

Perception and Attitude of Maxillofacial Surgeons towards in-Clinic Counselling on Tobacco Cessation in Tertiary Hospitals in Nigeria

Olasunkanmi Funmilola Kuye¹, Olufemi Olagundoye²,
Adeola Mofoluwake Ladeji³, Mofoluwaso Abimbola Olajide⁴,
Adetayo Aborisode⁵, Adewale Francis Adejobi⁶, Olufemi Erinoso⁷,
Ademola Olaitan⁸

¹Faculty of Dentistry, Lecturer & Consultant Oral & Maxillofacial Surgeon, Lagos State University College of Medicine, Ikeja, Lagos

²Faculty of Dentistry, Lecturer & Consultant Periodontologist, Lagos State University College of Medicine Ikeja, Lagos

³Faculty of Dentistry, Senior Lecturer & Consultant Oral Pathologist, Lagos State University College of Medicine, Ikeja, Lagos

⁴Faculty of Dentistry, Lecturer & Consultant Oral Pathologist, Lagos State University College of Medicine Ikeja, Lagos

⁵Faculty of Dentistry, Lecturer & Consultant Oral Pathologist, Bayero University, Kano.

⁶Faculty of Dentistry, Lecturer & Consultant Oral & Maxillofacial Surgeon, Obafemi Awolowo University, Ile Ife, Osun State

⁷Senior Registrar, Lagos State University Teaching Hospitals, Ikeja, Lagos

⁸Professor & Lecturer Oral & Maxillofacial Surgeon, Lagos State University College of Medicine, Ikeja, Lagos

Corresponding Author: Olasunkanmi Funmilola Kuye

ABSTRACT

Cigarettes and other forms of tobacco are known to be highly addictive, the use and production of which are on the rise. Tobacco use is a risk factor in the development of diseases especially oral cancer, affects negatively wound healing in maxillofacial surgical procedure, and periodontal therapies. Therefore, the need for tobacco cessation programs on patients among Maxillofacial surgeons and the trainees is necessary.

Objectives- This is to assess the perception, attitude, and the influence of age, gender, duration of practice, and environment/religion on the cessation counseling carried out by Oral & Maxillofacial surgeons

Methods- A prospective questionnaire-based study. A survey was carried out by sending validated, structured self-administered pretested questionnaires to Oral and Maxillofacial Surgery trainees and specialists in tertiary hospitals in different parts (North, South, and West) of Nigeria. The questionnaire assessed perceptions and attitudes- of the respondent, as well as the influence of age, gender, duration of practice, and environment/religion on in-clinic tobacco cessation.

Results- A total of 44 individuals participated in the study. More respondents from senior registrars 19(43%), and with the majority from the Teaching Hospital 33(75%) out of the three cadres of institutions where the survey was done. Male to female ratio of respondents was 1:2.1, with the mean age of the participants 36.7. All agreed to the need for tobacco cessation counseling among Oral & Maxillofacial surgeons, only 37(84.1%) believe that in-clinic counseling will significantly reduce the prevalence of oral cancer. Age groups, sex, religion, designation, and the years in practice have a significant relationship with the participant perception-related question $p=0.001$, as well the like use of religious and professional techniques in counseling smokers ($p<0.05$). The gender of study participants had a significant influence on their perception of the need for in-clinic tobacco cessation counseling.

Conclusion- Tobacco cessation program within the health institutions is tested and an affirmed avenue to stop or reduce the associated risk factors with substance use. Therefore, need for policymakers in health sectors to organize training programs for maxillofacial surgeons.

Keywords- Oral & Maxillofacial surgeons, Tobacco cessation, attitude, and perceptions, in-clinic counseling

INTRODUCTION

Cigarettes are the most commonly used form of tobacco, other forms of tobacco formulation known include conventional smokeless tobacco; compressed dissolvable tobacco; cigars; tobacco pipes and water pipe cigarettes, and electronic cigarettes (e-cigarettes) (1,2). Smoked and smokeless forms of tobacco contain nicotine, a highly addictive chemical that makes quitting difficult for habituated tobacco users (1).

The use and production of tobacco had increased tremendously. It's the second-largest production in the world (2,3). Tobacco use is a substantial risk factor in the development and severity of diseases most especially oral cancer (4). Other oral manifestations often encountered within the oral environment include stains on teeth, halitosis, and premalignant lesions (5). The lung is considered to be at the highest relative risk for cancer due to smoking, other high relative risk structures are the larynx and oral cavity (5,6). Tobacco also affects postoperative wound healing of surgical and nonsurgical tooth extractions, implants, maxillofacial surgeries procedures, and periodontal therapies (7,8). Thus, the need for cessation of tobacco use. Tobacco counseling has been reported that with appropriate assistance and professional advice by health professionals can lead to a cessation rate of 10% -20% among users (6). Furthermore, it has been speculated that dentist's counseling on tobacco cessation coupled with pharmacotherapy use can double or triple success rates previously recorded (9).

Therefore, the importance of the effective role of maxillofacial surgeons in smoking cessation services and prevention in the tobacco epidemic, therefore, is an essential way to combat it and is very

crucial given the impact of smoking on oral health (2,10).

Maxillofacial surgeons come across patients with a lot of these conditions as oral cancers, precancer lesions, tissue discoloration, teeth stains, and do treat some of them on daily basis. This direct contact of the maxillofacial surgeons either in training or as specialists creates an enabling environment not only to treat but also an opportunity to play an important role by working through the health care system to motivate and advise users to quit through in-clinic cessation counseling (11). This study aims to look at the perceptions and attitudes of maxillofacial surgeons in Nigeria on the in-clinic tobacco cessation counseling and effects of duration of practice, level of education, environmental/religious influence on the program.

METHODS

This is a questionnaire-based prospective study. The survey was carried out by sending validated, structured self-administered questionnaires to Oral and Maxillofacial Surgery trainees and specialists in tertiary hospitals in different parts (North, South, and West) of Nigeria. Questionnaires were worded in the English language, which is the official Nigerian language of communication. Participation was voluntary; confidentiality of participants' identity was also maintained. Ethical approval was sought and obtained from Institutional Ethical Board. Questionnaires were operator designed, based on information from the studies of Priyanka K et al, Rajesh G et al and Dedeke, A, A. et al. It contained a brief description of the study; this was followed by 22 closed-ended questions, which were divided into three sections, namely; Socio-demographics, perception, and attitude of

respondents. Five questions assessed respondents' perception while five questions assessed their attitude, towards in clinic tobacco cessation counseling. The Questionnaires were distributed to three tertiary hospitals, while the rest were specialist hospitals, all accredited for the practice of maxillofacial surgery. Forty-four questionnaires were completed.

ANALYSIS

Frequency and cross-tabulations of the obtained variables (age, sex, designation, and years of practice) were done, the inter-relationship between the variables and the attitude-based questions were analyzed using IBM SPSS Statistics for Windows, released 2012, Version 21.0. Amonk, NY: IBM Corp. The statistical significance of the variables was also tested using the Chi-square test, significance is maintained at $P \leq .05$.

RESULTS

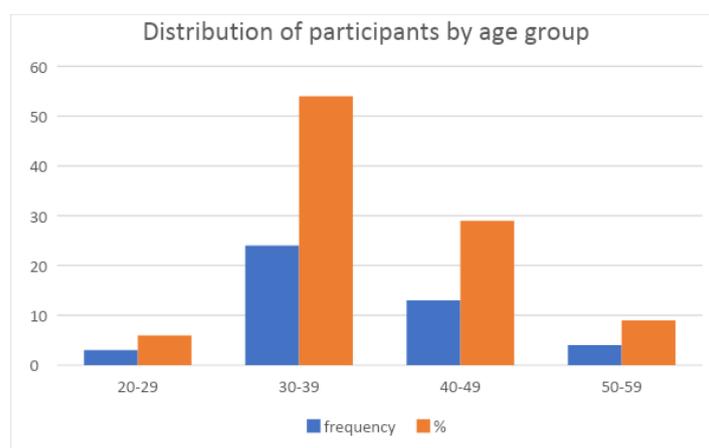


Figure 1

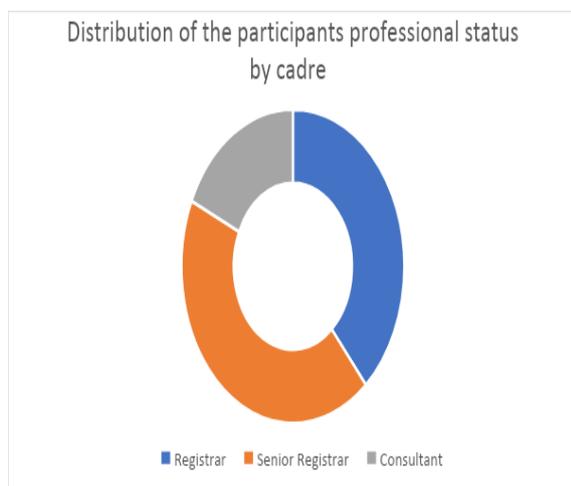


Figure 2

Table 1 Description of the variables

Variables	frequency	percent
Sex		
Male	30	68.0
Female	14	31.0
Total	44	100
Religion		
Others	1	2.0
Islam	22	50.0
Christianity	21	47.0
Years in practice		
0-9	16	36.0
10-19	20	45.0
20-29	8	18.0
Working Institutions		
General Hospital	10	22.0
Specialist Hospital	1	2.0
Teaching Hospital	33	75.0

Table 2 PERCEPTION RELATED QUESTIONS

Questions	Responses	Frequency	Percentage
1 Do you believe counseling on tobacco cessation can reduce oral cancer?	No	7	15.0
	yes	37	84.1
2 Do you feel using both professional training and religion will be more effective?	No	14	31.0
	Yes	30	68.0
3 Do you feel tobacco cessation is relevant to patient management?	No	12	27.0
	Yes	32	72.0
4 Do you think in-clinic counseling is impacting the patient?	No	16	36.0
	Yes	28	63.0
5 Are you constrained by time?	No	14	31.0
	Yes	30	68.0

A total of 44 individuals participated in the study, they include both maxillofacial trainees and specialists. Senior registrars accounted for the highest 19(43%) in the group of participants followed by the junior registrars 17 (38%), the specialists were the lowest 8(18%) (Figure 2). These participants were drawn from three cadres of hospitals in Nigeria (the General hospital 10(22%), Specialist hospital 1(2%), and the Teaching Hospital 33(75%). Male to female ratio was 1:2.1, the mean age of the participants was 36.7 while the 30-39-year-olds age range accounted for the highest number 24(54%) (Figure 1), the mean years in practice is 12.8. Christians accounted for 22(50%) while Muslims were 21(47.0%), the least was adherent of other religions 1(2.0%).

On the assessment of the perception of the participants (Table 2), all study participants agreed that there is a need for counseling on tobacco cessation, however, only 37(84.1%) believes that tobacco cessation counseling can reduce the prevalence of oral cancers. Thirty-two (72.0%) had additional training on the in-

clinic tobacco cessation counseling apart from the basic training received in dental school and the same percentage also believe that tobacco cessation is relevant to patient management in maxillofacial surgery. Most of the participants 30(68.0) believe that using both clinical and religious approach to in-clinic counseling can improve the outcome compared to 23(52%) that believes in religious means alone. 28(63.0%) believe that in-clinic counseling makes an impact on the patients while 30(63%) think that time constraint hinders effective counseling.

On the assessment of the relationship of the independent variables and the perception responses (Table 4a,4b), age groups, sex, religion, designation and the years in practice has a significant relationship with the participants 'perception related question (1 & 4) p=0.001. The application of religion and professional techniques in counseling has a significant relationship with the age groups, religion, and years in practice with p<0.05. The relevance of tobacco cessation counseling to patient management and sex was also statistically significant in the study.

Table 3
ATTITUDE RELATED QUESTIONS

	Questions	Responses	Freq.	%
i	Do you offer patients advice on tobacco cessation	Yes	44	100
ii	How often is the counseling done	regularly	28	63.0
		occasionally	16	36.0
iii	As a maxillofacial surgeon is your religion influencing your counseling	No	27	61.0
		Yes	14	31.0
iv	Any collaboration with other professionals to achieve the goal of tobacco cessation	No	32	72.0
		Yes	12	27.0
v	Positive feedback from the patient	No	15	34.1
		Yes	17	38.0
		Not sure	12	27.0

The participants' attitude to tobacco cessation counseling (Table 3) shows that all respondents offer a form of advice on tobacco cessation, 28(63%) counsels' patients regularly while only 14(31%) agreed that their religion influences the counseling. The majority of the respondents 32(72%) are willing to collaborate with other professionals to achieve their goal of tobacco cessation counseling, 17(38%) look forward to positive feedback from the

patient while 12(27%) are not sure if they will need one.

Assessment of the relationship of the predictors and the responses to attitude questions (Table 5a,5b) shows that age and years in practice are significantly related to the regularity of counseling p<0.05, this is also true for exposure of the study participants to counseling training outside of the regular dental curriculum and willingness to receive post counseling positive feedback from their patients.

Age, designation, and years in practice were significantly related to the predisposition of the study participants to work with other professionals in tobacco cessation counseling of patients $p < 0.05$. No significant difference was found for sex, religion, and place of practice. While age,

designation, years in practice, and place of practice have a significant relationship $p = 0.001$ with the influence of religion on counseling by the participants there was no significant difference among the religious groups and sex.

Table 4a
PERCEPTION

Variables		Do you believe tobacco cessation counseling can reduce oral cancer n(%)	P-Value	Do you feel using both professional training and religion will be more effective n(%)	p-Value	Do you feel tobacco cessation is relevant to patient management n(%)	p-Value
Age groups	20-29	3(8.1)	0.00	2(6.7)	0.00	2(6.3)	0.00
	30-39	20(54.1)		16(53.3)		20(62.5)	
	40-49	11(29.7)		10(33.3)		9(28.1)	
	50-59	3(8.1)		2(12.5)		1(3.1)	
Sex	Male	26(70.3)	0.00	22(93.3)	1.00	22(68.8)	0.02
	Female	11(29.7)		8(26.7)		10(31.3)	
Religion	Others	1(2.7)	0.00	1(3.3)	0.00	1(3.1)	0.00
	Muslims	19(51.4)		15(50.0)		15(46.9)	
	Christians	17(45.9)		14(46.7)		16(50.0)	
Designation	Registrar	15(40.5)	0.00	15(50.0)	6.00	14(45.2)	2.00
	Senior registrar	16(43.2)		12(40.0)		14(45.2)	
	Consultant	6(16.2)		3(10.0)		4(12.9)	
Years in Practice	0-9	14(37.8)	0.00	11(36.7)	0.00	13(40.6)	0.00
	10-19	17(45.9)		15(50.0)		16(50.0)	
	20-29	6(16.2)		4(13.3)		3(9.1)	
Place of practice	General hospital	10(27.0)	7.00	5(16.7)	4.00	3(9.4)	12.02
	Specialist hospital	0(0)		0(0)		1(3.1)	
	Teaching hospital	27(73.0)		25(83.3)		28(87.5)	

Table 4b

Variables		Are you constrained by time? n (%)	p-value	Does in clinic counsel impact the patient. n (%)	p-Value
Age groups	20-29	3(10.0)	0.10	2(7.1)	0.00
	30-39	19(63.3)		16(57.1)	
	40-49	6(20.0)		8(28.6)	
	50-59	2(6.7)		2(7.1)	
Sex	Male	22(73.3)	1.00	19(67.9)	0.00
	Female	8(26.7)		9(32.1)	
Religion	Others	1(3.3)	0.00	1(3.5)	0.00
	Muslims	14(46.7)		13(46.4)	
	Christians	15(50.0)		14(50.0)	
Designation	Registrar	12(40.0)	1.00	12(42.9)	0.00
	Senior registrar	14(46.7)		11(39.3)	
	Consultant	4(13.3)		5(17.9)	
Years in Practice	0-9	13(43.3)	0.04	11(39.3)	0.00
	10-19	14(46.7)		14(50.0)	
	20-29	3(10.0)		3(10.7)	
Place of practice	General hospital	5(16.7)	0.00	5(17.9)	3.08
	Specialist hospital	0(0)		0(0)	
	Teaching hospital	25(83.3)		23(82.1)	

ATTITUDE

Table 5a

Variables		Do you often counsel n (%)	p-value	Do you collaborate with other professions? n (%)	p-value	Positive feedback from patients n (%)	p-value
Age	20-29	2(7.1) 15(53.6) 7(25.0) 4(14.3)	0.00	0(0) 5(41.7) 6(50.0) 1(8.3)	0.00	1(5.9) 11(64.7) 3(5.1) 2(11.8)	0.00
	30-39						
	40-49						
	50-59						
Sex	Male	21(75.0) 7(25.0)	1.00	6(50.0) 6(50.0)	2.00	10(58.8) 7(41.2)	1.00
	Female						
Religion	Others	0(0) 12(42.9) 16(57.1)	3.00	0(0.0) 10(83.3) 2(16.7)	7.00	0(0) 10(58.8) 7(41.2)	5.00
	Muslims						
	Christians						
Designation	Registrar	10(35.7) 11(39.3) 7(25.0)	2.00	4(33.3) 6(50.0) 2(16.7)	0.00	8(47.1) 6(35.3) 3(17.4)	2.00
	Senior registrar						
	Consultant						
Years in practice	0-9	12(42.9) 9(32.1) 7(25.0)	0.04	2(16.7) 7(58.3) 3(25.0)	0.00	5(29.4) 9(52.9) 3(17.6)	0.00
	10-19						
	20-29						
Place of practice	General hospital	7(25.0) 0(0) 21(75.0)	1.00	6(50.0) 1(8.3) 5(41.7)	10.00	6(35.3) 0(0) 11(64.7)	5.00
	Specialist hospital						
	Teaching hospital						

Table 5b

Variables		Any formal counseling training apart from basic dental knowledge n (%)	p-value	As a maxillofacial surgeon is your religion influencing the counseling n (%)	p-value
Age	20-29	4(14.3)	0.00	2(9.5)	0.00
	30-39	13(46.4)		10(47.6)	
	40-49	8(28.7)		7(33.3)	
	50-59	3(10.7)		2(9.5)	
Sex	Male	19(82.6)	3.00	17(63.0)	0.08
	Female	4(17.4)		4(19.0)	
Religion	Others	1(6.7)	4.00	0(0)	2.00
	Islam	8(53.3)		13(61.9)	
	Christianity	6(40.0)		8(38.1)	
Designation	Registrar	15(46.9)	4.00	9(42.9)	0.00
	Senior registrar	11(34.4)		9(42.9)	
	Consultants	6(18.8)		3(14.3)	
Years in practice	0-9	2(16.7)	0.00	7(33.3)	0.00
	10-19	7(53.3)		9(42.9)	
	20-29	3(25.0)		5(23.8)	
Place of practice	General hospital	7(21.9)	2.00	5(23.8)	0.00
	Specialist hospitals	0(0)		0(0)	
	Teaching hospital	25(78.1)		16(76.2)	

DISCUSSION

The tobacco epidemic has impacted negatively on public health globally including in Nigeria. Research and findings

continue to reflect these negative effects of tobacco consumption on health as the number of affected people increases, the list

of conditions caused by tobacco consumption also continues to increase.

All the participants in this study (100%) agreed in this study that it is part of their responsibility to offer advice on smoking cessation similar to other studies (12–14). Previous studies show that dentists whose practices emphasize the surgical aspects of dentistry where smoking can negatively affect their therapeutic outcomes tend to emphasize smoking cessation compared to those whose specialties do not (8,15,16). In addition, studies indicate that 71% of health professionals view themselves as role models for tobacco cessation thus a better opportunity to be involved in the counseling program (12,13,17). In the United Kingdom studies show that 63% of the health professionals were involved in smoking cessation advice out of 82% who thought that they have a major role (13,17).

More than 80% of the participants indicated that in-clinic tobacco cessation counseling will reduce the prevalence of oral malignancies, this agrees with other researches that postulates that quitting smoking helps reduce the risk of oral cancer by 50% in five years, they suggested that reducing cancer risk factors is the most effective tool in decreasing associated morbidity and mortality (8,11). Impairment of both surgical and traumatic wound healing of tobacco smoking patients because of the peripheral vasoconstrictor influence can also be eliminated or reduced to the barest minimum (4,8,16).

A larger percentage of the doctors in the study are located in the teaching hospitals, the junior residents are also more in number and involved in the program compared to the senior doctors (the specialist). The teaching Hospitals are established training centers and the awareness to specialize in Nigeria has grown lately among dental surgeons. There is no indication in the study that senior doctors are likely to be more involved than junior doctors. Though junior doctors have the numbers and likely have more time

interacting with the patients, the skills with the experience to manage the patient lies more with the senior doctors.

A study by Mitra et al (13), indicated that senior dental professionals were more likely to advise tobacco cessation than others. This view of senior professionals was attributed to their experience in treating patients.

Many studies indicate that tobacco cessation training is associated with higher intervention rates and increased self-efficacy (12,18). Although some of the participants claimed to have further training apart from the dental school acquired basic knowledge on tobacco cessation counseling, however, several never had any such additional training which may explain the poor patient feedback demand and the low motivation in working with other specialties. Updates courses and training in tobacco cessation programs improve the professionals' knowledge, confidence and provide them with materials for educating the patients on the cessation program (14,16,19) which may include follow-up plans and multidisciplinary management (14,16). In 2006, the Commonwealth Dental Association agreed that training in tobacco control should be provided for basic dental undergraduates to enable them to inform patients of the risks of tobacco use and support their patients in quitting smoking (13,18). Furthermore, a cross-sectional survey of east Texas dentists found that frequent updates in knowledge and training in the use of the recommendations of Treating Tobacco Use and Dependence, specifically use of the 5A's (Ask Advice, Access, Assist, and Arrange), was significantly associated with adherence to cessation protocols and time spent counseling (18).

Time was noted to be a major barrier to effective counseling in this study, most believe that the in-clinic time spent in advising and counseling patients was not enough (13). Large patient load, limited skill hands to manage patients, and small clinic room space are some of the likely

factors affecting the required time needed by the surgeons. Other studies that have surveyed general dental practitioners indicate that lack of time often seems to be the most important barrier(16).

Religions are many and varied, but most value human well-being highly and so do not approve of tobacco use, even though they do not prohibit it entirely. In recent years, researchers had paid more attention to the subject of religion and health, including drug and tobacco use (20). Religious groups have long instructed members on what is permissible concerning diet, hygiene, exercise, and alcohol, drug, or tobacco use (21)

The study participants belong to different religious sects, a factor that strongly influences the actions, perceptions, and attitudes of people in the Nigeria setting. There is a high indication that the various religious beliefs help the individual participants to be more committed to cessation counseling and to agree on the need for tobacco cessation counseling as seen in this study. Studies had also documented that higher levels of religious belief and activity have been associated with lower rates of tobacco use (21,22).

CONCLUSION

This study has shown that there is a need for a tobacco cessation program within the health institutions as it is an avenue to stop/reduce the associated sequelae of tobacco use. It is, therefore, necessary for the policymakers to ensure more training programs for maxillofacial surgeons and other dental health workers.

Conflict of Interest:

We declare no conflict of interest in this study

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