

Evaluating The Effectiveness Of Tobacco Prevention Programs: A survey Of Arab Secondary Schools In Kuala Lumpur

Dr. Mutasim Elrasheed Ghalib*

ABSTRACT

This study aims at evaluating the effectiveness of tobacco prevention programs. The descriptive method was adopted and a questionnaire was applied. The data was analyzed by using (SPSS) program. The sample consisted of 63 teachers (30) males – 33 females), selected from three of Arab secondary schools in Kuala Lumpur. Study results showed that there were no differences of statistical significance in the implementation of policies between teachers and no differences in the training and skills. Results also showed that there were no differences in providing knowledge of programs and support sessions between teachers. There were no differences in policies, training and providing knowledge between males and females. The significance of this result is that tobacco prevention programs were not effective in all the surveyed schools in all parts of programs, policies, training, skills implementation and providing knowledge to students and staff.

* Faculty of Education – Hantoub, Assistant professor.

EDITORIAL

INTRODUCTION

Tobacco use is one of the preventable causes of death in the world. The World Health Organization (WHO) estimates 4.9 million deaths a year due to tobacco use world wide. This figure is expected to escalate to more than 10 million deaths a year by 2030. WHO estimates 47% of men and 12% of women smoke in the developed countries (WHO, 2003). The behavior of tobacco use is established during youth and leads to many chronic diseases like heart diseases, stroke and cancer of the lung, mouth, pharynx, esophagus, and bladder (Centre of Disease Control and Prevention, 2006). In the United States of America more than 3000 children and adolescents begin to smoke every day (Houston et al., 1998).

In the 1986 National Health Morbidity Survey, the overall rate of smoking among the Malaysian population was 21.5% and the estimated number of smokers was 2.6% million. The prevalence of smoking among the males was 40.9% and 4.1% among females. The 1996 National Health Morbidity Survey projected 24.8% as an overall smoking rate among the Malaysian population. Meanwhile, the number of smokers was estimated to be 3.6 million people. Another study conducted in 1999 among youth above 15 years of age recorded a very significant increase in the smoking rate which is 18.2%. The prevalence among the male youths is 29% and 8% among the female youths. The study shows that there is a very significant increase in tobacco use among the female youths. Based on developed countries model, the overall rate of smoking for all Malaysian will be 20% by the year 2020 and the number of smokers will be 4.6 million. The smoking rate among males has been projected to be 50% whereas among females is 10% (Krishnan, 2003).

School health education programs play an important role in reducing adolescent's tobacco use by increasing student's knowledge, positive attitudes and peer resistance skills and therefore reducing the level of youth smoking.

Successful programs of smoking prevention in school should involve the participation of both the school and the community (parents, families). To ensure that school tobacco

EDITORIAL

prevention programs have the greatest impact, the school programs guidelines in the USA (1994) recommend schools to:

- 1) Develop and enforce a school policy on tobacco use.
- 2) Provide instruction about the short and long term negative physiological and social effects of tobacco use, and refusal skills.
- 3) Provide tobacco use prevention education in kindergarten through 12th grade. This instruction should be especially intensive in high or middle school and should be reinforced in high school.
- 4) Provide programs of specific training for teachers.
- 5) Involve parents or families in support of school based programs to prevent tobacco use.
- 6) Support cessation efforts among students and all school staff who use tobacco.
- 7) Assess the tobacco-use prevention programs at regular intervals (Boern, 2001).

In Malaysia, the 2003 Global Youth Tobacco Survey (GYTS) addressed the following issues:

- 1) Determining the level of tobacco use among adolescents who are 13-15 years.
- 2) Estimating the age of initiation of cigarette smoking.
- 3) Determining the level of susceptibility to become a cigarette smoker.
- 4) Determining the exposure towards tobacco promotion and advertising.
- 5) Identifying key intervening variables, such as attitudes and perception to tobacco use among adolescents.
- 6) Identifying the preventive activities at the school level (Krishnan, 2003).

The Malaysian government has emphasized the need to have full-time counselors in all secondary schools. Among the roles of these counselors are to promote the personal growth of the students and to prepare them to become literate and motivated workers, caring family members, and responsible citizens.

Guidance and counseling services in secondary schools are supervised by the guidance and Counseling Unit, School Division of the Ministry of Education. At the state level, every

EDITORIAL

state in Malaysia including the Federal Territory guidance officers are assigned by the Ministry of Education. These officers are responsible for determining that all guidance and counseling planning of the programs in secondary school are administered smoothly and systematically besides organizing exhibitions, seminars, workshops and other activities on guidance and counseling, and they are also involved in conducting training programs as well as research on problems of drug abuse and other social problems. In secondary schools, there must be long lasting guidance and a counseling teacher who is responsible for the organization and implementation of guidance and counseling programs and activities (Abdullah, 1994).

The programs of tobacco prevention use provided by the Unit of Counseling in secondary schools are the mandate of counselor teacher who implements programs. Examples include activities such as to train the students and staff to provide the knowledge and skills to prevent of tobacco use and to have control contact with students using tobacco to help them stop and reduce smoking.

Policies:

The comprehensive school tobacco-use prevention policy recommended that the Policy/Program/Plan should be developed in partnership with family, health care and community organizations. It also recommended that it should be implemented within the context of coordinated school health programs, and should include the following provisions:

- 1) Establish and enforce a prohibition on all uses of tobacco products by students, staff and school visitors at all time in school building.
- 2) Prohibit all kinds of promotion of tobacco products and companies in school setting.
- 3) Implement sequential educational programs that are integrated in the educational curriculum to prevent tobacco use.
- 4) Provide appropriate counseling services or referrals for students and staff to help them stop tobacco use and overcome nicotine addiction.

EDITORIAL

- 5) Participate in the administration of anonymous surveys to assess students' use of tobacco, and the other health risk behaviors.
- 6) The policies should include a statement of facts to justify the policies and explain the harmfulness of tobacco use (NASB 2009).

Skills and Implementation

Tobacco prevention programs should include social and bonding skills, such as: communication, resistance, decision making, problem solving, and awareness of self-esteem, and self-confidence.

The factors associated with the implementation of tobacco prevention programs are:

1. Educator:

- 1.1 Level of programs acceptance by teachers.
- 1.2 Received any tobacco in the last five years?
- 1.3 Attempts by teachers to involve parents in tobacco prevention education.
- 1.4 Teacher's level of self-efficacy to teach tobacco prevention strategies.

2. School climate:

- 2.1 Amount of teachers' participation in decision making about selection of curriculum.
- 2.2 Degree of priority placed by school for tobacco education whether the school has a given policy or guidance for selection of tobacco education programming, and level of teacher's morale.
- 2.3 Level of support from principals to teach tobacco prevention education (Diane, 2006).

3. Curriculum:

- 3.1 Availability of curriculum resources.
- 3.2 Number of hours in which the curriculum is taught.
- 3.3 Number of curriculum topics covered during instruction.
- 3.4 Number of anti-tobacco school activities implemented.
- 3.5 Use of interactive instructional methods.

EDITORIAL

4. Interactive factors:

- 4.1 Interest of students in tobacco prevention lessons.
- 4.2 District support of teaching tobacco prevention lessons.

5. Demographic-level factors:

- 5.1 School size (number of students).
- 5.2 Socio-economic status.
- 5.3 Ethnic minority (Diane, 2006).

Providing Knowledge of Programs for Students and Staff:

The program shall be based on methods, and designed to accomplish the following:

- 1) Instruct about immediate and long term undesirable physiological and social consequences of tobacco use.
- 2) Describe the social acceptability of tobacco use.
- 3) Teach how to recognize and refuse advertising and other social influences that promote tobacco use.

The program should provide students with more knowledge and skills that help them in making good choice, and minimizing the probability of tobacco use. Class lessons focus on refusal skills, decision making, choices and consequences, responsibility, and health effects. The program also should include more information about harms of tobacco use and effects of nicotine. The knowledge should include peer pressure, communication, asset building, advocacy activities and positive/negative attitudes. Teachers should employ activities that increase confidence and awareness of other, and how to develop inner strengths to assist students in making positive, healthy decision regarding tobacco (Manhattan program, 2008). The perception of school teachers regarding the contribution of the knowledge acquired in tobacco prevention programs is very significant in the decisions to quit tobacco use among students and teachers.

Objectives of the Study:

EDITORIAL

Considering the above background, the research aims to investigate the perceptions of school teachers about the effectiveness of tobacco prevention programs in selected Arab secondary schools. It focuses on the following objectives:

- a) Examine the perception of school teaches about tobacco prevention policies.
- b) Analyze the perceptions of school teachers about the effectiveness of training programs for students and staff.

METHOD

Participants:

The random sample consisted of 63 teachers. It includes 30 males and 33 females, their ages range between 24 to 65 years old. The mean number of years of teachers' experience is 2-42 years, and the entire sample certified full-time school.

Arab secondary schools teachers were selected to participate in survey of tobacco prevention program, random sample was used to produce representative sample of teachers. A total of three Arab schools in Kuala Lumpur have participated in the sample.

Instruments:

The survey method is used in the study. The researcher developed a questionnaire consisting of 27 questions divided into three parts; part one is about policies (10 questions); part two assesses the training and implementation of program (8 questions); and part three assesses the provision of program knowledge to students and staff (9 questions).

The questionnaire used in the study is made up of items from international and local smoking programs. These include the following:

- Global Youth Tobacco Survey (GYTS) Malaysia.
- School Guidelines (CDC) USA.
- Global Youth Tobacco Survey 2003 (WHO).

EDITORIAL

All the questions of the questionnaire are closed ended which have three types of answers; yes, not sure, no.

The questionnaire was distributed in all Arab schools in Kuala Lumpur except the Saudi school, because it was on holiday. The sample of teachers has been taken from the following schools:

- International Modern Arabic School (IMAS).
- Iraqi School.
- Great Jamahyria School.

To check for face validity the questionnaire was reviewed by a professor in clinical psychology, and two associate professors in counseling and educational psychology. The reliability of the questionnaire was calculated using the sample responses, and found to be: alpha (α) = 75%, and the parts achieved the following values of α : part one (policies) achieved 73%, part two (skills and implementation) achieved 72%, and part three (provision of program knowledge) achieved 73%, (see the appendix).

RESULTS

Coded data entered into database and analyzed using the Statistical Package for the Social Science (SPSS). Chi-square, t-test, and Percent were used to determine the difference among the groups.

Three Arab secondary schools in Kuala Lumpur have participated in the survey (n = 63) and responded completely to the question.

Table 1: Demographic profile of the sample

School	Male	Female	N	Percent
International Modern Arabic School (IMAS)	20	11	31	49.20%
Great Jamahyria School	6	14	20	31.75%
Iraqi School	4	8	12	19.05%
Total	30	33	63	100%

EDITORIAL

The sample comprised a total of 63 teachers 41.18% (n = 153), male 42.86% (n = 27), and female 57.14% (n = 36). International Modern Arabic School 49.20% (n = 31), Great Jamahyria School 31.75% (n = 20), and Iraqi School 19.05% (n = 12). These teachers are from different countries: Iraq, Libya, Sudan, Egypt, Syria, Palestine, Jordan, Malaysia, Australia, Indonesia, and Singapore.

Effectiveness of Development and Policies:

No significant relations in implementation of policies were found between teachers. The majority of teachers have not received written policies in the surveyed Arabic schools 87.30% (n = 55), 47.62% (n = 30) have not received any information about policies of tobacco prevention, 50.79% (n = 32) have reinforcement for students to stop smoking. Most of the surveyed schools have save kind of punishment for students who use tobacco in school 71.43% (n = 45).

The reinforcement of policies to prevent tobacco use is not effective in the schools 65.8% (n = 41). The majority of the schools do confiscate any tobacco products found in possession of students 57.14% (n = 36). Most of the surveyed schools do not allow students to smoke cigarettes in school 79.66% (n = 50). Moreover, the schools do not allow staff to smoke in the school 58.71% (n = 37). 49.21% (n = 31) of teachers agree that they could ask staff to stop smoking in schools but 28.57% (n = 18) do not agree and 22.22% (n = 14) were not sure. No significant relations was maintained between schools in implementation of policies (see table 2).

Table 2: Effectiveness of development and policies of tobacco prevention programs

Items	Response	Great Jamahyria School	Iraqi School	IMAS	Chi-square Test		
					Value	df	Asymp sig (2-sides)

EDITORIAL

Do you have any information about policies of tobacco prevention?	No	7	9	14	6.99	4	0.136
	Not sure	6	0	5			
	Yes	7	3	12			
Have you received written policies in your school?	No	17	11	27	2.38	4	0.666
	Not sure	2	1	4			
	Yes	1	0	0			
Have you received tobacco prevention programs in your school?	No	19	11	30	3.82	4	0.432
	Not sure	0	1	1			
	Yes	1	0	0			
Is there any reinforcement for students to stop tobacco use?	No	10	8	14	6.29	4	0.178
	Not sure	7	0	11			
	Yes	3	4	6			
Is there any punishment to students using tobacco in school?	No	2	1	7	8.98	4	0.062
	Not sure	1	0	7			
	Yes	17	11	17			
Is there any reinforcement of policies in your school?	No	5	3	6	13.47	4	0.009
	Not sure	10	0	17			
	Yes	5	9	8			
Does the school confiscate any tobacco products found in possession of students?	No	1	2	3	15.54	4	0.004
	Not sure	4	0	17			
	Yes	15	10	11			
Does the school allow students to smoke cigarette or any other tobacco products?	No	19	8	23	7.86	4	0.097
	Not sure	0	0	3			
	Yes	1	4	5			
Are the staff members allowed to smoke cigarette or any other tobacco products in school?	No	11	6	20	1.42	4	0.84
	Not sure	2	2	4			
	Yes	7	4	7			
Do you think you could ask staff to stop tobacco use in school?	No	5	3	10	2.66	4	0.616
	Not sure	5	1	8			
	Yes	10	8	13			

EDITORIAL**Effectiveness of Training, Skills and Implementation of Programs:**

Table 3: Effectiveness of training, skills and implementation of tobacco prevention programs

Items	Response	Great Jamahyria School	Iraqi School	IMAS	Chi-square Test		
					Value	df	Asympsig (2-sides)
Do you have written plan to implement tobacco prevention programs in your school?	No	13	8	19	3.43	4	0.488
	Not sure	4	0	5			
	Yes	3	4	7			
Do you agree that all teachers and other staff members should have basic knowledge and skills about tobacco prevention?	No	4	2	6	7.13	4	0.129
	Not sure	0	0	6			
	Yes	16	10	19			
Are you trained to describe the physical & behavioral dangers of tobacco use?	No	12	5	20	2.65	4	0.616
	Not sure	1	1	3			
	Yes	7	6	8			
Have you participated in any international programs of tobacco prevention?	No	17	9	24	1.28	4	0.87
	Not sure	1	1	1			
	Yes	2	2	6			
Is religious counseling effective in helping people to quit tobacco use?	No	15	7	26	6.17	4	0.187
	Not sure	1	0	2			
	Yes	4	5	3			
Do you prepare an annual report on the implementation of programs?	No	1	2	7	7.10	4	0.131
	Not sure	2	2	0			
	Yes	17	8	24			

EDITORIAL

Do you use religious counseling in your tobacco prevention programs?	No	10	6	21	9.90	4	0.041
	Not sure	8	1	4			
	Yes	2	5	6			

No significant relations in training, skills and implementation of programs were found between teachers in the three schools. The majority of teachers had no training or acquired basic skills to prevent tobacco in school. 63.5% of teachers have written plans to implement smoking prevention plan. 71.43% (n = 45) agree that the staff should have basic knowledge and skills about tobacco prevention. Less than 33.33% (n = 21) have been trained to describe the physical and behavioral danger of tobacco use. 79.66% (n = 50) of teachers have not participated in international programs of tobacco prevention. Only 19.05% have participated in workshops of training to acquire the basic skills of tobacco use. The majority of teachers agree that the religious counseling is effective in helping to quit smoking. Less than 20.63% (n = 13) do prepare an annual report on the implementation of tobacco prevention programs. 71.43% (n = 45) said that teachers should have basic knowledge and skills about tobacco prevention. 66.67% (n = 42) of teachers agree to use religious counseling to prevent tobacco in schools.

Effectiveness of Specific Knowledge of Programs and Support Sessions:

Table 4: Effectiveness of specific knowledge of programs and support sessions

Question	Response	Great Jamahyria School	Iraqi School	IMAS	Chi-square Test		
					Value	df	Asymp sig (2-sides)
Should the information about tobacco prevention be included in the curriculum?	No	2	6	6	8.97	4	0.076
	Not sure	2	2	4			
	Yes	16	4	21			
Have you conducted any	No	15	10	21	1.26	4	0.86
	Not sure	2	1	5			

EDITORIAL

seminar or activity for tobacco prevention in the last 6 months?	Yes	3	1	5			
Do you involve parents and families in activities to support programs of tobacco prevention?	No	6	6	16	8.56	4	0.073
	Not sure	2	0	7			
	Yes	12	6	8			
Are there any books or posters about the harms of tobacco use in your school?	No	11	10	11	9.97	4	0.041
	Not sure	6	1	8			
	Yes	3	1	12			
Have you provided information about the dangers of tobacco use to teachers and students during this year?	No	12	7	14	4.97	4	0.290
	Not sure	3	1	11			
	Yes	5	4	6			
Did the information provided include the physical, psychological and social aspects of tobacco use?	No	8	7	10	7.58	4	0.108
	Not sure	5	1	15			
	Yes	7	4	6			
In this year, have you invited any agencies or groups to conduct or facilitate programs of tobacco prevention?	No	8	7	24	8.21	4	0.084
	Not sure	8	3	6			
	Yes	4	2	1			
Do the parents participate in the implementation of tobacco prevention programs in your school?	No	8	6	22	5.84	4	0.211
	Not sure	6	2	5			
	Yes	6	4	4			
Does your school provide materials for offsite prevention programs for students and their families?	No	10	10	18	4.39	4	0.356
	Not sure	6	2	9			
	Yes	4	0	4			

EDITORIAL

No significant relations in providing knowledge of programs and support sessions for staff and students were found between the three schools. The majority of teachers do agree to include information of tobacco prevention in curriculum 65.07% (n = 41). Among all teachers in this sample, 73.01% (n = 46) have not conducted any seminar or activities about tobacco prevention in last 6 months. The majority 58.73% (n = 37) of the teachers do not involve parents in activities of tobacco prevention programs. Most of them agree that the school 50.79% (n = 32) have no books or posters about the harmfulness of tobacco use, 23.8 (n = 15) are not sure, and 25.40% (n = 16) have books or posters about the harmfulness of tobacco use. 52.38% (n = 33) of the teachers have not provided any information about the dangers of smoking to staff and students during the last year. Furthermore, only 26.98% (n = 17) of teachers provided information that include physical, psychological, and social aspects of tobacco. 61.90% (n = 39) of the teachers agreed that they have not invited any agency or group to conduct or facilitate a tobacco prevention program in the last year. The percentage of parents participating in the implementation of tobacco program is 57.14% (n = 36). The majority of the teachers in the sample agreed that the schools have not provided any materials for offsite tobacco prevention.

Table 5: The difference between teachers' experience (above and below 10 years)

Parts of Program	Experience	N	Mean	Std. Dev.	Std. Error Mean	F	Sig	t	df	Sig (2-sides)
Policies	Above 10 years	24	7.92	3.72	0.759	2.57	0.114	-0.584	61	0.561
	Below 10 years	39	8.38	2.63	0.421					
Training	Above 10 years	24	6.92	3.27	0.667	1.33	0.254	-0.792	61	0.431
	Below 10 years	39	7.51	2.65	0.425					
Knowledge	Above 10 years	24	5.13	3.39	0.692	0.22	0.638	-2.868	61	0.006
	Below 10 years	39	7.85	3.81	0.609					

No significant differences in development and policies were found between teachers in experience (above 10 years – below 10 years). Also no significant difference in training and skills was found between teachers having experience above 10 years and teachers

EDITORIAL

having experience below 10 years. Marginally significant differences in knowledge provision to staff and students were found between teachers with experience above 10 years and teachers with experience below 10 years. Those with experience below 10 years have more information about tobacco prevention than those having experience above 10 years.

Table 6: The difference between teachers' gender

Parts of Program	Gender	N	Mean	Std. Dev.	F	Sig	t	df	Sig (2-sides)
Policies	Male	30	8.23	3.255	0.286	0.594	0.066	61	0.515
	Female	33	8.18	2.941					
Training	Male	30	7.20	3.231	1.631	0.206	-0.223	61	-0.163
	Female	33	7.36	2.595					
Knowledge	Male	30	6.43	3.664	0.022	0.882	-0.734	61	-0.718
	Female	33	7.15	4.062					

No significant difference in policies, training, skills, implementation, and provision of tobacco prevention knowledge to staff and students was found between males and females.

DISCUSSION

Through analysis of current literature, we devised a survey to create a measurement tool to determine the effectiveness of tobacco prevention programs in Arab secondary schools among teachers. As expected, the result showed that enforcement of school policy on tobacco use in all the surveyed schools is only partially applied. The policies instructions are not effective in all the surveyed schools. The majority of teachers have not been provided with information about policies of tobacco prevention. Only less than quarter received written policies. Moreover, all the schools have no plan to carry out a tobacco prevention program. However, all tobacco prevention policies do enforce prohibition of all tobacco products use by students, staff and school visitors at all times in school building, on school ground, in school vehicles, and all school sponsored events on or off campus (Comprehensive School Tobacco, 2006).

No significant relations in implementation of policies were found between teachers in all the three schools. This indicates that the policies enforcement in these schools is not effective.

EDITORIAL

The training, skills, and implementation of programs among teachers were partially congruent. The results show that there was no maintained significant difference in training and implementation of programs between teachers. Most of the teachers have no written plan for the implementation of tobacco prevention programs. Furthermore, they need to be provided with the basic knowledge and skills of tobacco prevention programs. The majority of the teachers agree that the religious counseling is effective in stopping smoking and they would like to use it to prevent the use of tobacco in schools.

Results indicated that the training and implementation practices of tobacco prevention programs in all the surveyed schools are limited. Numerous research studies have found that participating in health education-service training increases teachers knowledge, skills, attitudes, involvement, support, and commitment to tobacco programs (Glynn, 1989; levenson et. al., 1994; Telljohan et. al., 1996).

No significant relations in providing knowledge of programs to staff and students were found between the schools. The prevalent ration of teachers agreed that the information of tobacco prevention should be included in the curriculum. Less than half of the teachers were not provided with sessions, seminars or information about the harmfulness of using tobacco.

Involving parents and community members in the planning and implementation of school-based programs for tobacco prevention and control can provide the school with valuable tobacco policies, support, and reinforcement (Lavin, 1993). However, the parental involvement in tobacco prevention practices of all the surveyed schools were just a partial involvement. Invitation for agencies and other groups by the surveyed schools to conduct or facilitate tobacco prevention programs were limited.

With respect to gender there was no significant difference in effectiveness of tobacco between male and female. The results also indicated that the programs are not effective in all the surveyed schools.

CONCLUSION

EDITORIAL

The surveyed schools' overall application of tobacco prevention policies, training and implementation, provision of knowledge does not differ as far as gender is concerned. marginal significant difference due to experience (above 10 years and below 10 years) indicated that the new graduates have been with provided knowledge about tobacco prevention. The average overall application of programs in all schools is not effective.

The findings reflect that successful implementation of school-based education programs can be predicted, in part, by the presence or absence of direct policies and guidelines (Bosworth et. al, 1999). The Arab schools in Kuala Lumpur contain students from different nationalities, such as Arab students, Malaysians, and Africans. Effective programs and active counselors are needed to help students and staff not to use tobacco and to provide them with deep knowledge about tobacco Moreover , the school size, numbers of students, social economic status, and ethnic minority status, all these factors are associated with the implementation of tobacco prevention programs.

Finally, we could say that the tobacco prevention programs in all the surveyed schools are not effective in all the considered parts: policies, training, skills, implementation, and provision of knowledge to students and staff.

EDITORIAL

REFERENCES

- 1) Abdullah, Asimah, (1994). **The utilization of guidance and counseling services among Muslim in secondary school.** Unpublished master thesis, Institute of Education, IIUM.
- 2) Butler, S. C. (1993). **Chief state school officers rank barriers to implementing comprehensive school health education.** Journal of school health, 63, 130 – 132.
- 3) Boeron, Melynda Carol, (2001). **School district associated with tobacco programs and practices in Texas Middle Schools.** Thesis of master degree, Faculty of Education, University of Houston, USA.
- 4) Bosworth, K. et. al. (1999). **Bayesian model to predict the success of implementation of health and education innovations in school-centered programs.** Evaluation and program planning, 22, 1 – 11.
- 5) California State Program. **State program to prevent tobacco, 2008. USA.** www.cde.ca.gov
- 6) Coy, A. et. al. (ed) (1991). **Toward transformation of secondary school counseling,** Pacific Grove: Hoper & Row.
- 7) Diane, P. (2006). **Implementation of tobacco prevention program and smoking related outcomes.** Faculty of Graduate School, University of California.
- 8) Glynn, T. J. (1989). **Essential elements of school-based smoking prevention programs.** Journal of school health, 59, 181 – 188.
- 9) Krishnan, Manimaran (2003). **Global youth tobacco survey (GYTS), Malaysia.** Unpublished research.

EDITORIAL

- 10) Lavin, A. T. (1993). **Comprehensive school health education: barriers and opportunities.** Journal of school health, 63, 24 – 27.
- 11) Manhattan program 2008. **Tobacco use prevention education program – USA.**
www.manhattan.k12.ca.us
- 12) NASBE. **National Association of State Boards of Education 2009: Policies to prevent tobacco use.** www.nasbe.org
- 13) Tober, N. S. et. al. (2000). **Effectiveness of school-based drugs prevention programs.** Journal of primary prevention, 18, 17 – 128.
- 14) World Health Organization (WHO) 2003. **Differences world wide tobacco use by gender, finding from the Global Youth Tobacco Survey.**

APPENDIX

EVALUATING THE EFFECTIVENESS OF TOBACCO PREVENTION PROGRAMS

School: -----

Gender: Male () Female ()

Age: -----

Experience: () years

Instruction: Indicate your answer with a (√) in the SPACE provided.

No	Question	Yes	Not Sure	No
	Part one: Assess the development and policies			
1	Do you have any information about policies of tobacco prevention?			

EDITORIAL

2	Have you received written policies in your school?			
3	Have you received tobacco prevention programs in your school?			
4	Is there any reinforcement for students to stop tobacco use?			
5	Is there any punishment to students using tobacco in school?			
6	Is the enforcement of policies to tobacco prevention effective in your school?			
7	Does the school confiscate any tobacco products found in possession of students?			
8	Does the school allow students to smoke cigarette or any other tobacco products?			
9	Are the staff members allowed to smoke cigarette or any other tobacco products in school?			
10	Do you think you could ask staff to stop tobacco use in school?			
	Part two: Assess the training, skills, and implementation of programs			
11	Do you have written plan to implement tobacco prevention programs in your school?			
12	Do you agree that all teachers and other staff members should have basic knowledge and skills about tobacco prevention?			
13	Are you trained to describe the physical and behavioral dangers of tobacco use?			
14	Have you participated in any international programs of tobacco prevention?			
15	Have you participated in any workshop or training to acquire the basic skills of tobacco prevention?			
16	Is religious counseling effective in helping people to quit tobacco use?			

EDITORIAL

17	Do you prepare an annual report on the implementation of programs?			
18	Do you use religious counseling in your tobacco prevention programs?			
	Part three: Specific knowledge and support sessions for staff, student and parents			
19	Should the information about tobacco prevention be included in the curriculum?			
20	Have you conducted any seminar or activity for tobacco prevention in the last 6 months?			
21	Do you involve parents and families in activities to support programs of tobacco prevention?			
22	Are there any books or posters about the harms of tobacco use in your school?			
23	Have you provided information about the dangers of tobacco use to teachers and students during this year?			
24	Did the information provided include the physical, psychological and social aspects of tobacco use?			
25	In this year, have you invited any agencies or groups to conduct or facilitate programs of tobacco prevention?			
26	Do the parents participate in the implementation of tobacco prevention programs in your school?			
27	Does your school provide materials for offsite prevention programs for students and their families?			

