

Effectiveness of teacher's training program for tobacco control in schools of Lucknow: A Quasi-experimental study

ABSTRACT

Introduction: Teachers play a crucial role in influencing the attitudes and behaviors of their students. Their knowledge, attitude, and practice towards tobacco use, have a direct impact on strict implementation of School Tobacco Control Policies. The present study aimed to assess the effectiveness of the teacher's training program, *Choose Health by Avoiding Tobacco (CHAT)* for tobacco control measures in schools of Lucknow.

Materials and Methods: The study was a Quasi experimental study conducted among 120 school teachers from six Government High Schools in Lucknow. An interactive training session on various tobacco-related topics was conducted. Knowledge gained was assessed by comparing post-test scores with pre-test scores. McNemar's test was employed to assess change in knowledge before, after, and after 1 month of the training program. Wilcoxon signed-rank test was used to compare the mean of pre-, post-, and follow-up test scores.

Results: The prevalence of tobacco use was 21.7% among the participating school teachers. The female teachers did not consume tobacco in any form. There was a significant improvement in the mean post-test score as compared to the pre-test score ($P < 0.001$), with no significant attrition of knowledge gained after one month. A 94.2% of the participants reported that the training session conducted has motivated them to quit tobacco use. Evaluation of the six participating schools on their compliance with the "Tobacco Free Educational Institute" (ToFEI) Guidelines, demonstrated some improvement in implementation of these guidelines within two months of the training session as compared to baseline observations.

Conclusion: The present study showed that the CHAT interactive educational intervention program was effective in improving knowledge related to tobacco and its laws to protect minors from the tobacco epidemic. The intervention also resulted in a high level of motivation among teachers to choose a tobacco-free life.

Keywords: Global School Personnel Survey, India, smokeless tobacco, smoking, tobacco control, tobacco-free school policy

INTRODUCTION

Tobacco use is the single biggest preventable cause of death in the world.^[1] In India, owing to the easy availability of various forms of tobacco—both smoking and smokeless, tobacco use among adolescents and youth is growing in epidemic proportions.^[2] Since most habits start in adolescence and persist into early adulthood, it is crucial to support early preventive strategies among young people to discourage the onset of tobacco use. School-based tobacco control programs are a key component of the National Tobacco Control Programme (NTCP), launched by the Government of India in 2007-2008.^[3]

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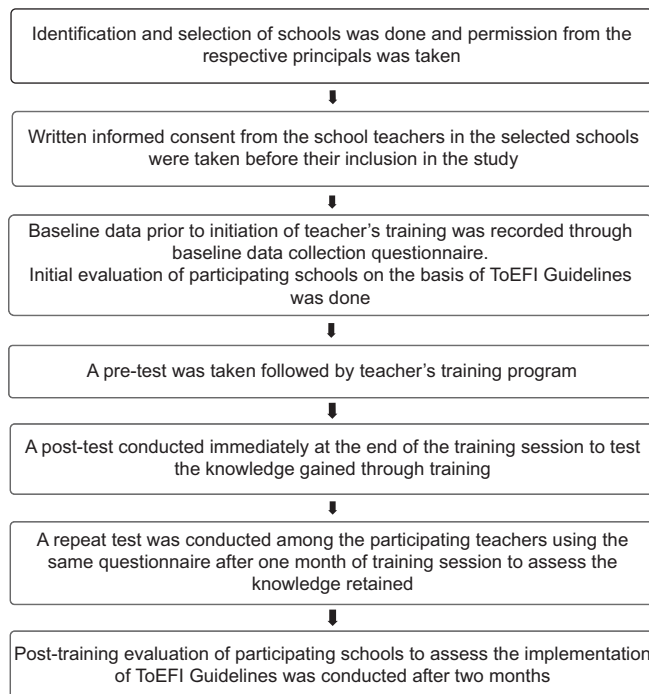
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Flowchart 1: Schematic representation of study conducted

Teachers have always been considered as the best guides and serve as role models for the students. They can play a crucial part in the implementation of the law by influencing the attitudes and behaviors of their students.^[4] When teachers receive proper training to offer tobacco prevention curricula, the success of the whole program is significantly increased.^[5,6] Despite being well aware of the harmful effects of tobacco use on the body, tobacco consumption is a prevalent practice among teachers in Indian schools. Such teachers unwittingly give their students a bad example to follow. Students and teachers interact frequently, and students generally follow their teachers. Therefore, they may indirectly encourage children to use tobacco. The Global School Personnel Survey (GSPS) conducted in India in 2006 reported tobacco use in 28.8% of school personnel, which decreased to only 23.7% in the 2009 GSPS round.^[2,7] A similar evaluation at the regional level in Lucknow in 2019 reported tobacco use among 20% of school teachers.^[8] The current figures not only highlight the need to train the teachers in relation to tobacco control programs,^[9] but also to ensure that schools strictly adopt the “Tobacco Free Educational Institute” (ToFEI) Guidelines in an attempt to discourage the youth from taking up tobacco and decrease the likelihood of developing an addiction to nicotine.^[10] In this backdrop, a teacher’s training program “Choose Health by Avoiding Tobacco (CHAT)” was devised which aimed to address the key tobacco-related issues by spreading awareness among school teachers in an attempt to create a tobacco-free generation accomplished through primordial prevention among the students as well as

promote the implementation of “Tobacco Free Educational Institute” (ToFEI) Guidelines for tobacco control in schools. Thus, the present study was conducted to assess the effectiveness of the teacher’s training program for Tobacco control measures in schools of Lucknow, in terms of change in tobacco-related knowledge and motivation to choose a tobacco-free life among Government High School teachers; and to evaluate the existence and implementation of School Tobacco Control Policies following the training program.

MATERIALS AND METHODS

Study design and study period

The present study was a Quasi-experimental study^[11] conducted among the school teachers in Government High Schools of Lucknow over a period of 21 months.

Sample size

A pilot survey was conducted on 30 Government High School teachers among which 43.3% of them had the attitude to lead a tobacco-free life. The sample size was calculated using a standard formula for sample size determination of one-arm pre-post study design^[12] and using the nMaster 2.0 software by Christian Medical College Vellore, India.

The following formula was used,

$$n = \frac{(z_{1-\alpha/2} + z_{\beta})^2 [p(1-p)]}{(p - p_0)^2},$$

where n = sample size, $Z_{1-\alpha/2}$ = Z value for desired level of confidence, Z_{β} = Z value for desired power of study, p_0 = Proportion at baseline (pre-intervention), p = Proportion post-intervention.

Expecting a 30% improvement/increment in attitude among the study participants as a result of the intervention, with a 95% level of confidence and 80% power of study, the minimum sample size was calculated to be 115.

Study population and eligibility criteria

Lucknow is the capital city of Uttar Pradesh. According to the list provided by Department of District Education, it currently has 51 Government High Schools. A multistage sample was used to choose school teachers for the present study. In the first stage, we arbitrarily divided the city into five zones—North, South, East, West, and Central zones. Separate lists of Government High Schools in each zone were drawn up. In the next stage, one school was randomly selected from each zone, and the list of teachers in the selected schools was made. In the last stage, all teachers were invited for participation from the selected schools. The school which was selected in the South zone had a lesser number of

teachers, therefore an additional school was selected in this zone, accounting for a total of six schools. All those teachers in the selected schools who gave written informed consent for participation were included in the study.

Study Procedure

Flowchart 1 Data collection was initiated only after obtaining ethical approval and administration permissions from the Department of District Education, State Tobacco Control Cell, and the Principal of the schools. After obtaining consent from the principals of the participating schools, all teachers present on the day of the conduction of the study were invited to participate after explaining the purpose and procedure of the study. They were ensured of anonymity and confidentiality of the data provided by them. All those teachers who provided written informed consent were finally included in the study.

Before the training program, demographic data, data related to previous training received on tobacco control, availability of educational materials on tobacco control, current tobacco use, and attitude towards living a tobacco-free life by participating school teachers were recorded through questions derived from the GSPS. This was followed by the delivery of the training which included an interactive session through a Microsoft Power Point (Microsoft Office Professional Plus 2019) presentation. The content of the training was developed based on the World Health Organization (WHO) Manual on Tobacco Control in Schools^[13] and included sub-domains like the harmful ingredients of tobacco and their ill effects on oral and general health, second-hand smoking and its side effects, Cigarettes and Other Tobacco Products Act (COTPA) and legislations in India related to tobacco control, misleading tobacco advertisements, misconceptions about tobacco use, positive healthy alternative habits to tobacco use, how to initiate tobacco cessation, and the influential role of teachers in tobacco control among the youth. In addition to multimedia for lecture delivery during training, handouts were also distributed among the participants. At the end of the session, the teachers were requested to share the knowledge gained with their students, with the help of posters/videos/pamphlets provided to them after training.

To ensure uniformity of training quality and content, the same training materials and method of training delivery were followed in all the participating schools. The training session lasted for 60 min, of which the first 10 min was allotted to MCQ-based pre-test, followed by 40 min of interactive training session and assessment through post-test in the last 10 min. To assess long-term retention, a surprise re-evaluation was conducted after 1 month. An overall feedback questionnaire was administered to the teachers at the end of the data collection period.

Simultaneously, the implementation of “Tobacco Free Educational Institute” (ToFEI) Guidelines was assessed by the investigator at baseline on the day of imparting teacher’s training. The principals of the participating schools were provided a hard copy of COTPA laws and ToFEI Guidelines and were requested to implement and comply with the “same as directed by the Ministry of Health and Family Welfare (MoHFW), Government of India. All schools were given two months to implement the policies. After two months, the investigator re-assessed the schools on the implementation of the “Tobacco Free Educational Institute” Guidelines as stated earlier. Concurrently, the principals were asked to score their school on the Self-Evaluation Score Card for Tobacco-Free Educational Institute and were motivated to participate in the Tobacco-Free Educational Institute Award Scheme by the MoHFW.

Data analysis

Data of only those teachers were considered for the final analysis who participated in all the three evaluation tests. The collected data was organized and tabulated in Microsoft Excel 2019 (Microsoft Office Professional Plus 2019) and statistical analysis was done using Statistical Package for Social Sciences (SPSS) version 24.0 (IBM Corp., Illinois, Chicago). The data were analyzed and represented by various tables, graphs, diagrams, etc., The mean and standard deviation (SD) were calculated for quantitative data. Categorical variables were expressed in proportions. McNemar’s test was employed to assess change in attitude towards living a tobacco-free life as well as item-wise knowledge in post-test as compared to pre-test and knowledge retention in repeat test as compared to post-test. The evaluation sheet consisted of 12 questions. For each correct answer, a score of 1 was given; and for an incorrect answer, a score of 0 was awarded. The mean total score received by the participants in the pre-test and post-test were tested for normality by the Shapiro–Wilk test. The result of the Shapiro–Wilk test was significant indicating that the data had a skewed distribution; therefore, changes in scores were compared using the Friedman test followed by the Wilcoxon signed-rank test to identify which scores in particular differ from each other.

Ethical approval and confidentiality

Approval from the King George's Medical University ethical committee was obtained before starting the study (*Reference no: 1197/Ethics/2021 dated September 08, 2021*). The confidentiality of the study participants was maintained in all the phases of the study.

RESULTS

Analysis was done on the data collected from 120 teachers who participated in all steps of the study and returned completely filled responses to the administered questionnaires.

Table 1 describes the demographic details of the 120 study participants; the majority (41.7%) of the teachers were in the age group of 51-60 years, followed by 28.3% aged between 41 and 50 years. The mean (\pm SD) age of the teachers was 48.1 (\pm 9.2) years. More than half (55%) of the teachers were males. 86.7% of the teachers were currently married. 31.7% of the teachers had a teaching experience of 20-25 years.

Figure 1 shows the prevalence of tobacco use in 21.7% (N = 26) among 120 participating school teachers. This tobacco use was reported only by the male teachers. None of the female teachers reported to use tobacco in any form.

Figure 2 illustrates that out of 120 school teachers, 68 (56.7%) have access to educational material related to tobacco, while only 37 (30.8%) had received training on tobacco prevention among the youth. However, 118 (98.3%) of the participants agree that schools should conduct training programs for tobacco control.

Figure 3 depicts the various forms of tobacco used by the male teachers. Out of the 26 tobacco users, 6 (23.1%) of them consumed a smoking form of tobacco (bidi/cigarette), 16 (61.5%) consumed smokeless forms of tobacco (khaini/gutka, chewing tobacco with paan or areca nut) while 4 (15.4%) used both the forms of tobacco. Of all the 120 respondents, the prevalence of smoking tobacco was

8.3% (N = 10), while the prevalence of smokeless tobacco consumption was 16.7% (N = 20).

Table 2 compares the knowledge of different aspects of tobacco use and its prevention at baseline and immediately after the training session. Following the training session, improvement in knowledge was observed with respect to all the items in the evaluation sheet. However, significant improvement in

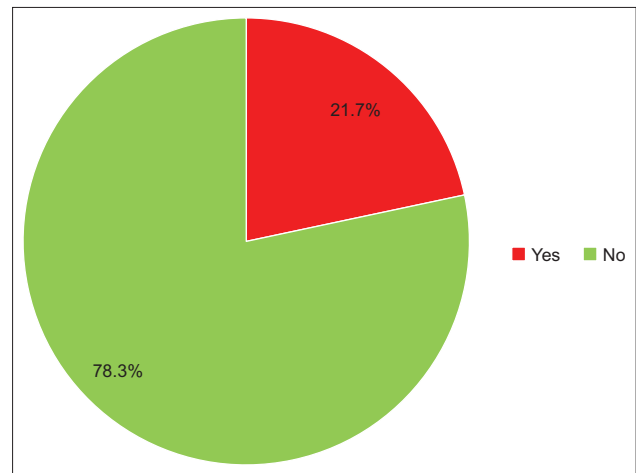


Figure 1: Tobacco use among school teachers (N = 120)

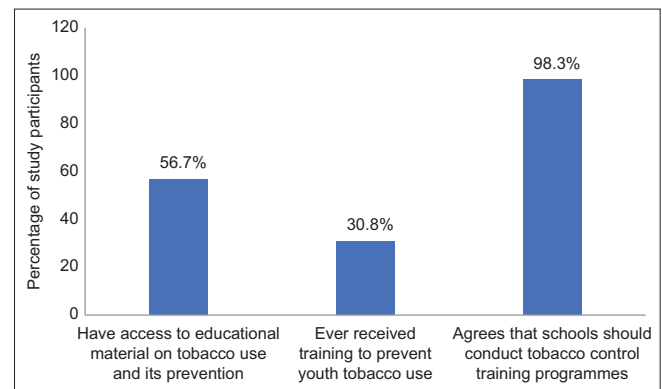


Figure 2: Illustration of teacher's response on accessibility to tobacco control materials/training (N = 120)

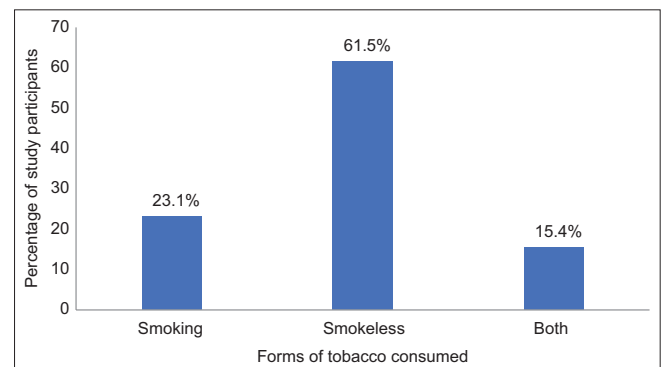


Figure 3: Illustration of different forms of tobacco consumed by male school teachers (N = 26)

Table 1: Demographic profile of the study participants (n=120)

Demographic profile	Frequency	Percentage
Age*		
21–30 years	4	3.3
31–40 years	25	20.8
41–50 years	34	28.3
51–60 years	50	41.7
> 60 years	7	5.8
Gender		
Male	66	55.0
Female	54	45.0
Marital status		
Unmarried	6	5.0
Married	104	86.7
Widowed	3	2.5
Not mentioned	7	5.8
Teaching experience**		
2-5 years	8	6.7
6-10 years	18	15.0
11-15 years	19	15.8
15-20 years	12	10.0
20-25 years	38	31.7
> 25 years	24	20.0
Not mentioned	1	0.8

*Mean (\pm SD): 48.1 (\pm 9.2) years; Median: 50 years; Range: 21-67 years,

**Mean (\pm SD): 18.8 (\pm 8.1) years; Median: 22 years; Range: 2-34 years

Table 2: Comparison of knowledge between pre-test and post-test among the school teachers (n=120)

Questions	Answered correctly in pre-test n (%)	Answered correctly in post-test n (%)	P*
Tobacco consumption leads to diseases in the body	93 (77.5)	117 (97.5)	0.231
Harmful ingredients present in tobacco	17 (14.2)	90 (75.0)	<0.001*
Addictive constituent in tobacco	96 (80.0)	120 (100.0)	0.119
Chemical irritants in tobacco	64 (53.3)	114 (95.0)	0.006*
Insecticides are added to Tobacco	31 (25.8)	109 (90.8)	<0.001*
Tobacco use leads to cardiac problems	95 (79.2)	116 (96.7)	0.322
Tobacco use has a role in diabetes	47 (39.2)	96 (80.0)	0.023*
Tobacco use worsens pre-existing diseases in the body	79 (65.8)	116 (96.7)	0.037*
According to tobacco control law, the sale of tobacco products is prohibited to minors (under the age of 18)	80 (66.7)	117 (97.5)	0.042*
According to tobacco control law, the sale of tobacco products by a minor (under the age of 18) is prohibited	76 (63.3)	110 (91.7)	0.046*
According to tobacco control law, the sale of tobacco products is prohibited within 100 yards of any educational institution	48 (40.0)	98 (81.7)	0.018*
According to tobacco control law, smoking in public places is punishable	101 (84.2)	119 (99.2)	0.385

*P value was calculated using McNemar's test and $P < 0.05$ was considered to be statistically significant.

knowledge was observed in items such as “harmful ingredients present in tobacco,” “chemical irritants present in tobacco,” “addition of insecticide to tobacco,” “tobacco use has a role in diabetes,” “tobacco use worsens pre-existing diseases in the body,” “according to tobacco control law, the sale of tobacco products is prohibited to minors (under the age of 18),” “according to tobacco control law, the sale of tobacco products by a minor (under the age of 18) is prohibited,” “according to tobacco control law, the sale of tobacco products is prohibited within 100 yards of any educational institution.”

Table 3 shows that the mean (\pm SD) pre-test score, post-test score, and follow-up test score were 4.9 (\pm 3.4), 8.5 (\pm 3.9), and 7.6 (\pm 4.4), respectively. Shapiro–Wilk test proved a skewed distribution of data. Friedman's test showed that these mean scores were significantly different from each other ($P < 0.001$). To analyze the significant difference between the mean scores of pre-, post-, and follow-up tests, the Wilcoxon signed-rank test was used. On performing pairwise analysis using the same, a statistically significant improvement in the mean post-test score as compared to the pre-test score ($P < 0.001$) was noted. Overall, the knowledge retained after one month of the training session was significantly better than that at baseline ($P = 0.018$).

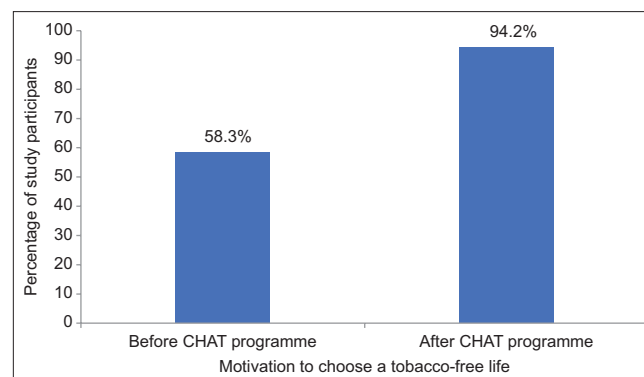
Figure 4 shows that, while at baseline, 70 teachers (58.3%) reported an attitude to lead a tobacco-free life, 113 out of 120 teachers (94.2%) reported that the CHAT Program had motivated them to choose a tobacco-free life ($P < 0.001$).

Table 4 describes the compliance of the participating school to the ToEFI Guidelines. The six participating schools were evaluated on their compliance with the “Tobacco Free Educational Institute” Guidelines at baseline. It was noted only one out of six schools displayed “Tobacco Free Area”

Table 3: Comparative analysis of mean pre-, post-, and follow-up test scores among the school teachers (n=120)

Parameter	Mean (\pm SD) score	P
Pre-test	4.9 (\pm 3.4)	
Post-test	8.5 (\pm 3.9)	
Follow-up test	7.6 (\pm 4.4)	
Friedman test		
Pre-test score v/s post-test score v/s follow-up test score		<0.001*
Wilcoxon signed-rank test**		
Pre-test score v/s post-test score		<0.001*
Post-test score v/s follow-up test score		0.738
Pre-test score v/s follow-up test score		0.018*

* $P < 0.05$ was considered to be statistically significant. **The Wilcoxon signed-rank test was applied after checking for normality by the Shapiro–Wilk test

**Figure 4: Diagram showing the motivation of teachers to choose a tobacco-free life before and after the CHAT Program (N = 120)**

signage inside the school premises at baseline, while only one school had already included the “No tobacco use” norm in the school code of conduct guidelines. Other than these, none of the schools complied with the policy guidelines. However, on re-evaluation after two months of the training session, except for getting rid of shops selling tobacco within 100 yards of the school boundary, there was some

Table 4: Evaluation of participating institutions on compliance with “tobacco-free educational institute” guidelines (N=6)

Questions	Pre-evaluation before training session	Post-evaluation after 2 months of training session
Display of “Tobacco Free Area” signage inside the school premises	1	6
Display of “Tobacco Free School” Signage outside the school	0	6
Any evidence of the use of tobacco products inside the school premises	6	2
Posters or other awareness materials on the harms of tobacco displayed in the premises	0	5
Organization of any tobacco control activity in the last 6 months	1	5
Designation of tobacco monitors	0	6
Inclusion of “No tobacco use” norm in the school code of conduct guidelines	1	6
Marking 100 yards area from the outer limit of the boundary wall of the school	0	5
Any shop selling tobacco products within 100 yards of the school	6	6
Any tobacco-related slogans on school stationery	0	3

improvement in the implementation of these guidelines in all the participating schools.

DISCUSSION

The ill effects of tobacco are well established, and to reduce the tobacco-related health burden in our country, teachers are a critical target group for tobacco control initiatives. They serve an important role in shaping the future of students, disseminating tobacco prevention curricula, and checking for strict implementation of tobacco control policies in schools. Hahn *et al.*^[14] defined three major components for successful implementation of these policies; first, an integrated communication strategy (Tell); second, support for tobacco cessation (Treat); and third, preparation of administrators, faculty, and student leaders to assist with implementation (Train).

Over the past decade, the Government of India has taken the lead in developing, adopting, and implementing tobacco-related legislation and regulations. The Government passed the “Cigarettes and other Tobacco Products Regulation Act (COTPA)” in 2003 to lower tobacco usage among the youth and protect non-smokers from tobacco smoke. The Government accepted the WHO Framework Convention on Tobacco Control (FCTC) in 2004, and since then, it has been putting suitable measures in place to reduce the demand for and supply of tobacco. The NTCP, which was introduced in 2007–2008, is now being carried out in 42 districts throughout 21 states nationwide.^[15]

While the adoption of a law is usually a one-time process, its implementation is an ongoing process and is therefore more challenging to enforce across the country. Although there has been a decline in tobacco use among school personnel from 28.8% in 2006 to 23.7% in 2009 according to the GSPS data, concurrently, there has been a sharp decline in training of teachers on youth tobacco prevention from 16.7% in 2006

GSPS round to 10.1% in 2009 GSPS round along with only 37.8% of teachers reportedly having access to educational materials about tobacco use and its prevention.^[7] These figures reflect the loss in momentum and rising violations in the implementation of tobacco control initiatives in educational institutions. Moreover, evidence from an ecological study using Global Youth Tobacco Survey (GYTS) and GSPS data from 43 countries derived a conclusion that for every 10% increase in the proportion of teachers who had received training on tobacco prevention, there was a 6% increase in the likelihood of students receiving a class on harmful effects of tobacco use.^[16]

Teacher’s knowledge and attitude regarding tobacco use is closely related to their own tobacco consumption.^[17,18] There is evidence in the literature to reiterate that teachers who have never smoked or are ex-smokers have the greatest impact in preventing tobacco use among their students, family, and society.^[18-23] On the contrary, those who smoke may pose as an inspiration for teenagers to take up tobacco habits through direct modeling.^[18-23] The present study included 120 teachers across six Government High Schools in Lucknow and observed that 21.7% of these teachers routinely used tobacco in one or more forms. In accordance with the gender and societal norms, male teachers reported use of both smoking (cigarettes and bidis) and smokeless tobacco (betel quid with tobacco, areca nut with tobacco, khaini, and gutka) while interestingly, none of the female teachers reported tobacco use. The overall prevalence of smoking tobacco was 8.3%, while the prevalence of smokeless tobacco consumption was 16.7%. Despite our finding being slightly lower than the GSPS 2009 data at the national level (23.7%),^[2] it is still higher than the reported tobacco use by 20% of Government school teachers at the regional level in 2019.^[8]

The present study attempted to provide training on tobacco control among school teachers interactively. Evidence-based

designing of training material and proper planning of conduct of training sessions is fundamental to an effective teaching-learning session. Interactive learning is far more interesting and engaging than didactic lectures. The use of advanced technology, multimedia, discussion, and feedback as a whole delivers a richer context, a wider viewpoint, and more engaging experiences than traditional teaching methods. The effectiveness of such a modality of training has been demonstrated in our study, by not only a significant increase in post-test scores, but also a comparably better follow-up test score assessed one month after the training session reflecting good retention of knowledge gained by the teachers. Also, post-intervention, the majority of the teachers reported that the training session motivated them to choose a tobacco-free life. A tobacco control intervention for school teachers in Bihar was reported by Sorensen *et al.*^[24] was found to have the greatest impact on the 30-day tobacco quit rate. However, the present study did not measure the change in tobacco-related behavior as one-month duration following training is considered a short time to induce behavioral changes.

It has been observed that schools that have enforced stringent no-tobacco policies reported a lower prevalence of tobacco consumption among the school teachers and their students, possibly due to the reduced probability of exposure of students in school to teachers who smoke.^[17-22] Recent studies conducted in selected districts of Maharashtra over a period of five years, from 2013 to 2018, reported achievement of 100% fulfillment of tobacco-free schools (TFS) criteria in nearly two out of five schools, with another one in three schools fulfilling 7–10 criteria, in districts which received teacher training intervention for TFS.^[25,26]

The present study highlighted a considerable lacuna and non-adoption of ToFEI Guidelines in the participating Government High Schools of Lucknow. Despite existing legislation banning tobacco use in school premises, visible acts of smoking and using smokeless tobacco were evident while addressing school personnel during the process of data collection. There were vendors selling tobacco within 100 yards of the school boundary, defying the regulation. This ensures easy accessibility and availability of tobacco products to both the teachers and the students. A recent study by Kankane *et al.*^[27] identified the presence of tobacco vendors in the surrounding vicinity of school premises as an important factor promoting tobacco use among school children (OR-2.63, 95% CI: 1.60, 4.33). However, on re-evaluation following the training session, some improvement in the implementation of the ToFEI Guidelines was noted.

The present study had some limitations. The findings of tobacco-related knowledge and practice were based on

self-reports from the school teachers, who may have under- or over-reported their behavior resulting in social desirability bias. Moreover, there remains a chance that a few teachers who used tobacco might have deliberately not participated in the study, which might distort the results obtained from the actual figures. Furthermore, some teachers did not participate in the program because they felt that this was not a part of the teaching curriculum, henceforth they had no interest in participation. Another limitation is that the short duration of the study did not allow for re-training the teachers to ensure reinforcement of knowledge, as well as to assess the proportion of teachers who actually quit tobacco.

Recommendations

- i. A significant improvement in tobacco-related knowledge and motivation to choose a tobacco-free life following the CHAT program for teachers reiterates the importance of training as an important mode of knowledge dissemination among teachers and its onward transmission to their students.
- ii. This also includes mandatory inclusion of tobacco-related content in the training modules of teachers and curriculum of students in all classes along with advocacy of evidence-based interventions at all educational institutions.
- iii. Taking a leaf out of the WHO recruitment policy where only non-tobacco users are eligible for jobs, a similar revision in recruitment rules so as to include only non-tobacco users as an eligibility criterion for Government jobs in various posts, would ensure a tobacco-free work environment.
- iv. At the administrative level, regular monitoring to ensure strict implementation of TFS policies and upscaling of public awareness on laws to protect minors and contact numbers for raising complaints against any violation would be an effective measure to control tobacco use.
- v. Furthermore, revisions in the ToFEI Guidelines are required. The contact number provided in the ToFEI guidelines reportedly was found to provide only support for tobacco cessation and did not entertain complaints regarding violations of COTPA laws. This calls for an urgent need to ensure the availability of an active contact number to register public complaints and take necessary prompt actions accordingly. Additionally, a mandatory annual celebration of “No Tobacco Day” in educational institutes would arise the spirit of choosing a tobacco-free life in the upcoming generations.

CONCLUSION

School teachers are role models for students, youth, and the society. Our findings clearly point out the high prevalence of

tobacco use among male school teachers, along with lower tobacco-related knowledge before training. The present study highlighted the effectiveness of the educational intervention provided through an interactive approach in improving immediate knowledge and 30-day retention of the gained knowledge. Moreover, the training also motivated the teachers to choose a tobacco-free life. The ToEFI Guidelines serve as the benchmark to assess school performance on tobacco control among the teachers and students. Stringent implementation of these guidelines would address the issues of tobacco use among students and school personnel and promote a healthier tobacco-free life, thus helping to curb the rising public health problem of tobacco use nationwide.

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Conflicts of interest

There are no conflicts of interest.

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