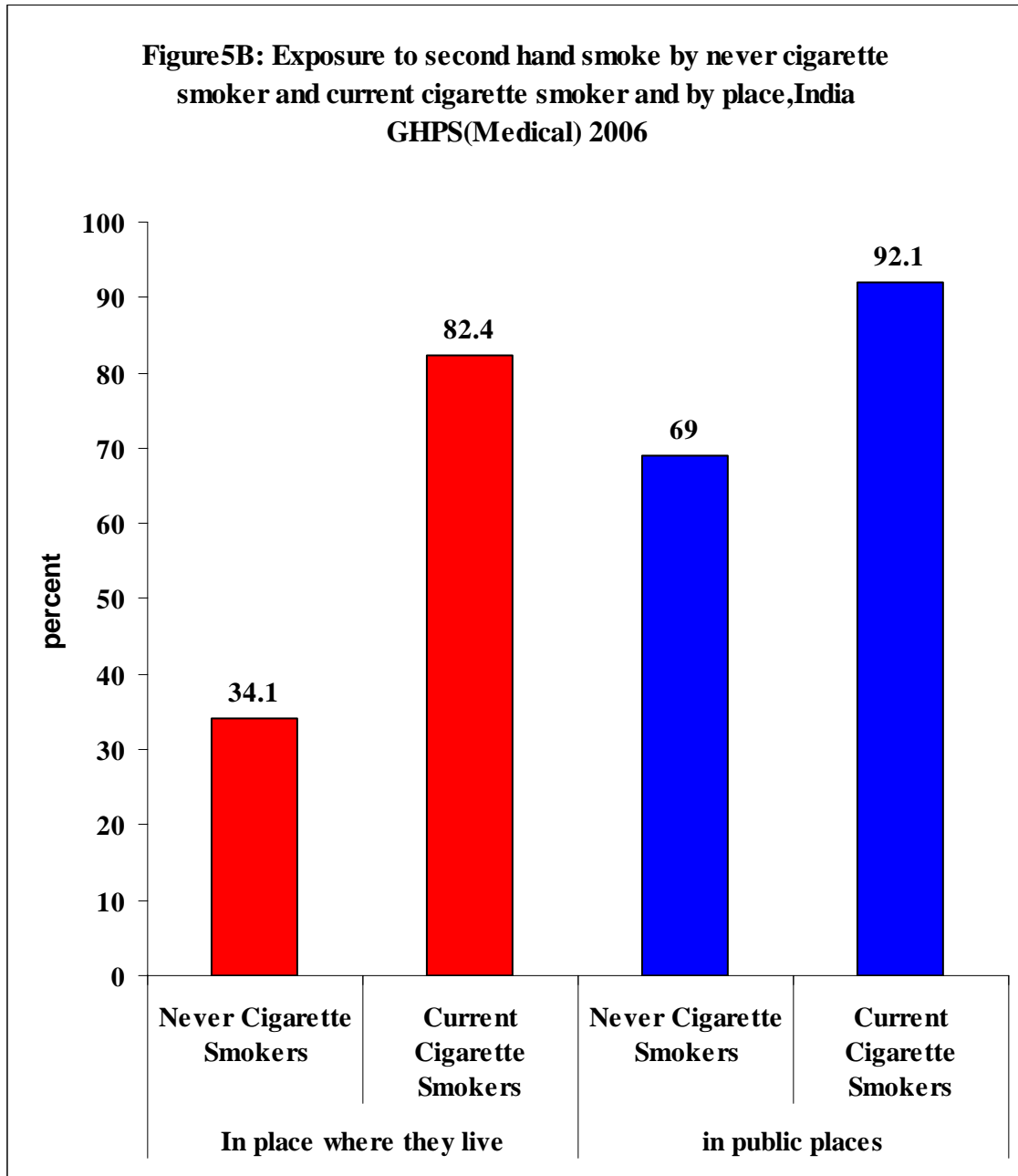


Exposure to Secondhand smoke

Over 42% students reported being exposed to secondhand smoke where they live (home) and over 73% reported being exposed to secondhand smoke in public places during the past week (Figure 5A).

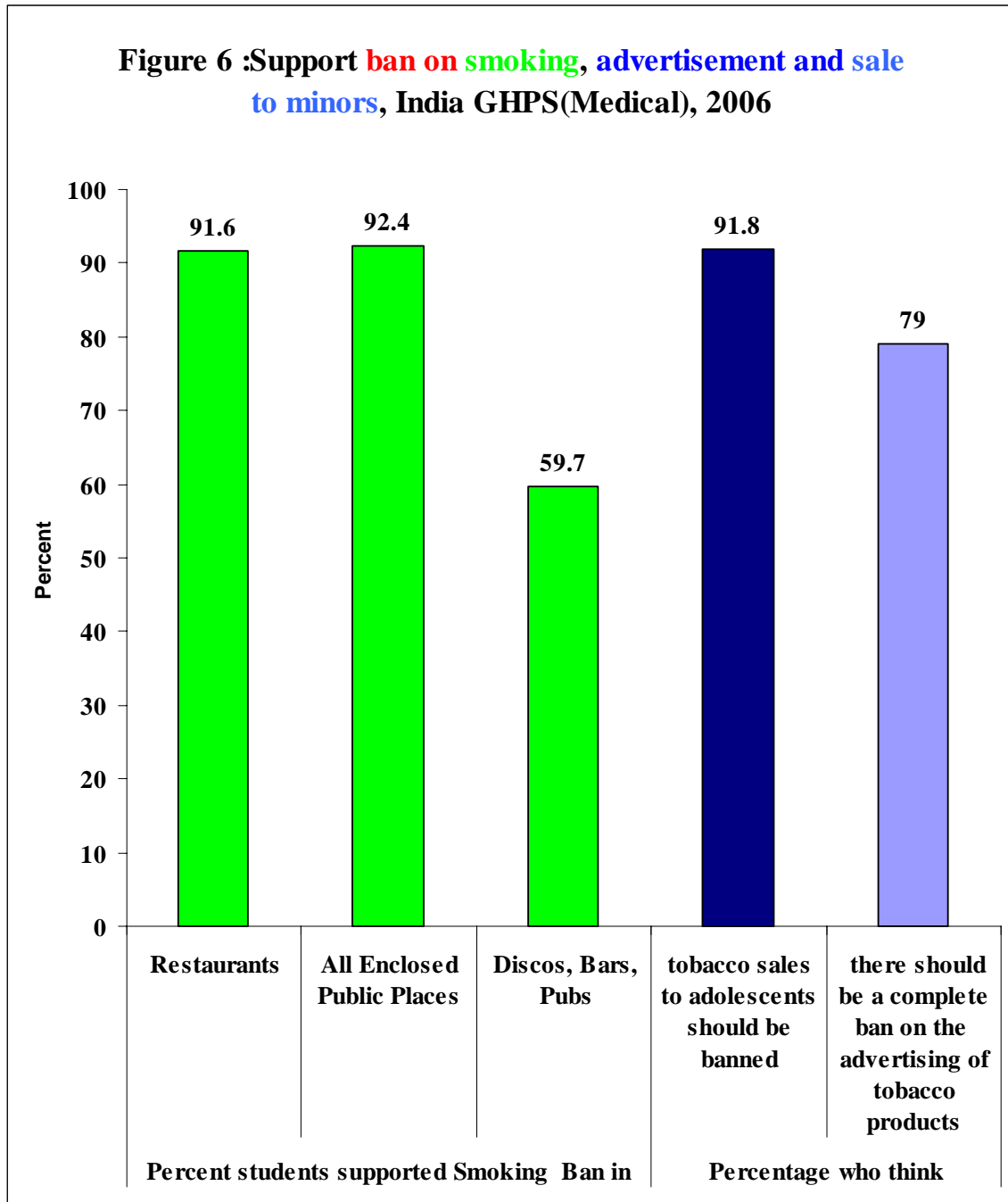


Current cigarette smokers were significantly more likely than never cigarette smokers to be exposed to secondhand smoke at where they live (82.4 % vs 34.1%) and in public places (92.1% vs 69.0%) during the past week (Figure 5B).



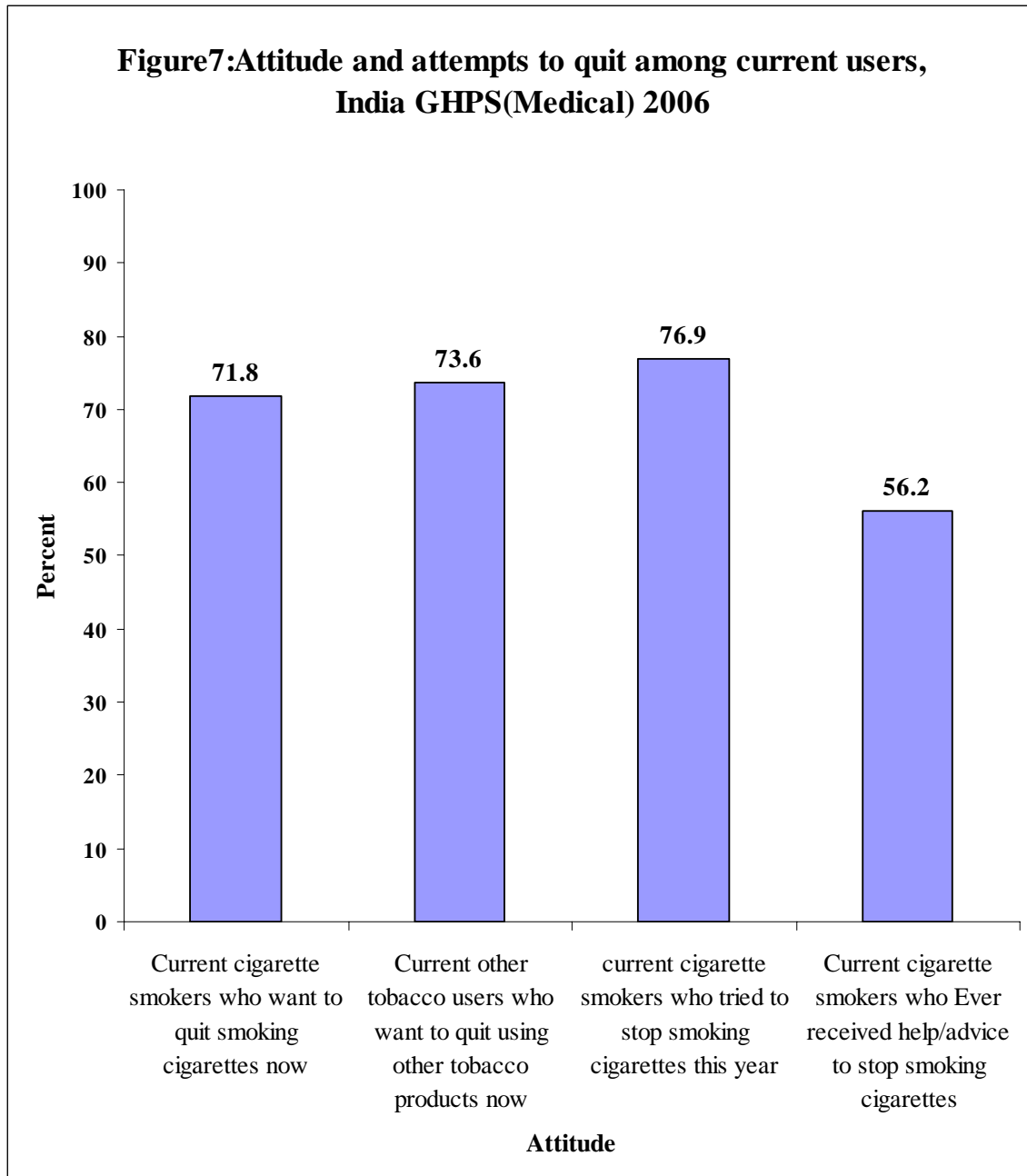
Supporting ban on smoking in public, tobacco advertisement and sale to minors

Over 91% of students supported smoking ban in restaurants and in all enclosed public places but only 59.7% of students supported smoking ban in discos, bars, pubs. Most of the students supported banning tobacco sales to adolescents (91.8%) and complete ban on the advertising of tobacco products (79%) (Table 6 ;Figure 6).



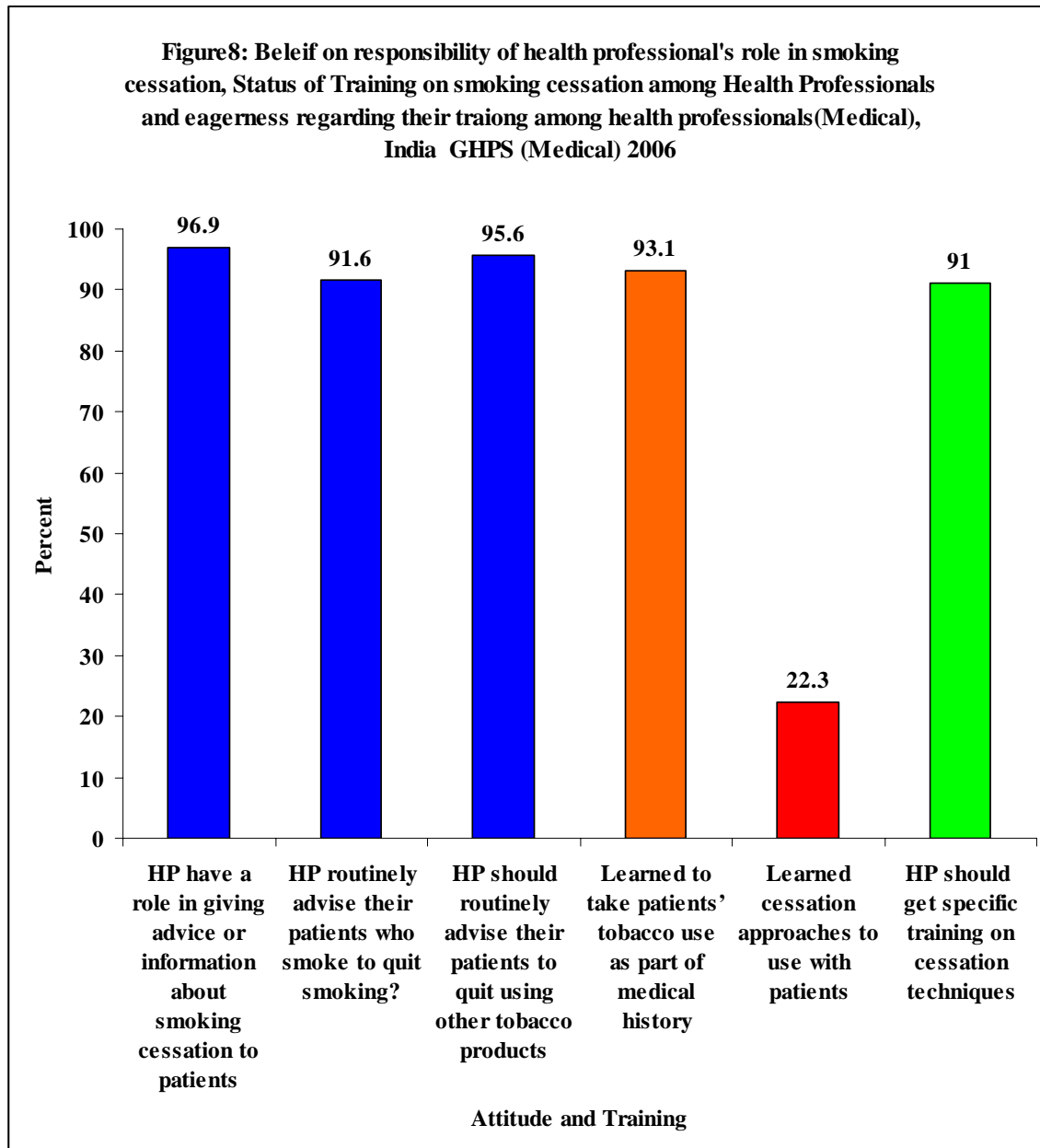
Attitudes and Attempts to Quit

Over 71.0% of current cigarette smokers and over 73% of current users of other tobacco products wanted to quit tobacco and over 76% of current cigarette smokers tried to stop smoking cigarettes in the past year. Among ever smokers 56.2% reported to have ever received help/advice to stop smoking cigarette (Table 7; Figure 7).



Responsibility to Counsel Patients about Smoking and Cessation

Nearly all students believed that health professionals have a role in giving advice or information about smoking cessation to patients (96.9%); that they should routinely advise their patients who smoke (91.6%) or use other tobacco products (95.6 %) to quit tobacco use/smoking; that patient's chances of quitting smoking increased if a health professional advises him/her to quit (Table 8 Figure 8). Over 9 in 10 (91.0%) students expressed that health professionals should get specific training on cessation techniques (Table 8 Figure 8).



Training in medical schools to Support Tobacco Cessation

Of all participants 93.1% reported learning to take patients' tobacco use as part of medical history; 22.3% reported learning cessation approaches to use with patients; 69.1% reported learning to provide education materials to support cessation among patients who want to quit. Of all students, 61.9% had heard about nicotine replacement therapies and less than half of students 45.7% reported to hear about using antidepressants to support cessation (Table 9; Figure 8).

Discussion

In India health professionals, especially medical doctors are considered living God and are role model for people at large. In this context it is supposed that tobacco use among medical doctors should be zero. Contrary to this belief, tobacco use prevalence among third year medical students is reported high. Good news is that most of the tobacco users want to quit. Quitting tobacco need suitable external environment and social support congenial to provide cessation helps. Finding of this study suggest that in medical schools in India, environment is not so suitable as less than half of students (48%) have reported for having a policy banning smoking in college buildings and clinics; 56.2% ever smokers reported that they ever received help or advice to stop smoking cigarettes in their medical schools; less than one fourth (22.3%) students reported that they learnt cessation approaches to use with patients. High rates of tobacco use by a section of the people who provide health care are cause of concern. In addition to contributing to excess morbidity and mortality among future health care providers, tobacco use by this respected group suggests to the general Indian population that health risks associated with tobacco use must not be very serious.

The WHO FCTC and GHPS envision the same broad goal: the development, implementation, and evaluation of effective tobacco control programs in all WHO Member States. GHPS provides a ready framework for collecting data on determinants that WHO FCTC recommends member states to monitor reporting. The GHPS provides data on several indicators (surveillance and monitoring, prevalence, exposure to secondhand smoke, medical school-based tobacco control,) which correspond with the provisions codified in the WHO FCTC articles. The WHO FCTC calls for member states to use consistent methods and procedures in their surveillance efforts. The GHPS was designed for exactly this purpose (i.e., the sampling procedures, core questionnaire items, training in field procedures, and analysis of data are consistent across all survey sites). India has followed this example by conducting national level survey using the GHPS methodology. The results from this effort can be used to set a baseline for monitoring the enforcement of specific WHO FCTC Articles.

Article 20: Research, surveillance and exchange of information

The data in this report show that current cigarette smoking is 11.6% and current use of other tobacco products is 5.4%. Among adults in India prevalence of tobacco products other than cigarette use is relatively high compared to prevalence cigarette smoking. High prevalence among medical students presents challenges and requires careful planning by the Ministry of Health and Family Welfare at the central and state levels. Dissemination of the information is very important. Data from this survey will further enhance the capacity of India to develop, implement, and evaluate tobacco control programs.

Article 8: Protection from exposure to tobacco smoke

In 2003, India passed an act banning smoking in public places (The Cigarettes and Other Tobacco Products [Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution] Act, No. 34 of 2003) (). The Ministry of Health and Family Welfare is now focusing on measures to ensure effective implementation and enforcement of this act. From the GHPS data, almost 7 in 10 medical students reported that they were exposed to tobacco smoke in public places while

over 9 in 10 medical students think smoking should be banned in restaurants and all enclosed places. Ministry of Health and family welfare, Government of India should disseminate this report to all medical schools through medical council of India requesting principals and superintendents to enforce the existing smoking ban policy of GOI in their respective places to protect the health of medical students, patients and attendants .

Article 12: Education, communication, training and public awareness

Present study clearly depict that training is decimal (22.3% learnt cessation approaches to use with patients and 45.7% heard about using antidepressants to support cessation) and over 9 of 10 students wants specific training on cessation techniques. This information calls for development, implementation and evaluation of evidence based programs to be used in schools. Ministry of Health and family welfare, Government of India should instruct medical council of India to develop tobacco cessation training manual for medical students and include it in undergraduate medical curriculum.

Article 14: Demand reduction measures concerning tobacco dependence and cessation

Seven in 10 current smokers wanted to stop smoking and over 7 in 10 have tried to stop during the past year but have failed. This finding suggests a need to develop, pilot test, and evaluates potential cessation programs. In India tobacco cessation clinics sponsored by WHO are becoming effective; they need to be made widely available throughout India. Tobacco cessation clinic should be started in each medical school. GOI and WHO may take initiative to train at least one faculty members from each medical school through existing WHO tobacco cessation clinic experts.

CONCLUSION

Passing the ITCA was a public health milestone for India. Effective enforcement of these laws is the continuing challenge to tobacco control community. India needs to use the GHPS data to assist in the development of its National Program for Tobacco Control. Development of an effective comprehensive tobacco control program will require careful monitoring and evaluation of existing programs and the likely development of new efforts. The synergy between India's status as a party to the WHO FCTC and in supporting the conduction of the GHPS at national level offers India an excellent opportunity to develop, implement and evaluate a comprehensive tobacco control policy that can be most helpful to India.

The GHPS offers a useful framework for strengthening India's tobacco control program, while making it compliant with the FCTC requirements in particular, in area of surveillance.

Recommendations

1. Ministry of Health and family welfare, Government of India should instruct medical council of India to develop tobacco cessation training manual for medical students and include it in undergraduate medical curriculum.
2. Ministry of Health and family welfare, Government of India should disseminate this report to all medical schools through medical council of India requesting principals and superintendents to enforce the existing smoking ban policy of GOI in their respective places to protect the health of medical students, patients and attendants .
3. Tobacco cessation clinic should be started in each medical school. GOI and WHO may take initiative to train at least one faculty members from each medical school through existing WHO tobacco cessation clinic experts.
4. State governments and Medical universities should be inspired to formulate comprehensive tobacco control policy for all medical schools under them and steps for proper implementation of policy

Acknowledgement

Research coordinators would like to extend their heartfelt thanks to Dr K Rahman, Regional Advisor, Tobacco Free Initiative, WHO, South East Asia Regional Office, New Delhi for showing his leadership in happening this project a success by providing financial assistance as well as proper guidance and help at each and every step.

We pay our gratitude to Honorable Union Minister of Health and Family welfare, Secretary and Ms Bhavani Thyagrajan joint secretary and focal point for tobacco control for allowing us to perform this project and Dr Vinayak M Prasad , Director, Public Health, Ministry of Health and Family welfare, Government of India for his valuable inputs and guidance in completing final draft. WHO India office, especially Ms Vineet deserves special thanks for her contribution in making this program successful.

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We sincerely acknowledge the help of survey administrators; helpers, teachers and students in making this project a success. Investigators are grateful to the administrators of the medical colleges for actively participating in the study. The role of the class teachers is well appreciated. Finally, we are indebted to the students; without their support we could have achieved nothing, to WHO and CDC for financial and technical support

Table 1. Lifetime Prevalence of Tobacco Use among Third-Year Medical Students, INDIA GHPS, 2006

	Ever smoked cigarettes	Ever smokers who initiated daily cigarette smoking before age 15 years	Ever used chewing tobacco, snuff, bidi
Medical Students			
Total	28.2 (23.8 - 33.1)	27.2 (16.9 – 40.6)	22.0 (16.8 - 28.3)
Women	10.4 (7.6 - 14.0)	41.2 (20.0 – 66.2)	16.5 (9.3 - 27.7)
Men	39.4 (34.4 - 44.7)	25.2 (15.5 – 38.3)	25.5 (21.3 - 30.2)

Parenthesis denotes 95% confidence interval

Table 2. Prevalence of Current Tobacco Use among Third-Year Medical Students, INDIA GHPS, 2006

	Current Use		
	Cigarettes	Cigarette smokers who desire a cigarette within 30 minutes of awaking in the morning	Chewing tobacco, snuff, bidi [†]
Medical Students			
Total	11.6 (8.7 - 15.2)	47.1 (28.7 - 66.4)	5.4 (3.5 - 8.3)
Women	2.0 (0.9 - 4.2)	*	2.2 (0.8 - 6.4)
Men	17.6 (14.5 - 21.3)	47.6 (30.6 - 65.2)	7.5 (5.2 - 10.6)

Parenthesis denotes 95% confidence interval

*** Denominator less than 35**

Table 3. Percent of Colleges with Policy Banning Smoking in Buildings and Clinics and Those who Enforce the Ban, Third-Year Medical Students, INDIA GHPS, 2006

	All Respondents	
	Percentage of colleges with an official policy banning smoking in college buildings and clinics	Of colleges that had an official policy banning smoking in school buildings and clinics, percentage that enforced it
Medical Students		
Total	48.0 (44.5 - 51.6)	62.9 (54.7 - 70.4)
Women	46.0 (38.5 - 53.7)	58.5 (46.2 - 69.8)
Men	49.3 (43.3 - 55.4)	65.6 (57.7 - 72.7)

Parenthesis denotes 95% confidence interval

Table 4. Prevalence of Tobacco Use on School Property among Ever Smokers, Third-Year Medical Students, INDIA GHPS, 2006

	Ever Cigarette Smokers	
	Smoked on school premises/property during the past year	Smoked in school buildings during the past year
Medical Students		
Total	28.1 (20.9 - 36.5)	14.8 (8.8 - 23.9)
Women	15.7 (3.7 - 47.6)	8.8 (2.3 - 28.5)
Men	30.0 (21.6 - 39.9)	15.7 (8.5 - 27.0)

Parenthesis denotes 95% confidence interval

Table 5. Prevalence of Exposure to Secondhand Smoke in the Past Week among Third-Year Medical Students, INDIA GHPS, 2006

	Exposure to smoke at home during the past week			Exposure to smoke in public places during the past week		
	Total	Never Cigarette Smokers	Current Cigarette Smokers	Total	Never Cigarette Smokers	Current Cigarette Smokers
Medical Students						
Total	42.8 (37.8 - 47.9)	34.1 (28.3 - 40.3)	82.4 (72.8 - 89.1)	73.8 (69.0 - 78.0)	69.0 (62.8 - 74.5)	92.1 (86.4 - 95.5)
Women	19.3 (14.9 - 24.6)	17.2 (13.0 - 22.5)	*	66.6 (56.7 - 75.2)	66.0 (54.9 - 75.6)	*
Men	57.5 (52.6 - 62.3)	49.7 (41.9 - 57.5)	83.5 (74.3 - 89.9)	78.3 (74.5 - 81.6)	71.8 (66.7 - 76.4)	92.2 (87.2 - 95.4)

Parenthesis denotes 95% confidence interval

*** Denominator less than 35**

Table 6. Percentage of Third-Year Medical Students Who Support Tobacco Use, Sales, and Advertising Restrictions, INDIA GHPS, 2006

	Percentage Answering “Yes” to “Should Smoking Be Banned in...”			Percentage who think tobacco sales to adolescents should be banned	Percentage who think there should be a complete ban on the advertising of tobacco products
	Restaurants	Discos, Bars, Pubs	All Enclosed Public Places		
Medical Students					
Total	91.6 (88.2 - 94.1)	59.7 (56.3 - 63.0)	92.4 (89.1 - 94.7)	91.8 (88.6 - 94.2)	79.0 (76.4 - 81.4)
Women	96.2 (90.9 - 98.4)	72.1 (64.3 - 78.8)	94.8 (90.7 - 97.2)	93.0 (86.2 - 96.6)	85.1 (81.7 - 87.9)
Men	88.8 (84.3 - 92.1)	52.0 (47.3 - 56.6)	90.8 (86.2 - 94.0)	91.1 (88.4 - 93.2)	75.2 (71.1 - 78.9)

Parenthesis denotes 95% confidence interval

Table 7. Prevalence of Attitudes and Attempts to Quit Among Current and Former Tobacco Users; Third-Year Medical, Students, INDIA GHPS, 2006

	Current Cigarette Smokers			Former Cigarette Smokers	Current Users of Other Tobacco Products
	Want to quit smoking cigarettes now	Tried to stop smoking cigarettes this year	Ever received help/advice to stop smoking cigarettes	Stopped smoking 1 or more years ago	Want to quit using other tobacco products now
Medical Students					
Total	71.8 (52.7 - 85.4)	76.9 (62.2 - 87.0)	56.2 (41.1 - 70.3)	33.6 (26.0 - 42.1)	73.6 (59.3 - 84.2)
Women	*	*	*	59.3 (32.9 - 81.2)	*
Men	72.4 (51.2 - 86.7)	78.8 (65.3 - 88.0)	54.5 (40.5 - 67.8)	30.8 (23.9 - 38.6)	79.0 (59.6 - 90.5)

Parenthesis denotes 95% confidence interval

* Denominator less than 35

Table 8: Percentage of Third-Year Medical Students Who Reported That Health Professionals Have a Responsibility to Counsel Patients about Smoking and Cessation, INDIA GHPS, 2006

	Percentage Answering “Yes”							
	Do health professionals serve as role models for their patients and the public?	Do health professionals have a role in giving advice or information about smoking cessation to patients?	Should health professionals routinely advise their patients who smoke to quit smoking?	Are health professionals who smoke less likely to advise patients to stop smoking?	Should health professionals routinely advise their patients who smoke to quit using other tobacco products?	Are health professionals who use other tobacco products less likely to advise patients to stop smoking?	Are a patient’s chances of quitting smoking increased if a health professional advises him/her to quit?	Should health professionals get specific training on cessation techniques?
Medical Students								
Total	73.8 (66.2 - 80.3)	96.9 (95.1 - 98.0)	91.6 (88.5 - 93.8)	66.9 (62.0 - 71.4)	95.6 (94.8 - 96.3)	68.5 (61.8 - 74.5)	88.5 (85.2 - 91.2)	91.0 (89.3 - 92.5)
Women	71.3 (64.6 - 77.1)	97.8 (93.0 - 99.3)	93.8 (88.6 - 96.7)	70.5 (62.6 - 77.3)	96.8 (94.2 - 98.3)	70.3 (60.0 - 79.0)	87.6 (79.5 - 92.8)	93.7 (90.4 - 95.9)
Men	75.5 (66.6 - 82.6)	96.3 (94.9 - 97.2)	90.2 (86.8 - 92.7)	64.6 (60.2 - 68.8)	94.8 (94.1 - 95.4)	67.3 (62.1 - 72.1)	89.1 (86.2 - 91.5)	89.4 (86.7 - 91.6)

Parenthesis denotes 95% confidence interval

Table 9. Percentage of Third-Year Medical Students Who Reported Receiving Training in College to Support Tobacco Cessation, INDIA GHPS, 2006

	Learned to take patients' tobacco use as part of medical history	Learned cessation approaches to use with patients	Learned to provide education materials to support cessation among patients who want to quit	Had heard about nicotine replacement therapies	Had heard about using antidepressants to support cessation
Medical Students					
Total	93.1 (87.0 - 96.4)	22.3 (18.3 - 27.0)	69.1 (65.3 - 72.6)	61.9 (51.1 - 71.6)	45.7 (38.6 - 52.8)
Women	95.7 (90.7 - 98.0)	16.4 (11.5 - 23.0)	66.8 (58.5 - 74.2)	60.6 (45.9 - 73.5)	45.5 (37.4 - 53.9)
Men	91.4 (84.6 - 95.4)	26.0 (21.0 - 31.7)	70.5 (65.4 - 75.2)	62.7 (54.0 - 70.6)	45.7 (37.9 - 53.7)

Parenthesis denotes 95% confidence interval