

## Annex I: Types of Smoked and smokeless Tobacco-Products

### SMOKING

Tobacco smoking is the combustion of the tobacco leaves and inhaling of the smoke.

- ▶ **Manufactured cigarettes**, additive by design, are the predominant form of tobacco products used globally. They consist of shredded or reconstituted tobacco, processed with chemicals and flavors and rolled into a paper.

**Most prevalent:**  
Worldwide



- ▶ **Kreteks** are clove-flavored cigarettes, originally from Indonesia and available internationally. The clove contains eugenol, an anesthetic to lessen harshness of tobacco. Kreteks also contain special flavoring called sauces, which are unique to each brand.

**Most prevalent:**  
Indonesia



- ▶ **Roll-your-own (RYO) cigarettes** are hand-rolled using loose tobacco and a cigarette paper.

**Most prevalent:**  
Asia, Europe, New Zealand



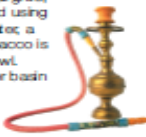
- ▶ **Bidis** are cigarettes consisting of sun-dried tobacco flakes rolled in a tumburi or tendu leaf, and tied with a string at one end.

**Most prevalent:**  
South Asia (Bangladesh, India)



- ▶ **Waterpipes**, also known as shisha, narghila, hookah, or hubble-bubble, are smoked using an apparatus containing a basin of water, a hose, and a mouthpiece. Flavored tobacco is burned on a charcoal in a smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.

**Most prevalent:**  
Mediterranean region, north Africa and parts of Asia, now spreading globally



- ▶ **Cigars** are made of air-cured, fermented tobacco wrapped in a tobacco leaf. They are available in many sizes and shapes, from cigarette-sized cigarillos, double coronas, cheroots, stumpen, chufas, and chumtis.

**Most prevalent:**  
Worldwide



- ▶ **Pipes** are smoking devices made of briar, slate, or clay. Tobacco flakes are placed in the wider opening of the pipe and burned, with the smoke passed through the stem and inhaled through the narrower opening.

**Most prevalent:**  
Worldwide



- ▶ **Electronic nicotine delivery systems (ENDS)/electronic non-nicotine delivery systems (ENNDS)**, of which electronic cigarettes are the most common prototype (also named vape pens, vape pipes, hookah pens, electronic hookahs, etc.), are devices that do not burn or use tobacco leaves but instead vaporize a solution the user then inhales. The main constituent of the solution, in addition to nicotine when nicotine is present, are propylene glycol, with or without glycerol and flavoring agents. ENDS/ENNDS solutions and emissions contain other chemicals, some of them considered to be toxicants.

**Most prevalent:**  
Europe, USA, now spreading globally



### SMOKELESS

Smokeless tobacco is consumed through the mouth or nose, without combustion or burning.

- ▶ **Chewing tobacco** varieties include betel quid, chim, gutha, loose-leaf, plug, toombak, twist. These products are placed in the mouth, drunk, or inner lip and chewed or sucked, or in the case of powders, applied to the gums or teeth. Betel quid consists of tobacco, areca nut, slaked lime, and flavorings wrapped in a betel leaf. Varieties of chewing tobacco also include gundi, hogesoppu, kadapam, kaddipudi, khiwari, mshri, patwala, and zarda.

**Most prevalent:**  
America, Africa, South East Asia (Bangladesh, India, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand), Western Pacific (Cambodia, Federal States of Micronesia, Lao, Malaysia, Palau, Viet Nam)



- ▶ **Moist snuff** is usually made from a mixture of fire-and-air-cured dark tobaccos. The cured tobacco is aged for at least one year before being taken for production. Moist snuff consumed in the American market is made from fine-cut tobacco, and the cutting sizes – fine, coarse or long cut – result in different types of products. After cutting, the tobacco is mixed with water and other ingredients and allowed to ferment in closed vessels at controlled pH and temperature for several weeks. After fermentation, further additives are mixed with the snuff to make it stable and to impart a desired flavor. Moist snuff is used in the USA mainly by placing it between the lower lip and teeth. An alternative is available in the form of sachets (like a tea bag), where moist snuff is packed into porous paper-like material. Other local moist products and varieties are kumik (commonly used in Alaska), khairi, naas or naswar, and shamshah.

**Most prevalent:**  
South-East Asia, Saudi Arabia, South Africa, USA



- ▶ **Snus** is usually made from ground tobacco. After water and salt are added, the "tobacco meal" is heated at high temperatures and high humidity for 24 to 36 hours. The heating is reported to kill the bacteria originally present in the tobacco, which appears to reduce the formation of nitrite and TSNAs markedly. In Sweden, smokeless tobacco manufacturers adhere to the Gothistek standard, which required the removal of TSNAs from snus. Flavors are added in the finishing stage of production. Snus is typically taken either as a pinch that is placed in the vestibular area of the upper jaw or in pre-packaged, portion-sized quantities (sachets).

**Most prevalent:**  
Denmark, Finland, Iceland, Norway, South Africa, Sweden



- ▶ **Dry snuff** is finely powdered fire-cured tobacco that is inhaled through the nose or taken by mouth.

**Most prevalent:**  
Brazil, Europe, South and Central Asia, Nigeria, South Africa, USA



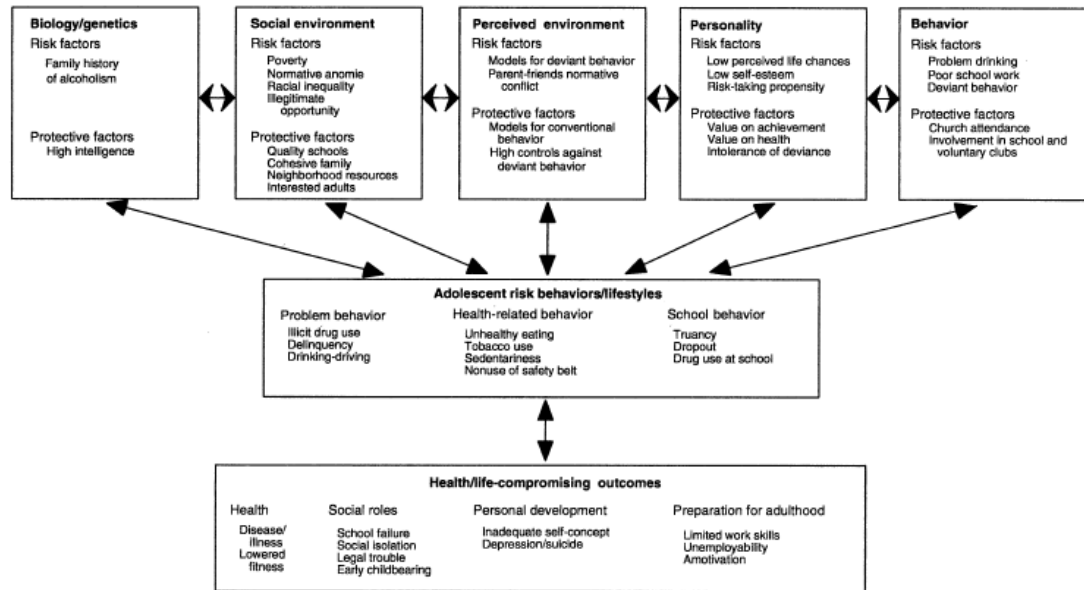
- ▶ **Dissolvables** contain tobacco and numerous other agents that dissolve in the mouth and deliver nicotine via mucosal absorption. They are often brand extensions of popular cigarette brands. They are advertised for use in any situation where the user cannot smoke.

**Most prevalent:**  
USA



Source: (Asma et al., 2015,p.16)

## Annex II: the Conceptual framework by Conrad et al. (1992)



Source: (Blum et al., 2001. P.3)

**Annex III: Number of articles in each database in relation to the influencing factors of adolescents' smoking in Egypt**

<b>Database / platform</b>	<b>Date searched</b>	<b>Date of last update</b>	<b>Limits</b>	<b>Hits before removing duplicates</b>
Embase (Ovid) 1996-	13 Feb. 2017	19 October 2019	Studies after 2000 Human	141
Medline 1946- (Ovid)	13 Nov. 2016	23 October 2019	Human	84
Pubmed (Ovid)	10 Feb 2017	23 October 2019	Filtered by RCT and age (6-24 years)	32
Popline (K4 Health)	10 Feb. 2017	20 October 2019	Filtered by RCT and age (6-24 years)	12
Global health 1973-	20 January 2017	21 October 2019		67
PsyclINFO (Thomson) 1996-	24 January 2017	20 October 2019		185
Cinahl (Ebsco)	13 Feb. 2017	21 October 2019		52
Web of Science (Thomson), 1998-	18 Feb. 2017	23 October 2019		41

**Annex IV: Number of articles identified in each database in relation to SBSPIs in Arabic or/and LMICs (study-2)**

Database / platform	Date searched	Date of last update	Limits	Hits before removing duplicates
Embase (Ovid) 1996-	13 Feb. 2017	10 November 2019	Studies after 2000 Human	7971
Medline 1996- (Ovid)	November 2016	9 November 2019	Human	1840
Pubmed (Ovid)	10 Feb. 2017	11 November 2019	Filtered by RCT and age (6-24 years)	267
Popline, 1971- (K4 Health)	10 Feb. 2017	11 November 2019	Filtered by RCT and age (6-24 years)	266
Global health (Ovid) 1973-	20 January 2017	10 November 2019		129
Psycinfo 1996- (Ovid)	24 January 2017	12 November 2019		1502
CINAHL, 1990- (Ebsco)	13 Feb. 2017	12 November 2019		2843
Cochrane Central Register of Controlled Trials –CENTRAL (Wiley), 1990	19 December 2016	13 November 2019		191
Web of Science -SCI-EXPANDED, SSCI, CPCI-S, CPCI-SSH (Thomson), 1990-	18 Feb. 2017	9 November 2019		153
ERIC (Education Resources Information Centre)	18 April 2017	13 November 2019		133

**Annex V: The searching strategy in the Medline database in relation to factors that influence adolescents' smoking in Egypt**

#	Key words	Number of hits	Notes
#1	exp "tobacco use"/ or exp smoking/ or Nicotine/		
#2	(Tobacco OR smok* OR cigar* OR Shisha OR water pipe OR Argeela OR nicotine).tw.		
#3	#1 or #2	321,972	Tobacco use/ smoking
#4	Child/ OR Adolescent/ OR Student/ OR pupil/ School OR Adolescent Behavior		
#5	(Adolescen* OR youth* OR child* OR young* OR Student* OR pupil* OR class* OR Minor* OR juvenile* OR teen* OR youth* OR girls OR boys OR school*).tw.		
#6	#4 or #5	4,633,040	Adolescents
#7	#3 and #6	97,819	<b>Tobacco &amp; Adolescents</b>
#8	Egypt/ or Northern Africa/ or Middle East/ or Developing Countries/ or Arabs/		
#9	(Egypt* or low* middle income countr* or LMIC or developing countr* or Arab* or Middle East or Eastern Mediterranean or poor countr*). Tw,in. Or ((low* middle income or LMIC or transitional or developing) adj3 (countr* or economy*)) Or ((Underserved or "under served" or deprived or poor) adj3 (countr* or nation* or economy or economies)).tw.		
#10	#8 or #9	300,713	<b>Egypt or LMICs</b>
#11	#7 and #10	2,388	<b>Tobacco &amp; Adolescents &amp; LMIC/Arabic / ME</b>
#12	#7 and Egypt*	158	<b>Tobacco &amp; Adolescents &amp; Egypt</b>
#13	(risk * or caus* or determin* or encourag* or enabl* disable* or Predispo* or etiolog* or Correlat* or predict*).tw.		
#14	#13 and #7		Predictors & Tobacco & Adolescents
#15	#14 and #11	1,167	Predictors & Tobacco & Adolescents in LMIC/Arabic
#16	#15 and Egypt*	84	<b>Predictors &amp; Tobacco &amp; Adolescents in Egypt</b>

**Annex VI: The Eligibility checklist used to screen titles and abstract in relation to influencing factors of adolescents' smoking in Egypt**

<b>Eligibility Form for Studies on influencing factors of Adolescents' Smoking in Egypt</b>		
<b>Study title:</b>		
<b>First author:</b>	<b>Year:</b>	
<b>Assessment</b>	<b>Answers</b>	<b>Comments</b>
<b>The Study Population / sampling frame</b>		
Is the sample included adolescents, their age ranged between 10-19 years?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
if the sample included a broader age range, were results for adolescents aged 10-19 easily distinguishable in the sub-analyses?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude) <input type="checkbox"/> inapplicable	
Is the study not drawn solely on patients or pregnant women or from a treatment setting (Clinical or hospital based studies)?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
Is the study household-based or (primary, elementary or secondary schools) school-based studies?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
Is the study implemented in the Egyptian context/ Egyptians inside or outside Egypt?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
Is the studies included smokers and non-smokers and was not focused on ever-smokers only?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
<b>Study design</b>		
Is the study an observational study (e.g. cross-sectional, cohort, and case-control), qualitative, secondary data analysis or mixed method?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
Is samples drawn from intervention studies? excluded except: - if only participants in the control group were used in the analysis - or, if the intervention had no statistically significant effect Then data for participants in both intervention and control groups should be included	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude) <input type="checkbox"/> Inapplicable	No study was identified in this category
<b>Outcome measured / assessment method</b>		
Is the smoking status (never smoked/ ever smoked /current smokers) was assessed using either self-reported tobacco-use with or without bio-medical validation (by Saliva thiocyanate or cotinine or expired air carbon monoxide levels)?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
Did the study report factors (predictors / associated factors / determinants / risk factors) that influence adolescents smoking (smoked cigarette and Shisha) in Egypt?	<input type="checkbox"/> Yes <input type="checkbox"/> Unclear <input type="checkbox"/> No (Exclude)	
<b>FINAL DECISION:</b>		

NB: if the answer is yes or unclear, then the full article was read

## Annex VII: the coding guideline for assessing risk of bias of the included studies on SBSPI

Quality criteria for RCTs	Criteria codes
<b>Random sequence generation (selection bias) <i>Are the intervention and control groups/individuals are randomly allocated using adequate method?</i></b>	LOW: The investigators describe a random method in sampling process.
	High: The investigators describe a non-random method in sampling process.
	UNCLEAR: Insufficient information about the sampling process to permit judgement of 'Yes' or 'No'.
<b>Allocation concealment (selection bias) <i>Was the allocation adequately concealed? I.e. ensured that the intervention / the strategy can't be known in advance of assignment?</i></b>	LOW: Those (teachers/researchers) who enrolled participants could not foresee the intervention / control group.
	High: Those (teachers/researchers) who enrolled participants could foresee the intervention / control group which introduce selection bias.
	UNCLEAR: The method of concealment is not described or not described in sufficient detail to allow a definite judgement of 'Yes' or 'No'.
<b>Blinding of outcome assessment (detection bias) <i>Were participants/ teachers didn't know which group is intervention and which one is control?</i></b>	LOW: Any one of the following: participants/teachers didn't know which group is intervention and which one is control and It is unlikely that the blinding could have been broken No blinding, but the authors judge that the smoking status are not likely to be influenced by lack of blinding (e.g. two different intervention in both group or no major difference between the involved activities);
	High: Any one of the following: No blinding or incomplete blinding, and the smoking status is likely to be influenced by lack of blinding (e.g. the control had no intervention or less intensive activities and they knew what the intervention group received; Blinding was attempted, but it is likely that it have been broken;
	UNCLEAR: The blinding is not described or not described in sufficient detail to allow a definite judgement of 'Yes' or 'No'.
<b>Incomplete outcome data (attrition bias) <i>There was a systematic difference between intervention and control in the withdrawal or exclusion from study. Were there any unexpected imbalances in drop-out between groups? If so, were they explained or adjusted?</i></b>	LOW: Any one of the following: No missing data or missing participants rate is less than 20% AND response rate is 60% or above Reasons for missing participants unlikely to be related to the intervention (sickness, leaving school,...etc.); Balanced missing participants in the intervention and control groups The proportion of missing participants compared with observed number of participants is not enough to have a relevant impact on the intervention effect estimate; Missing data have been managed using appropriate methods.
	High: Any one of the following: Missing participants is more than 20% OR response rate is less than 60. Reason for missing participants likely to be related to true outcome, with either imbalance in numbers or reasons for missing data across intervention groups; The proportion of missing participants compared with observed number of participants is <b>big enough</b> to induce relevant bias in the intervention effect estimate; Big difference in the intervention group number between before and after the intervention and no other reasons explained
	UNCLEAR: Missing participants /data OR response rate was not reported or insufficient reporting of attrition/exclusions to permit

	judgement of 'Yes' or 'No' (e.g. number randomized not stated, no reasons for missing data provided).
<b>Selective outcome reporting (selective reporting bias) Is there any evidence suggesting that authors measured more outcomes that they reported?</b>	LOW: Any of the following: The study protocol is available and all the study's outcomes in the protocol are included in the article; the study protocol is not available but the author stated that the positive and negative changes in the outcomes.
	High: Any one of the following: The study protocol is available and not all the study's outcomes in the protocol have been reported; The reported primary outcomes were not pre-specified (unless clear justification for their reporting is provided); The smoking status in the review are reported incompletely; or only outcomes with significant findings were reported The study report fails to include results for the smoking status although they aimed to prevent smoking (in this case study will be excluded from this report, as it does not meet the inclusion criteria on outcome).
	UNCLEAR: Insufficient information to permit judgement of 'Yes' or 'No'. The majority of studies will fall into this category.
<b>Other source of bias</b>	
<b>1. Were appropriate statistical methods used</b>	YES appropriate OR, proportion or mean differences, Relative-risk CI or P value
	<i>Inappropriate</i> No CI or P value or misinterpretation of findings such as wide CI considered as significant
	NOT SURE Insufficient details on the significance of the findings were reported.
<b>2. Were the intervention and control groups comparable at baseline (the two groups had no extreme baseline imbalance)</b>	YES: The most important factors that are available in the study are taken into in the analysis* AND the researcher listed the key demographic information of the groups in a table AND dissimilarities between groups are taken into account in the analysis.
	NO The most important factors that are available in the study are not taken into in the analysis* OR if the researcher did not list the key demographic information of the groups in a table OR dissimilarities between groups are not taken into account in the analysis.
	CAN'T TELL: Insufficient information given on the characteristic of the intervention and control group to permit judgement of 'Yes' or 'No'. AND dissimilarities between groups are not clearly taken into account in the analysis
<b>3. Other source of bias</b>	LOW The study appears to be free of other sources of bias
	High There is at least one important risk of other bias/problems.
	Unclear Insufficient rationale or evidence that an identified problem will introduce bias

Source: Adapted from: (Glasziou et al., 2001, Higgins and Green, 2008, Ryan R, 2013)

## Annex VIII: Data extraction form that is used in systematic review of SBSPI in LMICs and Arabic countries

<u>Identifying information</u>	<u>Extracted data</u>	<u>Comments</u>
Reviewer extracting data	<input checked="" type="checkbox"/> Maryam <input type="checkbox"/> other reviewers	
Date of data extraction		
Study ID		
First author		
Year of the publication / study		
Title		
Country of origin		
Type of publication	<input type="checkbox"/> Journal article <input type="checkbox"/> Conference proceeding/abstract <input type="checkbox"/> Report <input type="checkbox"/> Others	
<b><u>Study characteristics</u></b>	<b><u>Extracted data</u></b>	<b><u>Comments</u></b>
Study design	<input type="checkbox"/> RCT <input type="checkbox"/> Cluster RCT	
How many arms in this study	<input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> More specify	<b>The total number of arms:</b>
What the control group /other arms received	<input type="checkbox"/> Nothing <input type="checkbox"/> Regular school curriculum <input type="checkbox"/> Delayed intervention <input type="checkbox"/> Other intervention Specify ...	
Study aim:		
Duration of the follow up after the intervention		
The intervention setting	<input type="checkbox"/> Inside School only <input type="checkbox"/> activities inside and outside school. specify	
Size of the project	<input type="checkbox"/> National project <input type="checkbox"/> Large study <input type="checkbox"/> Small study	
Sample size		
Any specific inclusion or exclusion criteria		
<b><u>Participant characteristics</u></b>	<b><u>Extracted data</u></b>	<b><u>Comments</u></b>
Number of participants enrolled, responded, included in analysis, response rate	<b>Enrolled:    Responded:    Included in analysis:</b> <b>Response rate:</b>	
Number of withdrawals, exclusions, lost to follow-up		
Type of schools	<input type="checkbox"/> Primary / Preparatory <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary	

The classes /grades targeted (1 <sup>st</sup> , 2 <sup>nd</sup> , 5 <sup>th</sup> ,...etc.)				
Range of the targeted age (Mean /median age) / age group at the beginning of the intervention				
Gender (Female %)				
Ethnicity				
Other socio-demographics				
Other characteristics				
<b>Summary of the intervention</b>				
<b>The target of the intervention</b>	<b>The activities</b>	<b>Comments</b>		
<b>Pupils</b>				
<b>Teachers</b>				
<b>Parents</b>				
<b>school policies and environment</b>				
<b>Activities outside schools (if any)</b>				
<b>The theoretical constructs of the intervention:</b>				
<b>Any theory used in the intervention</b>				
<b>The components of the (COM-B) system (definition)</b>	<b>The linked theoretical constructs of the included studies (What was done) based on the TFD (definition)</b>	<b>Presence of the domain in the included intervention</b>	<b>Changes in the domain after the intervention</b>	<b>Specification of the used domain / The theoretical constructs used</b>
<b>Physical capability</b> <i>Having physical skills, strengths or stamina to smoke</i>	<b>1. Physical skills</b> (increase physical activity and practicing hobbies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
<b>Psychological capability</b> <i>Having knowledge, psychological skills, strengths or stamina to</i>	<b>2. Knowledge</b> (increase awareness)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	

<i>engage in the necessary mental processes that lead to smoking.</i>	<b>3. Improve Skills</b> (cognitive and interpersonal skills, Competence/ability/skill assessment Practice/skills development Interpersonal skills / Coping strategies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>4. Memory, attention and decision process</b> (through training) (The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>5. Behavioural regulation</b> (Self-monitoring Breaking habit, Action planning)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
<b>Physical opportunity:</b> Opportunity afforded by the environment involving: time, resources, locations, cues(prompts/triggers), physical `affordance`. i.e. what environment allows including lack of barriers	<b>6. Managing environmental context and resources</b> (Environmental stressors, Resources/material resources, Organisational culture, Salient events/critical incidents, Person x environment interaction, Barriers and facilitators) including: accessibility to information, increase barriers to smoking reduce facilitators of smoking at school (e.g. preventing selling tobacco close to schools or at least monitor selling tobacco to those under 18 at sales points/sops close to schools )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
<b>Social opportunity :</b> opportunity afforded by	<b>7. Social-influences management:</b> Those <i>interpersonal processes that can</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change	

inter-personal influences, social cues (prompts), cultural norms that influence the way that adolescent think about smoking	<b><i>cause individuals to change their thoughts, feelings, or behaviours.</i></b> Including: <b><i>Social pressure</i></b> , Social-norms, Group conformity, Social-comparisons, Group norms, Social support, Power, Intergroup conflict, Alienation, Group identity, Modelling) such as school commitment, group identity, teachers professional role, create antismoking norm, reduce social/peer pressure to smoke at school, correct over-estimation of smoking rates modelling by teachers and peers		<input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
<b>Reflective motivation</b> <b><i>Reflective processes involving plans</i></b> (self-conscious intention) and evaluations (beliefs about what is good and bad)	<b>8. Beliefs about Consequences</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>9. Beliefs about capabilities</b> (Perceived competence, Self-efficacy, Perceived behavioural control, Beliefs, Self-esteem, Empowerment, confidence)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>10. Optimism</b> (The confidence that things will happen for the best or that desired goals will be attained, e.g. healthy future, healthy family, winning in sports due to good health etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>11. Intentions</b> (A conscious decision to avoid smoking) (reduce intention to	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes	

	smoke and stable intention not-to-smoke)		<input type="checkbox"/> was not measured	
	<b>12. Professional / social role and Identity (e.g. Identity as a non-smoker i.e. healthy, attractive, able to be sporty, someone who saves money)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>13. develop skills of personal-goals setting / target setting (Mental representations of outcomes or end states that an individual wants to achieve) autonomous/controlled distal/proximal Implementation intention / goal priority</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
<b>Automatic motivation:</b> Automatic processes involving: emotional reactions, desires (wants and needs), impulses (urges/ wishes), inhibitions, drive states and reflex responses.	<b>14. Reinforcement Use</b> Incentives /reward for non-smokers for example a <i><b>non-smoker list of the month in each class or role models at school level.</b></i> Punishment for those who smoke or encourage smoke at school (sanction for short period)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	
	<b>15. Emotion management</b> managing anxiety, stress and depression, use burn-out techniques such as practicing physical activities or hobbies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes <input type="checkbox"/> was not measured	

**Type of the smoking prevention curriculum used in the intervention:**

<b><u>The smoking prevention curriculum</u></b>	<b><u>The curriculum usage</u></b>	<b><u>Specification</u></b>
<b>1. Information curriculum:</b> provide information to oppose smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	

2. <b>Normative education</b> “content and activities to correct inaccurate perceptions regarding the high prevalence of substance use.” to inform pupils on actual rates of use and undermine inaccurate beliefs on the social acceptability of smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
3. <b>Social-competence curriculum:</b> A group of interventions that aim to help adolescents refuse offers to smoke by improving their general social-competence such as problem-solving and decision-making, cognitive skills for resisting interpersonal or media influences, increased self-control and self-esteem, coping strategies for stress, and general social and assertive skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
4. <b>Social-influence curriculum:</b> Interventions that aim to overcome social-influences that promote smoking by providing skills to adolescents. Pupils are taught how to deal with peer pressure, high risk situations, how to effectively refuse attempts to persuade substance use from both direct and indirect sources.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
5. <b>Combined social-competence and social-influences curriculum</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	

<u>The BCW intervention function</u>	<u>Presence of Intervention Functions in the included study</u>	<u>Specification of the function</u>
1. <b>Education:</b> increase knowledge or understanding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
2. <b>Persuasion:</b> Using communication to induce +ve or –ve feeling or stimulate action	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
3. <b>Incentivisation:</b> Creating an expectation of reward	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
4. <b>Coercion:</b> Creating an expectation of punishment or cost	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
5. <b>Training:</b> imparting skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
6. <b>Restriction:</b> using rules to reduce the opportunity to smoke	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
7. <b>Environmental restriction:</b> changing physical or social context	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
8. <b>Modelling:</b> providing an example for people to aspire to or imitate	<input type="checkbox"/> Yes, teachers <input type="checkbox"/> Yes, Parents <input type="checkbox"/> Yes, Peers <input type="checkbox"/> No <input type="checkbox"/> Not clear	
9. <b>Enablement:</b> capability (beyond education and training) or opportunity (beyond environmental restructuring)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
<u>The delivery methods</u>	<u>The used method</u>	<u>Specification of this method</u>
1. <b>Communication marketing:</b> using print, electronic, telephonic or broadcast media	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	

2. <b>Guideline:</b> creating documents that recommend or mandate practice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
3. <b>Others</b>		

<b>Other delivery issues</b>	<b>Extracted data</b>	<b>Comments</b>
Quality of intervention delivery		
Who delivered the intervention	<input type="checkbox"/> Peers <input type="checkbox"/> Teachers <input type="checkbox"/> Parents <input type="checkbox"/> health professionals <input type="checkbox"/> undergraduates <input type="checkbox"/> graduate students <input type="checkbox"/> others	
Training the deliverer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
Piloting the intervention tools/ guideline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
Follow up (frequency, duration)		
Any Booster sessions involved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	

<b>The outcome data</b>							
<b>Sample size:</b>							
<b>Standard Error</b>							
<b>Outcome data</b>	<b>Extracted findings</b>				<b>Changes after the intervention</b>	<b>Time at measuring this outcome</b>	<b>Comments</b>
<b>Primary outcome</b> Ever, never or current smoking status before and after the intervention (compared between intervention and control group)	Cigarette smoking status (% / OR / mean differences):	Intervention (95% CI)	Control (95% CI)	P value /OR	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes		
	Baseline						
	At the time of measuring the outcome						
Mediators, secondary/ Intermediate outcome (knowledge, attitude, beliefs, skills, etc.)	The mediator (% / OR / mean differences):	Intervention (95% CI)	Control (95% CI)	P value / OR	<input type="checkbox"/> positive change <input type="checkbox"/> Negative change <input type="checkbox"/> No changes		
	Baseline						
	At the time of measuring the outcome						

Definition of the outcome measure		
Method used to measure the outcome	<input type="checkbox"/> Subjective (self-reported) <input type="checkbox"/> Objective (validation test was used)	
Cost effectiveness	<input type="checkbox"/> +Ve <input type="checkbox"/> -Ve <input type="checkbox"/> unclear	
Rigorousness of the statistical methods	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure	
Significance of the findings	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not sure	
Notes on the analysis		
<b><u>Other issues on the intervention</u></b>	<b><u>Extracted data</u></b>	<b><u>Specification</u></b>
Acceptability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
Practicality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
Challenges faced were discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not clear	
<b><u>Summary of the Authors' conclusion</u></b>		
<b><u>Other relevant findings</u></b>		
<b><u>Relevant studies</u></b> found through reference list checking of the study		

Annex IX. the link between TDF and the COM-B model in relation to smoking prevention

The components of the (COM-B) model	The linked theoretical constructs based on the TFD (examples related to adolescents' smoking prevention)
<b>Physical capability to smoke or not</b>	<b>1. Physical skills</b> (physical ability to smoke or not, and to practice physical activities and other hobbies)
<b>Psychological capability</b> Having knowledge, psychological skills or strengths to participate in the mental processes that prevent a person from smoking.	<b>2. Knowledge</b> (awareness)
	<b>3. Improve psychological Skills</b> (cognitive and interpersonal skills, competence, ability, skill assessment, practice, skills development interpersonal skills, coping strategies)
	<b>4. Memory, attention and decision process</b> (ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives)
	<b>5. Behavioural regulation</b> (self-monitoring, breaking habit, action planning)
<b>Physical opportunity:</b> Opportunity afforded by the environment involving: time, resources, locations, cues (prompts/triggers), physical 'affordance'. I.e. what environment allows including lack of barriers.	<b>6. Managing environmental context and resources</b> (environmental stressors, resources/materials, organisational culture, salient events/critical incidents, person and environment interaction, barriers and facilitators) including: <ul style="list-style-type: none"> <li>• accessibility to information,</li> <li>• increase barriers to smoking</li> <li>• reduce facilitators of smoking at school (e.g. preventing selling tobacco close to schools or at least monitor selling tobacco to those under 18 years at sales points/shops close to schools)</li> </ul>
<b>Social opportunity :</b> opportunity afforded by inter-personal influences, social cues (prompts), cultural norms that influence the way that adolescent think about smoking	<b>7. Social-influences management:</b> the interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours in relation to smoking. This includes: social pressure, social norms, group conformity, social comparisons, group norms, social support, power, inter-group conflict, alienation, group identity and modelling. Examples in schools includes: creating antismoking norm, school commitment to prevent smoking at school, group identity, teachers professional role, reduce social/peer pressure to smoke at school, correct over-estimation of smoking rates, modelling by teachers and peers.

<b>Reflective motivation</b> <b>Reflective processes involving plans</b> (self-conscious intention) and evaluations (beliefs about what is good and bad)	<b>8. Beliefs about Consequences</b> (health, social and economic consequences of smoking and non-smoking)
	<b>9. Beliefs about capabilities</b> (perceived competence, self-efficacy, perceived behavioural control, beliefs, self-esteem, empowerment, and confidence)
	<b>10. Optimism</b> (the confidence that things will happen for the best or that desired goals will be attained, this includes personal identity, for example: having healthy future, healthy family, winning in sports due to good health and smoking abstains)
	<b>11. Intentions</b> (a conscious decision to avoid smoking, reduce intention to smoke and stable intention not to smoke)
	<b>12. Professional / social role and Identity (e.g.</b> Identity as a non-smoker i.e. to be healthy, attractive, able to be sporty, someone who saves money, or being a role model among peers or in the society)
	<b>13. Skills of personal goals</b> setting / target setting (mental representations of outcomes of smoking behaviour or end states that an individual wants to achieve). This includes: autonomous, controlled, distal and proximal goals, implementation intention and goal priority.
<b>Automatic motivation:</b> Automatic processes involving: emotional reactions, desires (wants and needs), impulses (urges/wishes), inhibitions, drive states and reflex responses.	<b>14. Reinforcement</b> <ul style="list-style-type: none"> <li>• Use Incentives /reward for non-smokers, for example a non-smoker list of the month in each class or role models at school level.</li> <li>• Punishment for those who smoke or encourage smoke at school (for example: sanction for short period).</li> </ul>
	<b>15. Emotion management</b> <ul style="list-style-type: none"> <li>• managing anxiety, stress and depression,</li> <li>• Use burn-out techniques such as practicing physical activities or hobbies).</li> </ul>

Source: adapted from (Atkins et al., 2017) and (Michie et al., 2014a)

## **Annex X Things to remember in the interviews**

- |  |   |
|--|---|
| <b>Before the interview</b>              | <ul style="list-style-type: none"><li>- Check the recorder is working</li><li>- Go through the questions, remember the main questions to ask</li><li>- Be prepared to take notes if the respondent disagree to record the interview</li></ul>   |
| <b>At the beginning of the interview</b> | <ul style="list-style-type: none"><li>- Introduce the study</li><li>- Obtain the informed consent</li><li>- Check the respondents' available time for this interview</li><li>- Turn on the recorder.</li><li>- Briefly introduce the main topics that will be discussed</li></ul>   |
| <b>During the interview</b>              | <ul style="list-style-type: none"><li>- Remember to allow respondent to speak freely</li><li>- Take notes during the discussion.</li><li>- Check if they are comfortable</li><li>- Focus on their responses/knowledge/experiences/opinion</li><li>- Try not to interrupt them, unless needed</li><li>- Probe each question/ask for examples before moving to the next question</li><li>- Give respondents time to think about the issues</li><li>- Use the questions guide flexibly, tick the discussed issues and highlight any missing questions (during the interview) and try to discuss those when appropriate to avoid missing issues/questions.</li><li>- Decide on the deviation from the questions guide as it is only guidance.</li><li>- Check if the recorder is working.</li></ul> |
| <b>At the end of the interview</b>       | <ul style="list-style-type: none"><li>- Feedback the key issues to the respondent in a summary to check I have understood his/her points and allow a further exploration on key issues</li><li>- Thank the respondent /answer any questions</li><li>- Check if the recorder has worked</li><li>- Check their consent for the next interview</li><li>- Ask for recommended documents/other respondents /events/activities to attend</li><li>- Label the interview documents/recording file</li></ul>   |
| <b>Shortly after the interview</b>       | <p>Note down issues related to the interview such as:</p> <ul style="list-style-type: none"><li>- Attitude, mood and impression of the respondent (e.g. responsive, defensive,..etc.)</li><li>- My reaction/engagement with the respondent</li><li>- Good questions to ask /any modification required in the question guide</li><li>- Lessons to learn for future interviews</li></ul>  |

- Issues to consider in data analysis
- If the recorder did not work, I have to record/note the main issues raised or emphasised/ in this interview (as soon as possible while the memory is fresh). I will summarise the main issues from the interview and enquire of the missing information and ask the participant some questions to remember and check if I miss any information.

## **Annex XI: Things to remember in the FGDs**

<b>Before the interview</b>	<ul style="list-style-type: none"><li>- Check the recorder is working</li><li>- Go through the questions, remember the main questions to ask</li><li>- Check parents' consent forms</li><li>- Prepare papers to take notes on the FGD</li></ul>
<b>At the beginning of the group discussion</b>	<ul style="list-style-type: none"><li>- Introduce the study</li><li>- Obtain the informed consent from pupils</li><li>- Check with the teacher the available time for this discussion</li><li>- Briefly introduce the main topics that will be discussed</li><li>- Remind pupils that there is no right or wrong answer and they are free to express their opinion freely.</li><li>- Ask groups to set and agree on ground rules for the discussion, especially on respecting others, allows everyone to contribute, confidentiality and avoid disclosing confidential issues in their responses. Write these rules on the board.</li><li>- Put two recorders in the middle of the table to ensure good recording of all responses. Turn on the recorder</li><li>- Draw a representation of the group indicating their names and location to remember their names during the discussion</li></ul>
<b>During the interview</b>	<ul style="list-style-type: none"><li>- Remember to allow all respondents to contribute to the discussion, monitor and deal with dominance within group.</li><li>- Take notes during the discussion.</li><li>- Check if they are comfortable</li><li>- Focus on their responses/knowledge/experiences/opinion</li><li>- Try not to interrupt, unless needed</li><li>- Probe each question/ask for examples before moving to the next question</li><li>- Give respondents time to think about the issues</li><li>- Use the questions guide flexibly, tick the discussed issues and highlight any missing questions (during the discussion) and try to discuss them when appropriate to avoid missing issues/question.</li><li>- Decide on the deviation from the questions guide as it is only guidance</li><li>- Check if the recorder is working.</li></ul>
<b>At the end of the interview</b>	<ul style="list-style-type: none"><li>- Feedback the key issues to the respondent in a summary to check I have understood his/her points and allow a further exploration on key issues</li><li>- Thank the respondents and answer any questions</li><li>- Check if the recorders have worked</li><li>- if more FGDs will be conducted, take consent for the next discussion session and inform them on the time and location of the next discussion session</li></ul>

**Shortly after  
the interview**

- Ask for recommended documents / other respondents /events/activities to attend

- Label the interview documents / recording file

Note down issues related to the group discussion such as:

- Attitude, mood and impression of each respondent (e.g. responsive, defensive,..etc.)
- My reaction/engagement with each respondent,
- Good questions to ask /any modification required in the question guide
- Lessons to learn for future discussion
- Issues to consider in data analysis
- If both recorders did not work, I have to record/note the main issues raised or emphasised/ in this interview (as soon as possible while the memory is fresh) and in the next group discussion I will summarise the main issues from previous group discussion and enquire of the missing information ask participants some questions before I start the next group discussion.

## Annex XII: the generic topic guide for semi-structured interviews with staff (in Arabic)

### دليل الأسئلة للمقابلات الخاصة مع الكادر التعليمي في المدارس الإعدادية بمصر

مرحباً، وأشكركم على إتاحة الوقت لهذه المقابلة.

#### الغرض من المقابلة:

كما هو موضح في ورقة المعلومات، أنا أجري دراسة تهدف إلى تصميم استراتيجية تنفذ من خلال المدارس لوقاية الشباب في سن المراهقة من التدخين. وأود أن أسألك بعض الأسئلة حول تدخين المراهقين في مصر وأستمع الى وجهة نظرك وإقتراحاتك فيما يتعلق بدور المدرسة و المعلمين في وقاية التلاميذ من التدخين. وأنا أقدر لك إعطاءك الوقت لهذا النقاش، وأتمنى أن تكون إجاباتك مفصلة مع ذكر أمثلة كلما أمكن ذلك.

#### معلومات عامة عن الشخص الذي تتم مقابلاته:

- الجنس
- الفئة العمرية: (20، 30، ... الخ)
- سنين الخبرة في التعليم/ في تعليم المراهقين/ في هذه المدرسة
- معلومات أخرى ذات صلة... إن وجد
- المؤهل
- الوظيفة في المدرسة / المادة التي يقوم بتدريسها
- المشاركة في الأنشطة التعليمية غير الرسمية للتلاميذ مع نوع المشاركة ان وجد:

#### الدور الحالي للمدرسة في وقاية الشباب المراهق من التدخين:

1. ما هو الدور الذي تلعبه مدرستك حالياً لوقاية التلاميذ من التدخين؟
  - دقق عن: سياسات المدرسة لمنع التدخين أو الأنشطة التي يتم تنفيذها؟ معدل الأنشطة وطبيعتها؟ من يقوم بتنفيذها ومتى؟
  - كيف تختلف / تتشابه مدرستك عن المدارس الأخرى في تنفيذ هذه الأنشطة الهادفة لوقاية التلاميذ من التدخين؟

#### ➤ مراقبة سلوك التدخين في المدرسة

1. كيف ينظر المعلمون والتلاميذ في مدرستك الى سلوك التدخين بين المراهقين ؟
2. كيف ينظر المعلمون والتلاميذ في مدرستك الى سلوك التدخين المعلمين والمعلمات؟
3. ماذا يحدث إذا قام المعلم بالتدخين داخل مدرستك؟
  - دقق: إذا كان رد الفعل يختلف حسب عمر وجنس المعلم أو وضعه الاجتماعي أو المادي أو سنوات خبرته أو طبيعة عمله بالمدرسة ومدتها؟
4. كيف ينظر المعلمون والتلاميذ في مدرستك الى سلوك التدخين من قبل أولياء أمور التلاميذ أو الزائرين للمدرسة؟
5. ماذا يحدث في مدرستك إذا دخن أحد أولياء الأمور أو الزائرين عند زيارتهم للمدرسة؟
  - دقق: إذا كان رد الفعل هذا يختلف حسب عمر وجنس ولي الأمر أو الزائر أو وضعه الاجتماعي أو المادي أو أي عوامل أخرى؟

#### ➤ الأنشطة المدرسية الهادفة لوقاية التلاميذ من التدخين:

1. كيف يتعلم التلاميذ في مدرستك عن التدخين ومخاطره؟ دقق في :
  - الأنشطة الرسمية / غير الرسمية، ونوع الأنشطة، ومعدلها، وكيف يتم تنفيذها / تمويلها ومن قبل من؟ من يشارك في التنفيذ ؟ ومن هي الفئة المستهدفة بهذه الأنشطة؟
  - إنعقاد أي أنشطة مدرسية غير رسمية لزيادة وعي التلاميذ بالتدخين وأضراره وكيفية الوقاية منه؟
2. خلال العام الماضي، ما الذي قامت به مدرستك لوقاية التلاميذ من التدخين؟ دقق في :
  - نوع هذه الأنشطة، هل هي رسمية أم غير رسمية، عدد الأنشطة ومعدل تنفيذها، من شارك في تنفيذها، من مول هذه الأنشطة ومن هي الفئة المستهدفة بهذه الأنشطة؟
3. ما هي التحديات التي تواجهها مدرستك في تنفيذ الأنشطة المدرسية الخاصة بوقاية التلاميذ من التدخين؟ برأيك كيف تتشابه / تختلف هذه التحديات التي تواجهها مدرستك في المدارس الأخرى ؟

#### ➤ المناهج الدراسية:

1. ما هي المعلومات المدرجة في المناهج الدراسية الرسمية حول التدخين؟
  - دقق: وجود المعلومات، في أي مادة؟ من الفئة المستهدفة؟ كمية المعلومات المتعلقة بالتدخين؟ طبيعتها؟ وضوحها؟ ملائمتها لمستوى الطلاب وقدرتهم على الاستيعاب؟ من يقوم بتدريسها؟ طريقة تدريسها؟ معدل تدريس هذه المعلومات؟
2. ما رأيك في محتويات المنهج الدراسي في المدارس الإعدادية فيما يتعلق بالتدخين؟ من حيث وضوح المعلومات، ملائمتها، مدى تغطيتها لموضوع التدخين، الموارد المتاحة لتدريس هذه المعلومات، والوقت المخصص لها، معلومات ومهارات المعلمين، وطريقة التدريس؟

3. برأيك، كيف يمكن تحسين المناهج الدراسية الحالية بحيث تكون أكثر فعالية في وقاية التلاميذ من التدخين؟ هل توجد أي معلومات عن التدخين لا يتم تدريسها حالياً تعتقد أنه يجب إضافتها للمنهج الدراسي لزيادة وعي التلاميذ وقدرتهم على مقاومة سلوك التدخين؟

### ➤ سياسات المدرسة لمكافحة التدخين:

1. هل توجد سياسات خاصة بمنع و مكافحة التدخين بشكل عام في مدرستك؟ ماهي هذه السياسات أن وجدت؟ ماهو محتواها، ما مدى وضوحها ؟ مع مثال؟ من وضعها ومتى وضعت؟ أين يتم حفظ وثائق هذه السياسات؟ من يدري عنها، كيف يتم نشرها للمعلمين والتلاميذ، ومن يقوم بذلك، وبمعدل كم؟ كيف يتم تعزيز هذه السياسات وإنفاذها؟ ما هي التحديات التي تواجهها المدرسة و المعلمون في تنفيذ هذه السياسات؟
2. هل أنت على علم بأي سياسة وطنية لمنع التدخين في المدارس؟ إذا كان الجواب نعم، دقيق: كيف عرفت عن هذه السياسة؟ هل يمكن أن تخبرني المزيد عن محتوى هذه السياسة، مدى وضوح، من وضعها ، أين يتم الاحتفاظ بها، وجود نسخة منها في مدرستك؟ وكيف يتم تنفيذها في مدرستك؟ كيف يتم نشرها للطلاب والمعلمين والزوار وأولياء الأمور، من يقوم بذلك بمعدل كم؟، هل توجد أي تحديات تحول دون نشرها أو تنفيذها؟
3. ما مدى إختلاف / تشابه مدرستك مع المدارس الأخرى في تنفيذ / إنفاذ سياسات مكافحة التدخين في المدارس؟ هل أنت على علم بأي مدرسة أخرى لديها سياسات لمنع التدخين في المدرسة؟ إذا كان الجواب بنعم، دقيق: هل يمكن أن تخبرني المزيد عن المحتويات والوضوح، من طورها، أين يتم الاحتفاظ بوثائق هذه السياسات، وكيف يتم تنفيذه؟ كيف يتم نشرها، من قبل من، وما هي التحديات ان وجدت؟ كيف عرفت عن سياسة هذه المدرسة؟
4. كيف تقيم السياسة المدرسية الحالية بشأن وقاية التلاميذ من التدخين؟
5. برأيك، كيف يمكن تحسين سياسة المدرسة الحالية من أجل وقاية التلاميذ من التدخين؟ ما الذي يجب إضافته أو تغييره بهذا الخصوص؟

### الدور المتوقع من المدرسة لوقاية التلاميذ من التدخين:

1. برأيك، كيف يمكن لمدرستك أن تلعب دوراً أفضل في وقاية التلاميذ من التدخين؟ ما الذي يمكن تغييره / إضافته في الوقت الحالي من سياسات أو أنشطة رسمية وغير رسمية؟
2. إذا قررت إدارة مدرستك تنفيذ بعض الاجراءات لوقاية التلاميذ من التدخين وطلبت رأيك في ما يجب تنفيذه من إستراتيجيات / سياسات أو أنشطة، فيماذا تنصح إدارة المدرسة ؟
- دقيق: كيف يمكن تنفيذ كل إستراتيجية / نشاط مقترح (باستخدام الملصقات أو وسائل التواصل الاجتماعي أو الأفلام أو المسرحيات المدرسية)، بمعدل كم يمكن تكرارها، من يمكن أن ينفذها (المعلمين، والتلاميذ، والخبراء الخارجيين، أو آخرين)، ومن يجب أن يستهدف؟
3. هل تم تنفيذ أي حملة تثقيفية للتلاميذ بخصوص التدخين في مدرستك؟ إذا نعم: فما هي الدروس التي يمكن استخلاصها؟ ما الذي تم النجاح فيه والذي لم أو قد لاينجح؟ ولماذا؟
4. من يجب أن يصرح بأذن تنفيذ هذه الأنشطة الرسمية أو غير الرسمية في المدرسة؟ وماهي الاجراءات اللازمة؟ وهل يوجد فرق في الإجراءات بين تنفيذ السياسات أو الأنشطة الرسمية وغير الرسمية ؟
5. ما ذا يتوقع من المعلمين والتلاميذ و أولياء الأمور القيام به لمساعدة المدرسة في وقاية التلاميذ من التدخين؟ وتنفيذ هذه الأنشطة التي ذكرتها؟
6. من ينبغي أن يشارك في عملية تصميم وتنفيذ خطة المدرسة واجراءاتها في منع التدخين؟ من يجب استبعاده، ولماذا؟
7. بماذا تنصح من سيقوم بتصميم التدخلات المدرسية لوقاية التلاميذ من التدخين؟

### ➤ مدى إمكانية تنفيذ بعض الاستراتيجيات لوقاية التلاميذ من التدخين:

#### ✓ الأنشطة التي يقودها التلاميذ:

1. كيف تنظر الى إشراك التلاميذ في تصميم و تنفيذ خطة وأنشطه المدرسة لوقاية التلاميذ من التدخين، ولماذا؟ الى أي مدى يشبه أو يختلف رأيك في هذا الموضوع عن رأي بقية المعلمين في مدرستك؟
2. كيف يمكن إشراك التلاميذ في تصميم خطة وأنشطه المدرسة لوقاية التلاميذ من التدخين؟ هل سبق وأن تم اشراك التلاميذ في تصميم أنشطه وخطط مشابهه؟ اين وكيف؟ أعطني أمثلة؟ وما أهم الدروس المستفادة من هذه التجربة؟
3. ما رأيكم في إشراك التلاميذ في تنفيذ خطة وأنشطه المدرسة لوقاية التلاميذ من التدخين؟ مثلاً جعلهم يتفقون بعضهم البعض عن أضرار التدخين أو يشجعون بعضهم على عدم التدخين؟ ولماذا؟
- دقيق: ما مدى تقبل التلاميذ والمعلمين لهذه الطريقة ؟ هل يفضل استخدامها فقط أو بالإضافة الى الأنشطة التي يقودها الكبار أو المعلمين ؟ لماذا؟ كيف يمكن التنسيق بين الأنشطة التي يقودها الكبار والأنشطة التي يقودها التلاميذ؟

- دقق: من الفئة العمرية التي يمكنها أن تقود الأنشطة التثقيفية للتلاميذ ضد التدخين، أي فرق بين الجنسين ولماذا؟
  - ما الذي يجب مراعاته عند تنفيذ أنشطة مدرسيه يقودها التلاميذ لوقاية بعضهم من التدخين؟
  - الى أي مدى يشبه أو يختلف رأيك في هذا الموضوع عن رأي بقية المعلمين في مدرستك؟
4. هل سبق اشراك التلاميذ في تثقيف بعضهم عن التدخين أو أي موضوع آخر في مدرستك؟ متى و أين؟ ما أهم الدروس المستفادة؟

#### ✓ المعلم القدوة و بيئة المدرسة الخالية من التدخين والأنشطة الإضافية:

1. برأيك، كيف يمكن للمعلمين أن يكونوا قدوة في الوقاية من التدخين؟
  - دقق: الى أي مدى يشبه أو يختلف رأيك في هذا الموضوع عن رأي بقية المعلمين في مدرستك؟ ولماذا؟
2. كيف يمكن إنشاء بيئة مدرسية خالية من التدخين ؟ أو خلق عُرف في مدرستك لا يتقبل التدخين كسلوك؟
  - دقق: ما الذي يجب القيام به لتحقيق هذا الغرض؟ من الذي يجب أن يقوم بذلك؟ كيف ولماذا؟
3. ما رأيكم في تنفيذ أنشطة إضافية في مدرستك خارج المنهج الدراسي تهدف الى وقاية التلاميذ من التدخين؟ ولماذا؟
  - دقق: مدى أهمية هذه الأنشطة برأيك؟ ما مدى إمكانية تنفيذها، من يستطيع ويجب أن يشارك في تنفيذها؟ أين يجب أن تنفذ هذه الأنشطة (داخل المدرسة أو خارجها)؟ ومتى (خلال عطلة نهاية الأسبوع، العطل المدرسية، أو في أوقات الدوام)؟ المعدل المثالي لتنفيذها و كيف يمكن تنفيذها؟
4. دقق: الى أي مدى يشبه أو يختلف رأيك في هذا الموضوع عن رأي بقية المعلمين في مدرستك؟
  - ما رأيكم في إيجاد و تنفيذ سياسة في مدرستك لخلق بيئة مدرسية خالية من التدخين ولماذا؟
  - دقق: كيف يمكن تنفيذ هذه السياسة، من قبل من، وما أهم التحديات المحتملة؟
5. ما الدور المتوقع من المدرسة أن تقوم به لدعم أولياء أمور التلاميذ لوقاية التلاميذ من التدخين وكيف يمكن لمدرستك القيام بهذا الدور؟ ما مدى إمكانية تنفيذ ذلك في مدرستك؟
6. كيف يمكن للمعلمين والآباء والتلاميذ التعاون من خلال مدرستك لوقاية التلاميذ من التدخين ؟
  - دقق: ما مدى إمكانية تدريب / تثقيف الآباء حول مخاطر التدخين وكيف لهم وقاية أبنائهم من التدخين ؟

#### الإمكانيات المتوفرة / العوامل المساعدة / الصعوبات والعقبات المتوقعة:

1. برأيك، ما مدى إمكانية اعداد خطة وتنفيذها في مدرستك لوقاية التلاميذ من التدخين و لماذا ؟
2. ما مدى إستعداد مدرستك لتنفيذ أنشطة تدريبية وتثقيفية لوقاية التلاميذ من التدخين ولماذا تعتقد ذلك؟
  - دقق: من حيث توفر الدعم المالي، والبنية التحتية والموارد المدرسية، حجم الصف الدراسي وعدد التلاميذ، ومهارات المعلمين، ومعارفهم وقدراتهم، توفر مواد التدريب وكثافة المنهج الدراسي؟
3. برأيك: ما الذي يجب توفره في مدرستك حتى يتم تنفيذ التدخلات التي اقترحتها من أجل وقاية التلاميذ من التدخين؟
  - برأيك، ما هي الصعوبات والعقبات المحتملة لتنفيذ الأنشطة المدرسية الهادفة الى وقاية التلاميذ من التدخين في مدرستك؟
4. ما الموارد والعوامل المتوفرة في مدرستك والتي تسهل تنفيذ أنشطة تهدف الى وقاية التلاميذ من التدخين؟
5. إذا نفذت مدرستك تدخلات / أنشطه لوقاية التلاميذ من التدخين، في رأيك، ما الذي يجب مراعاته للحفاظ على استمرارية هذه التدخلات/الأنشطة؟

#### أشياء أخرى:

- 1 هل هناك أي شيء آخر تود قوله حول كيفية مساهمة المدرسة في وقاية التلاميذ من التدخين؟
    - هل تقترح لي مقابلة أي شخص آخر قد يفيدني في هذه الدراسة؟
  3. هل يمكنك أن تدلني على أي وثيقة / تقرير متعلق بوقاية التلاميذ من التدخين في مدرستك أو في مصر بشكل عام؟ إذا كان الأمر كذلك، كيف و أين يمكنني الحصول على هذه الوثيقة / التقرير ؟
  4. هل تتصحني بحضور أي أنشطه / فعاليات/ دروس متعلقة بوقاية التلاميذ من التدخين و قد تكون مفيدة لهذه الدراسة؟
- هل لديك أي استفسارات أو اضافات؟

"شكرا على وقتك اليوم واجاباتك القيمة على أسئلتني. هذه هي نهاية المناقشة لليوم ... اذا وافقت سوف ألتقي بك مرة أخرى بعد تصميم الاستراتيجية لمعرفة رأيك فيها ومدى جدوى وامكانية تنفيذها في مدرستك".

### **Annex XIII: the generic topic guide in data collection from pupils (in English)**

#### **Welcome and thank you for coming to this group discussion**

#### **Purpose and Format of the discussion:**

I would like to ask you some questions about that. I also request you to share your views, experiences suggestions regarding smoking prevention intervention in your school. I appreciate that you give me time for this discussion and would request as detailed responses and examples as possible. If you are unclear of any question, have any concern on the flow of the discussion, want a break or have suggestions or comments please let me know as soon as possible.

*Draw a representation of the group with pupils' names and location to remember that in the discussion.*

#### **The 1st part: Current school's role in preventing adolescents' smoking:**

1. How your school prevent pupils from initiating smoking? What is done (activities and policies) by whom, when, where and how frequent? Give examples?
2. How different/similar your school from other schools in preventing pupils' smoking?

#### **❖ The curriculum**

1. How your school educates pupils on about smoking and its hazards? Probe for type of these activities (formal/informal), examples from this or last year, done by whom, where, when and how frequent?
  - Probe: for any informal activities on smoking ran at or through school?

#### **❖ School policy**

1. What happens if **a teacher or parent/visitor** smokes at your school? How this reaction differs by his/her age, gender, position or socioeconomic status?
2. What happens if **a pupil** smokes at your school? How this reaction differs by his/her age, gender and family socioeconomic status?
3. How your school decides to react with smoking at school, probe for awareness on policy?

#### **❖ Staff/Teachers' role**

1. What your teachers do to prevent pupils from smoking? What they say about smoking?
2. How your teachers behave when they know about a smoker pupil?

#### **❖ Peers' role**

1. How your friends behave when they see an adult smokes inside the school? Explore if they encourage or discourage that and if this depends on the gender, age, position of the smoker?
2. How your friends behave when they know about a smoker pupil or see a pupil smokes? Explore if their reaction depends on the smoker's age, gender or if he/she smoked inside or outside school?

#### **❖ Role of outsiders including parents:**

1. What Egyptian parents do to prevent smoking by adolescents and adults in school?
2. What people outside schools do to help your school to prevent pupils from smoking initiation? Why and why not? In case of anything done, give example of what was done, by whom, how and when?

*After clarifying anything I am unsure of, I thank participants for their contribution and remind them that the discussion will continue after short break before turning off the recorder.*

## **The 2nd part:**

### **❖ Expected school's role in preventing adolescents' smoking:**

1. Is your school doing enough to prevent pupils from smoking? Why do you think so?
2. How could your school contribute better in preventing pupils from smoking? Probe for:
  - What could be changed/added to your schools policies, curriculum and activities? By whom?
  - How school could *enable pupils to resist smoking* (probe for enhancing knowledge and skills) who could that, when and how?
  - How school could *reduce pupils' chances to smoke* (probe for reducing accessibility and exposure to smoking behaviour at /around school, school regulations on smoking), who could that, when and how?
  - How school could *motivate pupils not to smoke* (probe for addressing beliefs and attitude, enhance religious values on smoking, using punishment or reward), who could that, when and how?
  - How pupils could be persuaded to avoid smoking?
  - How pupils' ability to remember and apply what they learn in school could be enhanced?
3. **Type in cards:** people at your schools who could help in preventing pupils from smoking?

**Then, in your group:** Order cards by importance and discuss:

- 1) Who should take more responsibility in preventing pupils from smoking, and why?
- 2) What you would expect each one of these individuals to do and how to do that?
- 3) Who in school cannot contribute in preventing pupils from smoking, and why?

### **❖ Challenges, Barriers and facilitators**

Use cards to discuss in groups:

1. What is already available in your school that could be used to prevent pupils from smoking inside and outside schools?
2. What else your school need to have in order to prevent pupils from smoking initiation?
3. What could stop your school from preventing pupils from smoking initiation or training pupils how to avoid smoking?
  - Probe for barriers of running peer-led education, parents' education, running extra-curricular training and informal educational activities.

*After clarifying anything I am unsure of, I thank participants for their contribution and remind them that the discussion will continue after a short break before turning off the recorder.*

## **The 3rd part:**

### **❖ A scenario on school's role in preventing pupils from smoking initiation**

Imagine that there are a boy or a girl or both attending preparatory school in Assiut are at risk of smoking initiation and their school wants to help them to avoid smoking initiation.

**Discuss in groups:**

1. How their teachers could protect them from smoking initiation?
2. How their friends at schools could support them to avoid smoking initiation?
3. What their school could do to prevent them and their peers from smoking initiation?

**Note:** Explore the expected role of everyone they mentioned on the cards in their responses to the first objective.

### ❖ School poster

**Look at the provided pictures on smoking harms, then discuss:**

- How convincing these pictures, why and why not? What could be added or removed?

**work in groups to develop a convincing school-poster to educate pupils on smoking harms**

### ❖ Others:

1. What advices you would give to your school/teacher on how to prevent pupils from smoking?
2. Is there anything else you would like to say about how could your school help pupils to avoid smoking behaviour?

*After clarifying anything I am unsure of, I end the group discussion by saying: "Thank you for your time today. This is the end of the group discussion." Then I will identify when and where they will write the individual story which is the last task in this study before turning off the recorder.*

### **The individual story (after at least one day):**

Use your imagination to write a story about a boy or girl or both who were about to smoke but they were helped by their school, teachers and classmates to avoid smoking. imagine and explain:

1. What school policies was used to prevent them from smoking initiation and how these policies were implemented?
2. How their teachers protected them from smoking uptake and what they did?
3. How their peers/friends prevented them from smoking uptake and what they did?
4. Who else in schools has contributed in preventing them from smoking uptake and how?
5. How likely could your story be applied in your school? Why and why not?

***After clarifying the task, I would explain to them that they will be given half an hour to write this story and they can take longer if they want to do so. When they finish, I will read through their writing and clarify anything I am unsure of; I will thank participants for their contribution during the study.***

## Annex XIV: Annex O: the generic topic guide for FGD and story writing (in Arabic)

### دليل الأسئلة لمجموعات النقاش مع تلاميذ المدارس الإعدادية بمصر

مرحباً، وأهلاً بكم في مجموعات النقاش الخاصة بهذه الدراسة. شكركم على قبول الاشتراك في هذه الدراسة.

#### الغرض من النقاش:

كما هو موضح في ورقة المعلومات، أنا أجري دراسة تهدف إلى تصميم استراتيجية تنفذ من خلال المدارس لوقاية الشباب في سن المراهقة من التدخين. وأود أن أسألكم بعض الأسئلة حول المدخنين المراهقين في مصر وأستمع إلى وجهة نظركم واقتراحاتكم فيما يتعلق بدور المدرسة والمعلمين في وقاية التلاميذ من التدخين. وأنا أقدر لكم إعطاءكم الوقت لهذا النقاش، وأتمنى أن تكون إجاباتكم مفصلة مع ذكر أمثلة كلما أمكن ذلك. رجاء استلوني في حال عدم وضوح أي سؤال أو إذا كان لديك تعليقات أو تحفظات على أي شيء.

**معلومات عامة عن التلاميذ المشاركين:** الجنس، الصف الدراسي، المدرسة و أي معلومات أخرى

#### الجزء الأول: الدور الحالي للمدرسة في وقاية التلاميذ من التدخين:

1. هل تعتقد أن مدرستك تلعب أي دور وقاية التلاميذ من التدخين؟ إذا نعم:
  - ماذا تفعل المدرسة بالضبط؟ دقق عن: سياسات المدرسة لمنع التدخين أو الأنشطة التي يتم تنفيذها؟ معدل الأنشطة وطبيعتها؟ من يقوم بتنفيذها أين؟ ومتى؟ أعطني أمثلة لما تقوم المدرسة به في هذا الخصوص؟
  - كيف تقيم الدور الذي تقوم به المدرسة حالياً لوقاية التلاميذ من التدخين؟
2. على حد علمك كيف تختلف / تتشابه مدرستك عن المدارس الأخرى في تنفيذ هذه الأنشطة الهادفة لوقاية التلاميذ من التدخين؟

#### المنهج الدراسي:

4. هل تلقيت أي دروس في المدرسة عن أضرار التدخين؟ إذا نعم: كيف تم مناقشة هذا الموضوع؟ في أي مادة؟ أين؟ متى؟ كم مره؟ ومن قام بذلك؟ دقق عن وجود أي أنشطة خارج الصف الدراسي لتثقيف ورفع وعي التلاميذ بأضرار التدخين؟
5. خلال العام الماضي، هل تلقيت أي تدريب في المدرسة عن يمكنك من مقاومة البدء بالتدخين أو رفض أي عرض للتدخين (من قبل الأهل أو الأصدقاء أو شركات السجائر)؟ إذا نعم: كيف حدث ذلك و ما نوع النشاط؟ أين ومتى تم ذلك؟ من قام بهذه التدريب؟ كم مره تلقيت هذا التدريب؟ من أيضاً حضر هذا التدريب؟

#### سياسات المدرسة لمكافحة التدخين:

1. هل توجد سياسات خاصة بمنع التدخين بشكل عام في مدرستك؟ ماهي هذه السياسات إن وجدت؟ مع إعطاء مثال؟ كيف عرفت عن سياسة هذه المدرسة؟
2. ماذا يحدث إذا قام أحد التلاميذ بالتدخين في مدرستك؟
  - دقق إذا كان رد الفعل هذا يختلف حسب عمر أو جنس المدخن أو وضعه الاجتماعي والاقتصادي؟
3. ماذا يحدث في مدرستك إذا دخن أحد المعلمين داخل المبنى المدرسي؟
  - دقق إذا كان رد الفعل هذا يختلف حسب جنس المعلم أو عمره أو طبيعة عمله بالمدرسة أو وضعه الاجتماعي والاقتصادي؟
4. ماذا يحدث في مدرستك إذا دخن أحد الزوار أو أولياء الأمور داخل المبنى المدرسي؟
  - دقق إذا كان رد الفعل هذا يختلف حسب جنس المدخن أو عمره أو طبيعة عمله أو وضعه الاجتماعي والاقتصادي؟

#### دور المعلمين في وقاية التلاميذ من التدخين:

1. ما الذي أخبركم به معلمكم / ناظر المدرسة عن التدخين؟
2. ما الذي يقوم به المعلمون في مدرستك لوقاية التلاميذ من التدخين؟
3. ما الذي يقوم به معلمكم عندما يدخن أحد التلاميذ والموظفين في المدرسة؟
4. كيف يتصرف المعلمون (داخل المدرسة وخارجها) عندما يعلمون بأن أحد التلاميذ يدخن خارج المدارس؟

#### دور الأقران أو الأصدقاء في وقاية التلاميذ من التدخين:

1. ما هو رد فعل أصدقائك عندما يرون شخص بالغ يدخن في المدرسة؟
  - دقق: إذا كانوا يشجعون أو لا يشجعون التدخين داخل المدرسة؟ دقق في أي فرق حسب جنس أو عمر المدخن أو وضعه الاجتماعي والاقتصادي؟
2. كيف يتصرف أصدقائك عندما يعرفون عن تلميذ يدخن أو يرون تلميذ يدخن؟
  - دقق في أي فرق في تصرفهم هذا حسب جنس أو عمر التلميذ المدخن أو إذا ما كان يدخن داخل المدرسة وخارجها؟

#### دور الآباء وأولياء الأمور في وقاية التلاميذ من التدخين:

1. ما الذي يقوم به الآباء و أولياء الأمور لمنع التدخين من قبل التلاميذ والموظفين في مدرستكم؟
2. في مدينتكم /مجتمعكم عادة كيف يتصرف الآباء و أولياء الأمور إذا عرفوا أن صديق إبنهم / إبنتهم في المدرسة مدخن؟

## **الجزء الثاني: دور المدرسة المتوقع لوقاية التلاميذ من التدخين:**

1. برأيك، كيف يمكن لمدرستك المساهمة بشكل أفضل في وقاية التلاميذ من التدخين؟
    - دق: ما الذي يمكن تغييره / إضافته لتحسين الدور الحالي للمدرسة من سياسات أو أنشطة رسمية وغير رسمية؟
  2. استخدم الكروت لكتابة أسماء الأفراد الذين يمكنهم المساهمة في وقاية التلاميذ في مدرستك من التدخين؟
  3. ناقش في مجموعتك ترتيب هؤلاء الأفراد حسب أهمية دورهم في هذا الموضوع: من ينبغي أن يتحمل المزيد من المسؤولية في وقاية التلاميذ في مدرستك من التدخين ولماذا؟
  4. كيف يمكن لكل واحد من هؤلاء الأفراد أن يساهم في وقاية التلاميذ في مدرستك من التدخين؟ ما يتوقع من كل واحد لقيام به من دور؟
  5. من في مدرستك لا يمكنه المساهمة في وقاية التلاميذ من التدخين؟ ولماذا؟
  6. ماهي أفضل طريقة لتنقيف التلاميذ بمخاطر التدخين وتدريبهم على كيفية تجنب التدخين ومقاومته، دق: لماذا تعتقد أن هذه أفضل طريقة، وأين يجب أن يعقد هذا التدريب وكل كم؟ متى ومن هو الأفضل للقيام به؟
- **الإمكانيات المتوفرة / العوامل المساعدة / الصعوبات والعقبات المتوقعة:**

إستخدم الكروت في مجموعتك لمناقشة:

1. ما الذي يمكن أن يسهل تنفيذ الأنشطة التي ذكرتموها سابقاً لوقاية التلاميذ في مدرستك من التدخين؟
2. ما الأنشطة والموارد المتوفرة حالياً في مدرستك ويمكن استخدامها لوقاية التلاميذ من التدخين؟ ما الذي يجب أن يتوفر في مدرستك لكي تنجح في وقاية التلاميذ من التدخين داخل المدارس وخارجها؟
3. برأيك، ما الذي يمكن أن يوقف أو يعيق مدرستك من أن تلعب دور أفضل في وقاية التلاميذ من التدخين؟ خاصة:
  - في استخدام التلاميذ لتنقيف وتدريب بعضهم البعض
  - في تنقيف الآباء بأضرار التدخين وإشراكهم في تنقيف التلاميذ
  - في تنفيذ أنشطة تنقيفيه غير رسمية خارج المنهج الدراسي لوقاية التلاميذ من التدخين

## **الجزء الثالث:**

### **➤ قصه عن دور المدرسة في وقاية التلاميذ من التدخين**

تخيل أن هناك فتى أو فتاة أو كليهما يذهبون إلى المدرسة الإعدادية في أسبوط معرضون لخطر بدء التدخين وتريد مدرستهم مساعدتهم على تجنب بدء التدخين.

### **ناقش في مجموعتك:**

1. كيف يمكن لمدرسيهم حمايتهم من بدء التدخين؟
2. كيف يمكن لأصدقائهم في المدارس دعمهم لتجنب بدء التدخين؟
3. ماذا يمكن أن تفعله مدرستهم لمنعهم وأقرانهم من بدء التدخين؟

### **➤ ملصق المدرسة**

بعد لقاء نظرة على الصور المقدمة حول أضرار التدخين ناقش في مجموعتك:

- إلى أي مدى تقتنع هذه الصور حول أضرار التدخين ، لماذا ولماذا لا؟ ما يمكن إضافته أو إزالته؟

استخدام الصور المقدمة والاقتراحات الأخرى عمل في مجموعات لتطوير ملصق مدرسي مقنع لتنقيف التلاميذ على أضرار التدخين

### **➤ أشياء أخرى:**

- ما هي النصائح التي ستقدمونها من أجل جعل دور المدرسة أكثر فعالية في وقاية التلاميذ من التدخين؟
- هل هناك أي شيء آخر تود قوله حول كيفية مساهمة المدرسة في وقاية التلاميذ من التدخين؟

" هذه هي نهاية نقاشي معكم حول هذا الموضوع. شكرا على مساهمتكم في جلسات النقاش واجاباتكم القيمة على أسئلتي. ولكني سأطلب من كل واحد منكم كتابة قصة فردية وسأحدد لكم وقت كتابة **لقصة** ".

### **القصة الفردية (بعد يوم واحد على الأقل):**

الآن أود منك أن تستخدم خيالك لكتابة قصة عن تلميذ وتلميذه في المدرسة الإعدادية قامت مدرستهم بحمايتهم من بدء التدخين، موضحاً:

1. ما هي السياسات التي قد تكون مدرستهم إتخذتها لوقايتهم من التدخين وكيف يمكن أن يكون قد تم تنفيذها؟
2. ما الدور الذي قد يكون معلمهم قد قاموا به لوقايتهم من خطر التدخين وكيف قاموا بهذا الدور؟
3. ما الدور الذي قد يكون أصدقائهم وزملائهم التلاميذ قد قاموا به لوقايتهم من خطر التدخين وكيف قاموا بهذا الدور؟
4. من أيضاً يمكن أن يكون قد ساهم في وقايتهم من التدخين وكيف؟
5. هل من الممكن أن يتم تنفيذ ما ذكرته أعلاه في مدرستك ولماذا؟

"بعد شرح الأسئلة، لديكم نصف ساعة لكتابة هذا التعبير، ويمكن أن تأخذ وقتاً أطول أردت ذلك."

"بعد الانتهاء من التعبير أشكر جميع التلاميذ على مشاركتهم في هذه الدراسة."

## **Annex XVI: Information Sheet for Parents/Guardians of Pupils Participants**

### **(Group Discussions with Pupils at Preparatory schools in Egypt)**

#### **Title of Study: School-Based Intervention to Prevent Smoking by Adolescents in Egypt**

**Principal Investigator:** Dr Maryam Ba-Break - Postgraduate researcher  
Contact number: (0020) / (0044)  
E-mail: [M.M.Ba-Break@leeds.ac.uk](mailto:M.M.Ba-Break@leeds.ac.uk)

**Supervisor at Leeds:** Dr Helen Elsey  
Associate Professor in Public Health  
University of Leeds, UK  
E-mail: [h.elsey@leeds.ac.uk](mailto:h.elsey@leeds.ac.uk)

**Co- supervisor in Egypt:** Dr. Doaa Mohamed Mahmoud Osman  
A lecturer in Public Health and Community Medicine  
Contact number:  
E-mail: [doaamouhammed@aun.edu.eg](mailto:doaamouhammed@aun.edu.eg)

**Institutions:** University of Leeds. Worsley Building, Leeds LS2 9NL,  
Department of Public Health and Community Medicine,  
Faculty of Medicine. Assiut University, Egypt.

## **INTRODUCTION**

Your child or a child that you care for, at [name of preparatory school] is being invited to participate in a study to develop a school-based intervention to prevent smoking uptake by adolescents in Egypt. Egypt has the highest smoking rate in the Arab world. The smoking rate in Egypt is steady increasing, causing heavy public health burden on Egypt as one in four adults in Egypt dies prematurely from tobacco- related diseases. Adolescents should be targeted by smoking prevention intervention because smoker Egyptians start daily smoking at 16 years old and smoker adolescents are more likely to be smoker adults. School-based interventions are a cost-effective approach to prevent smoking. This study will help to inform the design of an intervention to prevent adolescents' smoking through schools of Egypt.

You and your child are free to choose whether or not to participate in this study. Both of you should take as much time as you need and ask as many questions as you wish before accepting the participation of your child in this study. There is no obligation to take part in this study. You can phone, email or meet the researcher to ask questions, using the contact details provided below.

## **WHAT IS THE PURPOSE OF THIS STUDY?**

This study is being conducted as part of a PhD project in International Health at the University of Leeds, in UK. This study aims to design a culturally sensitive school-based intervention to prevent adolescents' smoking uptake in Egypt.

## **WHAT DOES THIS STUDY INVOLVE?**

The study will be conducted using a combination of documents review, interviews with school staff and group discussion with pupils. The interviews and group discussions explore the perspectives of head-teachers, teachers and pupils in preparatory schools on adolescents' smoking and how schools contribute and could contribute in preventing adolescents' smoking in Egypt.

### **WHO CAN PARTICIPATE IN THIS STUDY?**

These group discussions will be with pupils in the 1<sup>st</sup> and 2<sup>nd</sup> preparatory grades, regardless if they smoke or not. Your child is eligible to take place in this study. The researcher will meet eligible pupils at school to explain the study and encourage them to discuss their participation with their parents/guardians. If you agree for your child to participate in this study and the other parent/guardian, if available, does not object that, you have to sign/stamp/thumbprint the consent form and give it to your child to return it to school in an enclosed envelope, one is provided to you with this sheet. Pupils whose parents/guardians consent for their participation in the study will be met by the researcher to answer their questions on the study and obtain their consent, if they agree to participate. Pupils will be only allowed to take part in this study if they and at least one of their parents/guardians consent for their participation and neither of their parents/guardians objects that they participate.

### **WHAT PARTICIPANTS WILL BE ASKED TO DO IN THIS STUDY?**

If you agree for your child to participate in this study, your child, if he/she agrees, will be invited to participate in group discussions with other pupils, facilitated by the researcher to share views, experiences and suggestions regarding adolescents' smoking and how preparatory schools contribute and could contribute better in preventing adolescents' smoking in Egypt. The discussion will be about pupils' opinions and suggestions for the school-based intervention. Pupils will not be asked about their or their parents smoking behaviour or other confidential information. Pupils will be invited to a maximum of 2 hours group discussions, divided into small sessions, will be held at [venue] at the school. However, if pupils need to, or want to, leave the group discussion earlier they can inform the researcher and they will be allowed to do so at any time. At least a day after the group discussion, pupils may be also asked to write a short essay on how school could prevent adolescents' smoking; this is expected to take another 30 minutes and they do not need to prepare for this essay. The time of the group discussion and essay writing will be identified in coordination with teachers, so your child should not miss important learning activities. The researcher will be present to facilitate the group discussion and assist participants with any questions or concerns they might have during the group discussion. Pupils do not have to answer any question that they do not want to answer. However, their honest answer will be of great benefit to this study.

### **WILL THIS STUDY HELP?**

This study will develop a school-based intervention for preventing Egyptian adolescents from up taking smoking. The researcher hopes that the designed intervention in this study will help schools to take an effective role in preventing the Egyptian adolescents from smoking, which would protect the young generation from diseases caused by tobacco. In addition, the information learned from this study may help to develop further research and policy development for smoking prevention as the results will be published in academic/scientific journals.

## DOES MY CHILD HAVE TO PARTICIPATE IN THIS STUDY?

No, the decision is completely up to you and your child. Taking part in this research study is completely your and your child's choice. If any of you decide not to participate, there will be no negative consequences. If you decide to allow your child to take part in this study, you will be asked to give consent by signing, stamping or thumbprint a form or arrange to meet the researcher to obtain verbal consent. If your child decides to participate in this study they will be also asked to sign their own consent form. Your child will be only allowed to take part in this study if he/she and at least one of his/her parents/guardians consent for his/her participation.

Your child may withdraw at any time before or during the group discussions without providing reasons for his/her withdrawal. However, if your child withdraws after the group discussion has started; the information he/she previously provided will be anonymized but will not be destroyed because it will not be possible to analyse the contributions of other group participants if his/her data is removed. Your child may withdraw at any time before, during or after writing the essay without providing reasons for that, in which case, the submitted essay will be destroyed, unless the analysis has been started i.e. on 01/05/2018

## WHAT WILL THE STUDY COST US?

The study procedures will bear no cost to you or your child. Both of you will not receive any financial incentive for participating in this study.

## PROVIDING ANSWERS TO YOUR QUESTIONS

If you or your child want to know more about the study you can phone, email or meet the researcher of this study, Dr. Maryam Ba-Break, at [name of school] any time at the beginning or the end of school day, or at a time convenient to you, within two weeks after receiving this information sheet i.e. until [add date]. You can also leave your contact details at school/or send it with your child if you wish the researcher to contact you. The researcher contact details are provided on the first page of this sheet. If you prefer to be contacted by the researcher you could leave your contact details at school or suggest to the school/researcher other preferred ways for contacting you.

This study has been reviewed and given ethical approval from the School of Medicine Research Ethics Committee (SoMREC) on [date], project number MREC17-025) and the Ethics Committee at Assiut University on [date]. If you want to know more about the rights of your child as a young participant of a research study, you would be able to contact the Ethics Committee at Assiut University or Alexandria University.

### CONFIDENTIALITY AND USE OF INFORMATION

The information pupils provide will **only** be available to the researchers working on the study and will be kept completely confidential. The names of schools and all participants will be kept completely confidential throughout the study. Your child will be identified by a number, not his/her name. Although this study does not focus on personal issues and participants' data will be confidential, if your child indicates that he/she are at risk of something, safeguarding measure will be taken as appropriate, in consultation with the head teachers, as his/her safety is more important than his/her privacy. Your child will be encouraged not to disclose any confidential information during the discussion.

The study should not cause any stress to your child. However, if you think this might happen please do not sign the consent form. If your child becomes distressed during the study, help will be obtained from school social services to relieve his/her stress.

By signing the consent form, you are allowing your child to take part in this study (through group discussions and essay writing) and allowing the researchers access to his/her responses for research analysis. The group discussions will be audio recorded and the

recording will be deleted after analysis. Although the published material derived from the study may include direct quotes from your child's responses to explain or interpret the findings, the quotes will not be attributed to him/her. Your child will not be identified or identifiable in any reports/publications resulting from this study.

**Thank you for taking time to read this information sheet. Please keep this sheet in a safe place. You and your child may need to contact the researcher.**

## **Annex XVII: the generic schools letter to parents / Guardians**

Date:

Dear Parents or Guardians:

### **Re: Research Project on School-Based Interventions to Prevent smoking by Adolescents in Egypt**

I am writing to inform you about a research project taking place in our school and to obtain your consent for your child, or a child that you care for, who attend our school to participate in this research.

Our school has been selected to participate in a research project aims to design a school-based intervention to prevent adolescents' smoking in Egypt. The researcher, Dr Maryam Ba-Break, will conduct interviews with school staff and group discussion with pupils to explore their perspectives on adolescents' smoking and how schools contribute and could contribute better in preventing adolescents' smoking in Egypt.

All pupils in the 1st and 2nd preparatory grades are eligible to participate in this research, regardless if they smoke or not. However, parents'/guardians' permission is required for pupils' contribution in this research. Please read the information sheet attached to this letter to know more about the research and discuss this issue with your child. The research activities will take place at school during [month/2018] in coordination with the class-teachers. Participants will not be distracted from their learning activities and they shall not miss important lessons. The research procedures will bear no cost to you or your child and there is no obligation to take part in this research.

If you agree with your child on his/her participate in this study, you have to sign / stamp / thumbprint the attached consent form, put it in the provided envelope, close it and give it to your child to return it to school. After that, the researcher will meet your child to answer his/her questions on the research and obtain his/her own consent to participate in this study. Pupils will be only allowed to take part in this research if they and at least one of their parents/guardians consent for the participation. If either parent/guardian or the pupil does not agree to participation, then the pupil will not take part in the research.

Please note that this research is independent of the school, taking part in this research is voluntary and non-participation will have no impact on your child's studies or situation at school.

If you require any further information, please do not hesitate to contact me or the researcher through her contact details that are given in the information sheet. You can also inform the researcher if you prefer her to contact you in another convenient way/time.

Sincerely,

**The name of the Head teacher**

**The Head-teacher of school**

## Annex XVIII: Parents/Guardians' Consent Form

### Group Discussion with Pupils in Preparatory Schools

Your child, or child that you care for, that attends [name of school] Preparatory School is being invited to take part in a research study to inform the design of a school-based intervention to prevent the uptake of smoking among adolescents in Egypt. Before any of you decide to take part of this study, it is important that both of you are aware of why this study is being done and what participation in this study involves. Please read this information sheet and feel free to ask the researcher if you or your child have any questions or anything is unclear. You are encouraged to discuss with your child and decide together on his/her participation in this study. If you agree to allow your child to participate in this study, you must tick the boxes below then sign/stamp/thumbprint, date this form, and return it to school with your child in the provided envelope after closing it.

#### **By signing this form, I confirm the following:**

- ☐ I give permission for the information my child shares and study data to be maintained, used and shared as described in the information sheet [date 1/2/2018, version 3].
- ☐ I have received a copy of the information sheet and the consent form [date 1/2/2018, version 3], read them and have had time to think about whether or not I want to allow my child to participate in the study.
- ☐ All my questions about the study or this form were answered to my satisfaction. If I did not understand any of the words in this document, the researcher explained them to me so that their meaning was clear.
- ☐ I voluntarily agree to allow my child to participate in the groups discussions and activities conducted as part of this study.
- ☐ I may freely choose to stop my child being a part of this study at any time before or during the group discussion or essay writing, or even after submitting the essay, without given a reason and I understand that my child responses in group discussion cant be destroyed and his/her anonymized answers will be used in this study. If I want the researcher to destroy the essay of my child, I have to tell her about that before 01/05/2018
- ☐ I permit to audio-record the discussion.
- ☐ I have discussed the participation in this study with my child
- ☐ My child voluntarily agrees to participate in the groups discussions and activities conducted as part of this study.

Name of pupil \_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Parent's/guardian's name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature  
researcher

\_\_\_\_\_

Researcher's name

\_\_\_\_\_

Date

\_\_\_\_\_

of the Signature of witness (if needed)

\_\_\_\_\_

Witness' name

\_\_\_\_\_

Date

\_\_\_\_\_

## **Annex XIX: Information Sheet for Semi-Structured Interview with Preparatory Schools Staff**

### **Title of Study: School-Based Intervention to Prevent Smoking by Adolescents in Egypt**

**Principal Investigator:** Dr Maryam Ba-Break- Postgraduate researcher  
Contact number: (0020) / (0044)  
E-mail: [M.M.Ba-Break@leeds.ac.uk](mailto:M.M.Ba-Break@leeds.ac.uk)

**Supervisor at Leeds:** Dr Helen Elsey - Associate Professor in Public Health  
University of Leeds, UK  
E-mail: [h.elsey@leeds.ac.uk](mailto:h.elsey@leeds.ac.uk)

**Co- supervisor in Egypt:** Dr. Doaa Mohamed Mahmoud Osman  
A lecturer in Public Health and Community Medicine  
Contact number:  
E-mail: [doaamouhammed@aun.edu.eg](mailto:doaamouhammed@aun.edu.eg)

**Institutions:** University of Leeds. Worsley Building, Leeds LS2 9NL,  
Department of Public Health and Community Medicine,  
Faculty of Medicine. Assiut University, Egypt.

### **INTRODUCTION**

You are invited to participate in a study to develop a school-based intervention to prevent smoking uptake by adolescents in Egypt. Egypt has the highest smoking rate in the Arab world; smoking rate in Egypt is steady increasing. This causes a heavy public health burden, as one in four adults in Egypt dies prematurely from tobacco- related diseases. Adolescents should be targeted by smoking prevention intervention because smoker Egyptians start daily smoking at 16 years old and smoker adolescents are more likely to be smoker adults. School-based intervention is cost-effective approach in preventing smoking. This study will help in designing an intervention to prevent adolescents' smoking through schools of Egypt. You are free to choose whether or not to participate in this study. You should take as much time as you need and ask as many questions as you wish before accepting to take part in this study. You have no obligation to take part in this study.

### **WHAT IS THE PURPOSE OF THIS STUDY?**

This study is being conducted as part of a PhD project in International Health at the University of Leeds, in UK. This study aims to design a culturally-sensitive school-based intervention to prevent adolescents' smoking uptake in Egypt.

### **WHAT DOES THIS STUDY INVOLVE?**

The study will be conducted using a combination of documents review, interviews and group discussion. The interviews and group discussions explores the perspectives of head-teachers, teachers and pupils in preparatory schools on adolescents' smoking and how schools could contribute in preventing adolescents' smoking in Egypt.

### **WHO CAN PARTICIPATE IN THIS STUDY?**

These interviews will be with head-teachers, teachers, social workers and other staff at schools who deal with adolescents' behaviour in preparatory schools in Egypt.

### **WHAT PARTICIPANTS WILL BE ASKED TO DO IN THIS STUDY?**

If you agree to participate in this study, you are invited to have a discussion with the researcher to share your views, experiences and suggestions regarding adolescents' smoking and how preparatory schools contribute and could contribute better in preventing adolescents' smoking in Egypt. The discussion will be about your opinions and suggestions for the school-based intervention. It will take about 90 minutes, and will be held at [venue] at the school. However, if you need to end the interview earlier or change the venue please inform the researcher. The researcher will be present to assist you with any questions or

concerns you might have during the interview. You do not have to answer any question that you don't want to answer. However, your honest answer will be of great benefit to this study. If you agree, you will be interviewed again (for about 60 minutes) after designing the intervention to discuss the feasibility of implementing the designed intervention. Your participation in the second interview is optional and you will be approached about that after few months

#### **WILL THIS STUDY HELP?**

This study will develop a school-based intervention for preventing adolescents from taking up smoking. The researcher hopes that the designed intervention in this study will help schools to take an effective role in preventing the Egyptian adolescents from smoking, which would protect the young generation from tobacco-related morbidities and mortalities and could reduce the health burden on Egypt. In addition, the information learned from this study may help to develop further research and policy development for smoking prevention as the results of the study will be published in academic/scientific journals.

#### **DO I HAVE TO PARTICIPATE IN THIS STUDY?**

No, the decision is completely up to you. Taking part in this research study is completely your choice. If you decide not to participate, there will be no negative consequences. If you decide to take part, you will be asked to give consent by signing a form. You may withdraw at any time before, during or after the interview without providing reasons for your withdrawal, in which case, if you wish, the information you previously provided will be destroyed, unless the analysis has been started i.e. on 01/05/2018.

#### **WHAT WILL THE STUDY COST ME?**

The study procedures will bear no cost to you. You will not receive any financial incentive for participating in this study.

#### **PROVIDING ANSWERS TO YOUR QUESTIONS**

If you want to know more about the study you may ask the principal investigator of this study, Dr. Maryam Ba-Break, either personally, by email or by telephone at the address given in the first page. This study has been reviewed and given ethical approval from the School of Medicine Research Ethics Committee (SoMREC) on [date], project number MREC17-025) and the Ethics Committee at Assiut University on [date]. If you want to know more about your rights of as a participant of a research study, you would be able to contact the Ethics Committee at Assiut University or Alexandria University.

#### **CONFIDENTIALITY AND USE OF INFORMATION**

The information you provide will **only** be available to the researchers working on the study and will be kept completely confidential. The names of school and all participants will be kept completely confidential throughout the study. You will be identified by a number, not your name. By signing the consent form, you are allowing the researchers access to your responses for research analysis. The interview will be audio recorded and the recording will be deleted after analysis. Although the published material derived from the study may include direct quotes from your responses to explain or interpret the findings, the quotes will not be attributed to you. You will not be identified or identifiable in any reports/publications resulting from this study.

**Thank you for taking time to read this information sheet.**

**Please keep this sheet in a safe place. You may need to contact the researcher.**

## **Annex XX: Consent Form for Semi-Structured Interviews with preparatory Schools Staff**

You are invited to take part in this study. Before you decide to take part of this study, it is important that you are aware of why this study is being done and what your participation involves. Please read the information sheet of this study and feel free to ask the researcher if you have any questions, would like any further information or anything is unclear. If you agree to participate in this study, you must tick the boxes below then sign and date this form in order to take part in this study and to allow the use and disclosure of the information for the purpose of this study.

### **By signing this form, I confirm the following:**

- ☐ I give permission for the information I share and study data to be maintained, used and shared as described in in the information sheet [date 1/2/2018, version 3].
- ☐ I have received a copy of the information sheet and the consent form [date 1/2/2018, version 3], read them and have had time to think about whether or not I want to participate in the study.
- ☐ All my questions about the study or this form were answered to my satisfaction. If I did not understand any of the words in this document, the researcher explained them to me so that their meaning was clear.
- ☐ I voluntarily agree to take part in the study, to follow the study procedures and to provide necessary information to the researcher as requested.
- ☐ I may freely choose to stop being a part of this study at any time and if I wish my data not to be used in this study I will informed the researcher before the analysis has been started (01/05/2018) without giving any reason, this includes after I have completed this consent form.
- ☐ I permit to audio-record the discussion.
- ☐ I permit using direct quotes from my responses to explain/ interpret the findings of this study and I permit publishing quotes from my anonymized and non-identifiable responses.
- ☐ I confirm that I am happy to be approached about a second interview after designing the intervention.

Signature of participant

---

Signature of the  
researcher

---

Signature of witness (if needed)

---

Participant's name

---

Researcher's name

---

Witness' name

---

Date

---

Date

---

Date

---

# Annex XXI: Characteristics of the school-staff participants

(M- male, F= females, BSc= bachelor \* = in years)

The code	Age *	Gender	Qualification	Job title at school	Experience* in preparatory school	Experience* in this school	Self-reported smoking status	Other responsibilities and school activities
<b>The Boys' School</b>								
SSB1	53	M	BSs, in education	Head-teacher	29 (boys)	2	Quitted smoking	He leads social-media and face-book school activities/webpage
SSB2	30	F	BSc in sociology	Social worker	7 (4 in boys + 3 in girls)	4	Never-smoked	She leads all behaviour change activities
SSB3	36	M	BSs in education	Psychologist	14 (boys)	14	Never-smoked	Behaviour-related consultation for pupils, teachers and parents
SSB4	40	F	Undergraduate diploma in agriculture	Teacher of Christianity religion	16 (boys)	14	Never-smoked	Leads in agriculture training
SSB5	42	M	BSc in sports education	Sports teacher	10 (boys)	7	Heavy smoker of cigarette and Shisha.	Camping and school trips
SSB6	45	M	BSc in sports education	Sports teacher	20 (boys)	20	Irregular smoker of Shisha.	Camping and school trips
SSB7	49	M	BSs in education	Teacher of Arabic language & Islamic religion	27 (4 in boys only + 20 in girls only + 3 in both)	20	Experimented Shisha when he was young	responsible for some library-related activities and involved in behaviour-related counselling with pupils
SSB8	55	F	BSc in sciences education	Teacher of sciences	32 (30 in boys + 2 in mixed-gender)	20	Never-smoked	She led health education activities in this school for 15 years, until last year.
SSB9	37	F	BSc in media education	Media specialist	15 (boys)	15	Undeclared	Train selected pupils on communication and leadership skills.
SSB10	50	M	BSc in sciences education	Teacher of sciences	33 (boys)	22	Heavy smoker of cigarette.	this year , he started leading health education activities in this school
SSB11	32	M	BSc in sociology	Social worker	10 (boys)	10	Never smoked	He leads theatre activities and smoking control group at this school.

The Girls' school								
SSG1	57	M	BSc in sciences education.	Teacher of sciences	35 (9 in mixed-gender + 26 in girls)	26	Never smoked although all his siblings smoke	He used to lead health education activities in this school for 10 years.
SSG2	37	F	BSc in media education	Media specialist	11 (girls)	11	Undeclared	Leads school participation in exhibitions at all levels.
SSG3	47	F	BSc in Arabic education	Teacher of Arabic language and Islamic religion	25 (girls)	18	Undeclared	She leads school theatre and roleplay activities.
SSG4	48	F	BSc in English education	Teacher of English language	26 (girls)	26	Never-smoked	She leads some activities at school such as internal and external classes competitions.
SSG5	28	F	BSc in library management	Librarian	6 (girls)	6	Never smoked but her husband is a heavy smoker.	She leads library-related activities, including: guiding pupils reading and research on general topic, buying and organizing library resources.
SSG6	32	F	BSc in sociology	Social worker	8 (girls)	2	Never-smoked	Teach Christianity religion and leads running extra-curricular educational sessions
SSG7	48	F	BSc in sciences	teacher of sciences	26 (girls)	24	Undeclared	The deputy head-teacher, since 2 years
SSG8	55	M	BSc in sciences education	Teacher of sciences	33 (9 in mixed-gender + 24 in girls)	24	Never-smoked	He leads health education activities in this school.
SSG9	47	F	BSc in art	Teacher of Arts	25 (girls)	25	Never smoked	she leads the Facebook and social-media activities of this school
SSG10	40	F	BSc , sociology & master student	Social worker	18 (girls)	10	Never smoked	She leads the smoking control group at this school.
SSG11	27	F	BSc in psychology	Psychologist	4 (girls)	4	Never smoked, heavy smoker husband	

The Mixed-gender school								
SSMG1	52	M	BSc in Math education.	The head-teacher since 5 years	30 (mixed-gender)	11	Never-smoked.	He also teach math
SSMG2	53	F	Undergraduate diploma in vocational training	Teacher vocational training	21 (mixed-gender)	20	Never-smoked	Always runs voluntary informal educational sessions for pupils
SSMG3	53	M	Undergraduate diploma in vocational training	Teacher of vocational training	21 (mixed-gender)	17	Quitted smoking	Always runs voluntary informal educational sessions for pupils.
SSMG4	40	F	BSc in sociology	Social worker	7 (mixed-gender)	2	She experimented shisha smoking	
SSMG5	37	F	BSc + high diploma in psychology	Psychologist	15 (mixed-gender)	5	Undeclared	She teaches Christianity religion
SSMG6	55	F	BSc in Arabic education	Teacher of Arabic language & Islamic religion	32 (mixed-gender)	8	Never- smoked	She leads library-related activities and dealing with behavioural problems of girls & boys in 2 <sup>nd</sup> preparatory classes.
SSMG7	30	M	BSc in psychology	psychologist	10 (mixed-gender)	8	Never-smoked.	
SSMG8	31	F	BSc in psychology	psychologist	4 (mixed-gender)	2	Never- smoked.	She leads educational activities related to pupils (girls) behaviour
SSMG9	45	M	BSc in sport education	sports teacher , deputy head-teacher	27 (12 in boys & 15 in mixed-gender).	15	Irregular shisha smoker, quitted cigarette smoking	He leads social-media and Facebook school activities/webpage.
SSMG10	54	F	BSc in sciences education.	teacher of sciences	33 (mixed-gender)	24	Never-smoked	She used to lead school health education for years until 2 years ago.
SSMG11	38	F	BSc in media education.	media specialist	16 (mixed-gender)	16	Never-smoked	Leads school participation in exhibitions at all levels.

SSMG12	40	M	BSc in sociology.	social worker	18 (12 in boys and 6 in mixed-gender)	6	Regular smoker of cigarette	The head of smoking control group at this school.
SSMG13	34	F	BSc in media	Media specialist	10 (mixed-gender)	10	Undeclared	She lead the theatre activities in this school
SSMG14	30	F	Diploma in Nursing	Health visitor	9 (mixed-gender).	7	Never-smoked	She delivers some health education sessions in this school.

Organizers of educational sessions across schools							
The code	Age	Gender	Qualification	The role in relation to schools	Years of experience in this role	Self-reported smoking status	Other responsibilities and school activities
Sm-ES1	54	M	Bachelor degree in medicine and specialised (PHD) in lung diseases	Delivers smoking-related educational sessions in schools.	Involved in school-health education since 10 years	Never-smoked	He leads smoking prevention NGO which educates pupils, among others, on smoking hazards, in coordination with school-health office which considers this doctor as part of the health education staff across schools. One of these sessions was delivered in the selected mixed-gender school. He also delivers smoking cessation services which target his patients, school and university students, parents and the general community in Assiut.
Sm-ES2	48	F	BSc in sociology	leader of social workers, Ministry of Social Solidarity	Involved in school-health education since 15 years	Undeclared	She leads smoking and addiction education sessions which targets youths in primary, preparatory and secondary schools plus youths clubs across Assuit in coordination with ministry of education in Assiut.
Sm-ES3	52	F	BSc in sociology	Supervisor of social workers across girls, boys and mixed-gender schools in Assiut.	28 in total, 18 years as a social worker in (girls) preparatory schools, 10 years in her current role.	Never-smoked	She leads smoking control groups across schools but she acknowledged that this group is inactivated in many schools
Sm-ES4	49	F	Medical doctor, specialised (PHD) in smoking prevention	Deputy-director of smoking prevention NGO at Assiut university.	6 years	Undeclared	Her PHD was on smoking cessation services in health centres at Assiut. She is a lecturer in Assiut university, leads smoking-related activities at the University and sometimes delivers educational sessions on smoking hazards in schools, one of them was delivered in the selected girls school.

## Annex XXII: Characteristics of Pupils' Participants

The Boys' school							
Pupils code	Age	Gender	Academic performance	Social relationship	Family/parents smoking	Self-reported smoking status	Other characteristics
PBS-G1/1	12	M	Average	Average	Yes ( his father and three uncles) who never encouraged him to smoke.	Current-smoker of cigarettes (in weekends and events)	Likes sports
PBS-G1/2	12	M	Average	Average	Yes (his father)	Never-smoked	Likes Art
PBS-G1/3	12	M	Average	Average	No	Never-smoked	Likes sports
PBS-G1/4	12	M	Average	Average	No	Never-smoked	Likes reading and writing stories. educated family
PBS-G1/5	12	M	Average	Average	Yes (his father)	Experimented smoking	Likes sports
PBS-G2/1	11	M	Excellent	Socially active & a leader	Yes (his father)	Experimented smoking	Likes sports
PBS-G2/2	11	M	Excellent	Socially active and a leader	No	Undeclared	Likes sports
PBS-G2/3	11	M	Excellent	Socially active with many friends	No	Undeclared	Likes reading
PBS-G2/4	11	M	Excellent,	He is respected by his classmates but he has friendships only with pupils of high academic performance.	No	Undeclared	Likes reading and writing sorties, only interested in useful activities
PBS-G2/5	11	M	Excellent,	Well-recognized by his peers and teachers for innovative thinking but he spends limited time with friends	No	Never-smoked, has no intention to smoking	Likes reading
PBS-G2/6	11	M	Excellent,	Well-recognized by his peers and teachers for his ideal behaviour and excellent academic performance.	No	Never-smoked	Likes reading. He only makes friendships with pupils who concentrate on study.
PBS-G3/1	11	M	Low	Average	Yes (father, siblings and uncles)	Experimented smoking	Likes sports and riding horses and has smoker friends.
PBS-G3/2	11	M	Low	Shy	Yes (grandfather and uncles)	Never-smoked	Likes sports and reads a lot (at home and in the school's library
PBS-G3/3	11	M	Average	Average	Undeclared	Undeclared	Football player
PBS-G3/4	11	M	Low	Average	Yes (uncles)	Undeclared	Does not like studying or writing. Has smoker friends.
PBS-G4/1	12	M	Low	Limited	No	Experimented smoking due to cigarette offered by friends	Has smoker friends who offered him cigarette in special event
PBS-G4/2	12	M	Average	Shy with limited friendship	No	Never-smoked.	Likes sports but his family ask him to spend more time studying

PBS-G4/3	12	M	Low	Shy with limited friendship	No	Undeclared	Likes playing football
PBS-G4/4	12	M	Low	Shy with limited friendship	No	Undeclared	Likes playing football
<b>The Girls' school :</b>							
PGS-G1/1	12	F	Excellent	Excellent /leader	No	Undeclared	Very ambitious, active in media activities and good speaker. From a conservative and religious family.
PGS-G1/2	12	F	Average	Average	No	Undeclared	Very ambitious, to be a doctor, likes reading,
PGS-G1/3	12	F	Very good	Average	Yes (father)	Never-smoked	Very ambitious, to be an engineer, active in many school activities.
PGS-G1/4	12	F	Excellent	Excellent /leader	No	Never-smoked	Ambitious, to be a cardiologist. From a conservative and religious family.
PGS-G1/5	12	F	Average	Average	Yes (father)	Undeclared	Want to specialize in interior decor,
PGS-G2/1	11	F	Excellent	Excellent /leader	No	Never-smoked	From family with very good bounding. Never been exposed to smoking in her environments, only watched it in TV
PGS-G2/2	11	F	Very good	Excellent /leader	Yes (father and uncles)	Experimented some of her father cigarette	She want to be a police officer to copy a brother. This is unusual career for Egyptian women
PGS-G2/3	11	F	Excellent	Average	No	Never-smoked	Ambitious to be a doctor and lecturer
PGS-G2/4	11	F	Average	Excellent /leader	Yes (father and brothers)	Undeclared	She like sports.
PGS-G2/5	11	F	Average	Average	Yes (father and brothers)	Experimented some of her father cigarette	Wants to be a police officer like her brother to show women can do all jobs
PGS-G2/6	11	F	Excellent	Average	No	Undeclared	Likes arts.
PGS-G3/1	12	F	Low	Average	Yes (father and uncles)	Experimented-smoking once to prove girls can smoke	She like swimming and want to work in interior decor.
PGS-G3/2	12	F	Low	Limited	Yes (father and an old brother)	Never-smoked but has an intention to experiment smoking	Likes arts and want to be a teacher of art. She is from highly educated family.
PGS-G3/3	12	F	Average	Average	Yes (father and uncles)	Undeclared	Wants to be a police officer, like sports.
PGS-G3/4	12	F	Low	Limited / relatively quiet	Yes (father and uncles)	Undeclared	Does not like to express her feeling and opinion with others, believes she has different opinion from her generation but she has few friends like her.
PGS-G4/1	11	F	Low	Average	Yes (Uncles)	Never-smoked and has no intention to smoke	Likes art, wants to be a good mother and satisfy her parents. Unexposed to smoking in her environment.
PGS-G4/2	11	F	Average	Limited / Shy	No	Never-smoked and has no intention to smoke	Wants to be a math teacher
PGS-G4/3	11	F	Low	Limited	No	Undeclared	

PGS-G4/4	11	F	Low	Limited / quiet	Yes (father)	Undeclared	Has weak personality, prefers to have good friends to avoid being in trouble. From average family, housewife mother and a dominant father.
<b>The Mixed-gender school (boys):</b>							
PMGS-B-G1/1	12	M	Average	Excellent /leader inside and outside classroom	No	Never-smoked with no intention to smoke.	Active in few informal school activities such as singing, media and theatre activities
PMGS-B-G1/2	12	M	Very good	Very good	No	Never-smoked with no intention to smoke but has few smoker friends.	Active in media and theatre activities.
PMGS-B-G1/3	12	M	Average	Excellent /leader and popular	No	Experimented cigarette to prove himself but he believes it is harmful	
PMGS-B-G1/4	12	M	Low	Excellent / very popular	Yes (father)	Yes irregular smoker of shisha	Trouble maker, as he and his teachers stated. wants to be a police officer which discourages him to smoke regularly
PMGS-B-G1/5	12	M	Low	Excellent / very popular/leader	Yes (father)	Experimented cigarette offered to him by friends to prove himself	He was the top three in class, but his academic performance has dropped this year.
PMGS-B-G2/1	11	M	Low	Average	Yes (father)	Experimented smoking	He likes sport and physically active. first experimented cigarette during summer works to help in family income
PMGS-B-G2/2	11	M	Low	Average	Yes (father and uncles)	Current smoker (regularly)	Rebellious. Works in the afternoon as a shopkeeper to help in family income.
PMGS-B-G2/3	11	M	Low	Average	Yes (father and uncles)	Current smoker (regularly)	Active in theatre activities at school.
PMGS-B-G2/4	11	M	Low	Average	Yes (father and uncles)	Experimented cigarette offered to him by friends and cousins	Active in schools' theatre activities. Likes sport and physically active.
PMGS-B-G2/5	11	M	Average	Average	Yes (heavy smoker father who died last year because of lung cancer)	Experimented smoking before his dad died ten he stopped	Active in schools' theatre activities, creative, wants to be computer engineer. First experimented cigarette during summer works as a shop keeper for his uncle, to help in family income.
PMGS-B-G3/1	11	M	Excellent	Limited/ quiet and shy	No	Never-smoked and has no intention to smoke	Has low exposure to smoking, mainly in TV, public places or big cities visits
PMGS-B-G3/2	11	M	Excellent	Limited/ quiet	No	Undeclared	He prefers spending his free time reading rather than being with friends.
PMGS-B-G3/3	11	M	Very good	Limited/ quiet	No	Undeclared	Spend most of his free time reading, regular football player

PMGS-B-G3/4	11	M	Very good	Limited/ quiet	No	Never-smoked and has no intention to smoke	Physically active and regular player of football.
PMGS-B-G4/1	12	M	Average	Average	No	Never-smoked	He like sports, play football regularly.
PMGS-B-G4/2	12	M	Average	Average	Yes (father)	Never-smoked	Wants to be a police officer
PMGS-B-G4/3	12	M	Average	Average	No	Never-smoked	Wants to be a police officer
PMGS-B-G4/4	12	M	Average	Average	Yes (uncles and cousins)	Undeclared	
PMGS-B-G4/5	12	M	Average	Average	Yes (father)	Undeclared	wants to be an actor
<b>The Mixed-gender school (Girls)</b>							
PMGS-G-G1/1	11	F	Average	Average	Yes (father)	Experimented smoking and has intention to smoke to prove that girls can do anything boys do	She opposites social norms that restrict girls from being free and do what they want.
PMGS-G-G1/2	11	F	Low	Average	No	Experimented smoking, don't see why girls disallowed to smoke!	Likes sports
PMGS-G-G 1/3	11	F	Low	Average	Yes , his father was a smoker but quitted after illness. Her brother experimented smoking but was punched by parents.	Experimented smoking but believes it is risky for both gender because of the illness caused by smoking	Like reading and enjoys watching modern and foreigner drama which included smoker women who are successful, as she stated.
PMGS-G-G 1/4	11	F	Average	Average	No	Undeclared	
PMGS-G-G 1/5	11	F	Low	Average	No	Experimented smoking to prove girls can smoke but she stopped smoking after knowing smoking affects women beauty.	She likes reading and play basketball.
PMGS-G-G 2/1	12	F	Excellent	Limited / quiet, shy	No	Undeclared	Ambitious to me a medical doctor
PMGS-G-G 2/2	12	F	Average	Limited / quiet, shy	No	Undeclared	Wants to be a chemist
PMGS-G-G 2/3	12	F	Excellent	Limited / quiet	No	Undeclared	Ambitious to me a medical doctor
PMGS-G-G 2/4	12	F	Very good	Limited / quiet, shy	Yes (father)	Undeclared	
PMGS-G-G 2/5	12	F	Average	Limited	No	Undeclared	Likes reading, wants to be an author
PMGS-G-G 3/1	11	F	Average	Socially active and leader	No	Never-smoked	A good reader and writer.
PMGS-G-G 3/2	11	F	Excellent	Average	Yes (father, brothers, uncles)	Undeclared	Physically active and like sports
PMGS-G-G 3/3	11	F	Excellent	Average	No	Never-smoked	
PMGS-G-G 3/4	11	F	Average	Average	Yes (father and 2 brothers)	Undeclared	Likes sport and physical activities.
PMGS-G-G 3/5	11	F	Average	Average	Yes (father)	Undeclared	

PMGS-G-G 4/1	12	F	Low	Excellent / leader	Yes (father)	Never-smoked	
PMGS-G-G 4/2	12	F	Average	Excellent	No	Never-smoked	she is active in school activities
PMGS-G-G 4/3	12	F	Low	Excellent/ very popular	Yes (father)	Never-smoked	
PMGS-G-G 4/4	12	F	Average	Excellent	No	Undeclared	