

49. KNOWLEDGE, ATTITUDE, AND PERCEPTION OF TOBACCO HARM REDUCTION STRATEGIES AMONG MEDICAL STUDENTS IN SOUTHWEST, NIGERIA.

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INTRODUCTION: The rate of tobacco use is on a steady increase worldwide and is associated with over 7 million deaths per year, three-quarters of which occur in low-and middle-income countries. Inadequate cessation programs/interventions, difficulties quitting tobacco, and a lack of information about tobacco health risks and tobacco harm reduction methods, have all contributed to the rapid rise of tobacco use in Nigeria, with the country's smoking rate increasing at a rate of approximately 4% each year. Tobacco harm reduction (THR) methods are alternatives to cigarette smoking that have been shown to assist in smoking cessation and reduce the mortality and morbidity associated with tobacco and nicotine use, however, these methods are still controversial and have drawn some criticism in recent times. Due to the prevalence of THR methods among young people and the growing health debate around them, medical students are likely to have a direct or indirect encounter with THR methods. A greater grasp of their viewpoint is beneficial while training them. Therefore, this study aims to determine the knowledge, attitude, and perception of THR strategies among medical students in southwest, Nigeria. **METHODS:** A cross-sectional study was carried out among clinical medical students in 6 medical schools in southwest, Nigeria, and data was collected via an online semi-structured based questionnaire. Descriptive analysis was done and a chi-square test was used to test the association between the level of knowledge of tobacco health risks and the socio-demographic variables. **RESULTS:** 199 participants' data were fully collected, 105(53%) were male while 94(47%) were female. Most (79%) of the respondents were of the age group 21-25. The majority (99.5%) of them never smoked. The majority of the participants 190(95%) have good knowledge about the health risks of tobacco and a Chi-square test showed only age as a significant socio-demographic variable, with participants between the 16-20 age group having a higher frequency of poor knowledge. Only 83(42%) understood what THR means. Also, 185(93%) do not know about THR methods regulation in Nigeria. 179(90%) have an interest in knowing about THR and 147(74%) said they will recommend it to smokers as a future doctor. 60.3% of participants perceived THR products to be less harmful than conventional cigarettes and 23% perceived THR products to be harmful to people in the vicinity of the users. 50.8% of participants see THR products to be a "gateway" to conventional cigarette use in the future. **CONCLUSION:** From this result, most medical students have good knowledge about tobacco harm risks, therefore, they will be able to confidently discuss this topic with patients and the public. However, there is poor knowledge of THR methods among medical students. This highlights the critical need to further educate medical students as well as give evidence-based recommendations at all levels to assist in advising patients who enquire or are interested in THR products and regulating their usage in the general community, as our study found out that most medical students are interested in knowing about THR method.

Table. The Table below Shows the Distribution of Good Knowledge and Poor Knowledge across the Sociodemographic Characteristics of the Respondents. as Can be Seen from the Table, Respondents' Knowledge about the Health Risks of Tobacco Smoking is Only Statistically Significant with Age.

| Characteristics | Frequency of Poor Knowledge | Frequency of Good Knowledge | *p-value |
|-----------------|-----------------------------|-----------------------------|----------|
| Age | | | |
| 16-20 | 8 | 6 | |
| 21-25 | 1 | 150 | <0.0001 |
| 26-30 | 0 | 32 | |
| 31-35 | 0 | 2 | |
| Gender | | | |
| Male | 4 | 101 | 1.0000* |
| Female | 5 | 89 | |
| Marital Status | | | |
| Single | 9 | 185 | 1.0000* |
| Married | 0 | 5 | |
| Year of Study | | | |
| 400 level | 4 | 64 | |
| 500 level | 2 | 52 | 0.8005 |
| 600 level | 3 | 74 | |
| Religion | | | |
| Christianity | 9 | 161 | |
| Islam | 0 | 24 | 0.4475 |
| Others | 0 | 5 | |
| Ethnicity | | | |
| Yoruba | 9 | 143 | |
| Ibo | 0 | 22 | 0.4050 |
| Hausa | 0 | 1 | |
| Others | 0 | 24 | |
| School of Study | | | |
| ABU(Ekiti) | 0 | 17 | |
| OAU(Osun) | 4 | 51 | |
| OOU(Ogun) | 1 | 48 | |
| UI(Ibadan) | 3 | 46 | 0.4653 |
| UNILAG(Lagos) | 1 | 8 | |
| UMS(Ondo) | 0 | 20 | |

Legend: *Fisher's exact test

Key words: Smoking cessation; Tobacco; Harm reduction; Nigeria (Source: MeSH-NLM).